

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



Department of the Treasury

## **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)

Open to Public

|                                | nai Revenue S        |  | e reporting requi   | rements  | Inspection                   |
|--------------------------------|----------------------|--|---------------------|--|------------------------------|
| <u>A</u>                       | For the 20           | 12 calendar year, or tax year beginning $07/01/12$ , and ending $06/30/12$   | 13                  |  |                              |
| В                              | Check if application | ble C Name of organization Maryland Society of Surveyors   |                     | D Emplo  | yer identification number    |
| $\sqcup$                       | Address chang        | Incorporated   |                     |  |                              |
|                                | Name change          | Doing Business As  |                     | 23-  | -7336434                     |
| $\overline{\Box}$              | Initial return       | Number and street (or P O box if mail is not delivered to street address)  | Room/suite          | E Teleph   | one number                   |
| $\equiv$                       |                      | P.O. Box 101   |                     | 800  | <u> </u>                     |
|                                | Terminated           | City, town or post office, state, and ZIP code   |                     |  |                              |
| <u> </u>                       | Amended retur        |  |                     | G Gross rec  | eipts\$ 314,130              |
|                                | Application per      | F Name and address of principal officer  | 11(-) 1-4(          |  |                              |
| _                              |                      |  | H(a) Is this a g    | roup return tor                                    | affiliates? Yes X No         |
|                                |                      |  | H(b) Are all aff    | filiates include                                   | d? Yes No                    |
|                                |                      |  | If "No              | o," attach a list                                  | (see instructions)           |
|                                | Tax-exempt s         |  |                     |  |                              |
| J                              | Website:             | marylandsurveyor.org   | H(c) Group ex       | emption numb                                       | per 🕨                        |
|                                | Form of organ        |  | Year of formation 1 | 948  | M State of legal domicile MD |
| P                              | art I                | Summary  |                     |  |                              |
|                                | 1 Brie               | ly describe the organization's mission or most significant activities  |                     |  |                              |
| 9                              | T                    | he advancement of the science of surveying and mappin  | g, to edu           | cate t   | he                           |
| Activities & Governance        |                      | ublic as to the necessity and importance of our profe  | ssion & t           | o prom   | ote                          |
| ēr                             | t                    | eh general welfare of its members.   |                     |  |                              |
| Š                              | 2 Che                | ck this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 2  | 5% of its net as:   | sets   |                              |
| ಷ                              | 3 Nun                | ber of voting members of the governing body (Part VI, line 1a)   |                     | 3  | 12                           |
| es                             | 4 Nun                | ber of independent voting members of the governing body (Part VI, line 1b)   |                     | 4  | 12                           |
| Ĭ                              | 5 Tota               | I number of individuals employed in calendar year 2012 (Part V, line 2a)   |                     | 5  | 0                            |
| <b>A</b> ct                    | 6 Tota               | I number of volunteers (estimate if necessary)   |                     | 6  | 0                            |
|                                | 7a Tota              | l unrelated business revenue from Part VIII, column (C), line 12   | 7a                  | 0  |                              |
|                                | b Net                | unrelated business taxable income from Form 990-T, line 34   |                     | 7b   | 0                            |
|                                |                      |  | Prior Yea           |  | Current Year                 |
| ē                              |                      | ributions and grants (Part VIII, line 1h)  |                     | 0,530  | 84,185                       |
| Revenue                        | 1                    | ram service revenue (Part VIII, line 2g)   | 22                  | 0,707  | 229,589                      |
| \$ &                           |                      | stment income (Part VIII, column (A), lines 3, 4, and 7d)  |                     | 452  | 356                          |
|                                | 11 Oth               | r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 and frie)  |                     | 0  | 0                            |
|                                | 12 Tota              |  | 31:                 | 1,689  | 314,130                      |
| j                              | 1                    | its and similar amounts paid (Part IX, column (A), lines 1±3)  |                     | 0  | 0                            |
| ſ. /i                          | I .                  | efits paid to or for members (Part IX, column (A), line (A), UCOEN, UT   | 0                   | 0  |                              |
| uses.                          | I .                  | ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | 0                   | 0  |                              |
| ens                            |                      | essional fundraising fees (Part IX, column (A), line 11e)  | 0                   | 0  |                              |
| Expe                           | <b>b</b> Tota        | f fundraising expenses (Part IX, column (D), line 25) ▶ 0  | ·                   |  |                              |
| - ш                            | 17 000               | er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 0,050               | 321,431  |                              |
| 3                              |                      | expenses Add lines 13–17 (must equal Part IX, column (A), line 25)   |                     | 0,050  | 321,431                      |
| - <del></del>                  | 19 Rev               | enue less expenses Subtract line 18 from line 12   |                     | 8,361  | <u>-7,301</u>                |
| Net Assets or<br>Fund Balances | 20 T-4               | Lacasta (Dark V. Ivas 4C)  | Beginning of Cur    |  | End of Year                  |
| Sse                            | 20 100               | l assets (Part X, line 16)   | 32                  | 0,663  | 313,362                      |
| 팔                              | 21 100               | I liabilities (Part X, line 26)  | 20                  | 0 663  | 212 260                      |
|                                |                      | assets or fund balances Subtract line 21 from line 20  | 32                  | 0,663  | 313,362                      |
|                                | art II               | Signature Block  |                     |  |                              |
|                                |                      | es of perjury, I declare that I have examined this return, including accompanying schedules and staten<br>and complete. Declaration of preparer (officer than officer) is based on all information of which preparer |                     |  | nowledge and belief, it is   |
|                                | uc, correct,         | 10 complete section of property (section) to section an information of which prepares  | Tida dily kilowied  | <del>-   -   -   -   -   -   -   -   -   -  </del> | 112/11/                      |
| C:-                            |                      | Signature of officer   |                     | Date   | 413/17                       |
| Sig                            |                      | A = A + A + A + A + A + A + A + A + A +  | tor                 | Date   | ' /                          |
| He                             | 1e                   | Type or print name and title   | 1                   | <del></del> -                                      |                              |
| _                              | Dri                  | Preparer's signature   | Ø Date              | 10   | f PTIN                       |
| Paid                           | <                    | obet A Harchins Love WA CA   | <del>4</del> 1      | Check  | <b>□</b> ,"                  |
|                                | narer H              | open in the second   |                     | /14 self-em  | <del></del>                  |
|                                | Only                 | Hutchins, Meyer & DiLieto, PA  | F                   | ım's EIN   | 22-3263877                   |
| J36                            | · · ·                | 512 Main Street P.O. Box 1778  |                     |  | 720 040 5000                 |
| N/                             |                      | n's address > Toms River, NJ 08754-1778  | P                   | hone no  | 732-240-5600                 |
|                                |                      | scuss this return with the preparer shown above? (see instructions)  |                     |  | Yes No                       |
| DAA                            | raperwork            | Reduction Act Notice, see the separate instructions.   |                     |  | Form <b>990</b> (2012)       |

| Form 990 (2012) | Maryland Society                  | of Surveyors  | 23-7336434                 | Page <b>2</b> |
|-----------------|-----------------------------------|---|----------------------------|---------------|
|                 | atement of Program Ser            |   |                            |               |
| <u>`</u> _Cl    | neck if Schedule O contair        | ns a response to any question i   | n this Part III            | X             |
| The adva        |                                   | science of surveying ity and importance its members.  |                            |               |
| 2 Did the organ | nization undertake any significar | nt program services during the year wh  | ich were not listed on the |               |
|                 | 90 or 990-EZ?                     | in program controls caring the year with  | ion word not noted on the  | Yes X No      |
| •               | cribe these new services on Sch   | edule O   |                            |               |
|                 |                                   | ake significant changes in how it condu   | icts, any program          |               |
| services?       |                                   |   |                            | Yes X No      |
| If "Yes," desc  | cribe these changes on Schedul    | e O   |                            |               |
| expenses Se     |                                   | accomplishments for each of its three in<br>rganizations are required to report the<br>ach program service reported |                            |               |
| education       | onal opportuniti                  | the industry of la<br>es to licensed memb<br>land surveying ind   | pers and assisting :       | individuals   |
| 4b (Code        | ) (Expenses \$                    | including grants of \$  | ) (Revenue                 | \$ )          |
|                 |                                   |   |                            |               |
| 4c (Code        | ) (Expenses \$                    | including grants of \$  | ) (Revenue                 | \$            |
| 4d Other progra | m services (Describe in Schedu    | ule O )   |                            |               |
| (Expenses \$    |                                   | cluding grants of \$  | ) (Revenue \$              | )             |
| 4e Total progra | ım service expenses ▶             | 117,083   |                            |               |

|           |  |                  | Yes      | No       |
|-----------|--|------------------|----------|----------|
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |                  |          | **       |
| •         | complete Schedule A  | 1                |          | X        |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2                | -        | X        |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   | ١.               | v        |          |
| 4         | candidates for public office? If "Yes," complete Schedule C, Part I  | 3                | X        |          |
| •         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  | ١.               |          |          |
| 5         | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4                |          |          |
| 3         | 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   | _ ا              | x        |          |
| 6         |  | _ 5              | ^        |          |
| U         | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  | 1                |          |          |
|           | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |                  |          | v        |
| 7         | "Yes," complete Schedule D, Part I   | 6                |          | <u> </u> |
| 7         | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | _                |          | v        |
|           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7                |          | X        |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |                  |          | 77       |
| _         | complete Schedule D, Part III  | 8                |          | <u> </u> |
| 9         | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a  |                  |          |          |
|           | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   |                  |          | **       |
| 40        |  | 9                | -        | X        |
| 10        | Did the organization, directly or through a related organization, hold assets in temporarily restricted  | 1                |          | v        |
| 11        | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10               |          | 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  |                  |          | *        |
| а         | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 144-             |          | v        |
| <b>L</b>  | ·  | 11a              | _        | X        |
| b         | •  | 445              |          | х        |
| _         | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more  | 11b              |          |          |
| С         | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c              |          | x        |
| а         |  | 116              |          |          |
| d         | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d              |          | х        |
| е         |  | 11e              |          | X        |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  | 116              | <u> </u> | A        |
| •         | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f              |          | X        |
| 122       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | <del>  '''</del> |          | - 22     |
| 120       | Schedule D. Parts XI and XII   | 12a              |          | x        |
| h         | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if   | ·                |          |          |
|           | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b              |          | X        |
| 13        | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13               |          | X        |
| .o<br>14a |  | 14a              |          | X        |
| b         | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   | 1.15             |          |          |
|           | fundraising, business, investment, and program service activities outside the United States, or aggregate  | -                |          |          |
|           | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b              |          | X        |
| 15        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any   | 1                |          |          |
|           | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV   | 15               |          | 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  | 16               |          | 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)   | 17               |          | X        |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  | <u> </u>         |          |          |
| . •       | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18               |          | 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  | 19               |          | X        |
| 20a       | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a              |          | X        |
|           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b              |          |          |
|           | A CONTRACTOR OF THE PARTY OF TH |                  |          |          |

19? Note. All Form 990 filers are required to complete Schedule O

**Checklist of Required Schedules (continued)** Yes No 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 12 If "Yes," complete Schedule I, Parts I and II 21 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 27 If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 25b 26 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 X 26 27 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 X 27 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b 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 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 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 33 34 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 X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

> X Form 990 (2012)

38

C

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

13c

Cream Ridge DAA

20

and financial statements available to the public during the tax year

organization: ▶ 1-800-303-6770

State the name, physical address, and telephone number of the person who possesses the books and records of the

NJ 08514

P.O. Box 101

800-303-6670

| Form 990 (2012) Maryland Society of Surveyo | form 990 (2012) | Marvland | Society | OI | Surveyor |
|---|-----------------|----------|---------|----|----------|
|---|-----------------|----------|---------|----|----------|

23-7336434

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

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

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

- 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.

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

| (A)<br>Name and Title                   | hours per (do no<br>week box, ur<br>(list any officer          |                                | (C) Position do not check more than one lox, unless person is both an officer and a director/trustee) |          |              |  | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|---|--|--------------------------------|---|----------|--------------|--|--------------------------------------|--|--|
|   | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee   | Officer  | Key employee | Former<br>Highest compensated<br>employee        | organization<br>(W-2/1099-MISC)      | (W-2/1099-MISC)  | from the<br>organization<br>and related<br>organizations |
| (1) John Campbell                       |  |                                |   |          |              |  |                                      |  |  |
|   | 1.00   |                                |   |          | l            | 1  |                                      |  |  |
| Immediate Past Pres.                    | 0.00   | X                              | L_  |          | L_           |  | 0                                    | 0  | 0  |
| (2)T.J. Frazier                         |  |                                |   |          | ŀ            | 1  |                                      |  |  |
|   | 2.00   | ]                              |   | Ì        |              | 1 1  | )                                    |  |  |
| Secretary                               | 0.00   | X                              |   | X        | <u> </u>     |  | 0                                    | 0  | 0  |
| (3)Alan Dragoo                          | 4 00   | İ                              | •   |          |              |  |                                      |  |  |
|   | 1.00   | Ì                              |   |          | ĺ            |  |                                      |  |  |
| NSPS Governor                           | 0.00   | X                              | <u> </u>  | <u> </u> |              |  | 0                                    | 0  | 0  |
| (4)R. Lee Gilliss                       | 1 00   |                                | l   |          |              | 1  |                                      |  |  |
|   | 1.00   | ۱ 🚚                            |   |          | l            | ]  |                                      | _  | •  |
| Area 4 Director                         | 0.00   | X                              | ⊢   | <u> </u> | ├-           |  | 0                                    | 0  | 0  |
| (5) William Orsinger                    |  |                                |   | Ì        |              |  |                                      |  |  |
| Titus Dungsidana                        | 2.00<br>0.00   | $ \mathbf{x} $                 | İ   | x        | l            |  | o                                    | o  |  |
| Vice President (6) George Wigfield      | 0.00   | ≏                              | ┝   | ^        | ├            | <del>                                     </del> | <u> </u>                             |  | 0  |
| (6) George Wigitera                     | 2.00   | '                              | 1   | 1        | }            | 1 1  |                                      | }  |  |
| M                                       | 0.00   | x                              |   | x        | l            |  | o                                    | o  | 0  |
| Treasurer (7) James Whitehead           | 0.00   | <del> ^</del>                  |   | ^        | ├─           |  |                                      |  |  |
| (/) Dames Will Cellead                  | 1.00   |                                |   | l        |              |  |                                      |  |  |
| Area 2 Director                         | 0.00   | X                              |   |          |              |  | l o                                  | 0  | 0  |
| (8) James M. Shaw Ja                    |  |                                | ┢   |          | ├─           |  |                                      |  |  |
| (0)000000000000000000000000000000000000 | 1.00   |                                |   |          |              |  |                                      |  | :  |
| President-Elect                         | 0.00   | X                              |   |          |              |  | 0                                    | O  | 0  |
| (9) Barry Hoyle                         |  |                                |   |          |              |  |                                      |  |  |
| (0,2022)                                | 2.00   |                                | İ   |          | ĺ            |  |                                      | j  |  |
| President                               | 0.00   | $ \mathbf{x} $                 | 1   | X        |              |  | l o                                  | 0  | 0  |
| (10) Robert Banzhoff                    | Jr.  |                                |   |          |              |  |                                      |  |  |
|   | 1.00   |                                |   |          |              |  |                                      | 1  |  |
| Area 1 Director                         | 0.00   | X                              |   | <u> </u> | L_           |  | 0                                    | 0  | 0  |
| (11) Patrick Simon                      |  |                                |   |          |              |  |                                      |  |  |
|   | 1.00   |                                |   |          |              |  |                                      |  |  |
| Area 3 Director                         | 0.00   | X                              | L_  |          | L            |  | 0                                    | 0  | 0  |
| DAA                                     |  |                                |   |          |              |  |                                      |  | Form <b>990</b> (2012)                                   |

| Part VII   Section A. Office   | rs, Directors, Tru                                | iste                              | s, K                  | ey E                             | mp           | loye                            | es, a       | and Highest Compensate                            | d Employees(continued)   |  |   |             |  |
|--|---|-----------------------------------|-----------------------|----------------------------------|--------------|---------------------------------|-------------|---|--|--|---|-------------|--|
| (A)<br>• Name and title  | (B) Average hours per week (list any hours for    | of                                | x, unle<br>ficer a    | Pos<br>check<br>ess pe<br>nd a d | ยเรอก        | than o                          | an<br>∋e)   | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | соп  | (F)<br>stimated<br>mount of<br>other<br>other<br>opensation<br>from the |             |  |
|  | related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer                          | Key employee | Highest compensated<br>employee | Former      | (W-2/1099-MISC)                                   |  |  | organization<br>and related<br>organizations                            |             |  |
| (12)Keith Bailey   | 1.00  |                                   |                       |                                  |              | Ĭ                               |             |   |  |  |   |             |  |
| Regional Director  | 0.00  | x                                 |                       | 1                                | 1            |                                 |             | o   | o  | ,  |   | 0           |  |
| (13)Mark L Husik   |   |                                   | Ħ                     |                                  |              | l –                             |             |   |  |  |   |             |  |
| Executive Dir.   | 20.00   |                                   |                       | x                                |              |                                 |             | 0   | 0  | •  |   | 0           |  |
| (14)   |   |                                   |                       |                                  |              |                                 |             |   |  |  |   |             |  |
| (15)   |   |                                   |                       |                                  |              |                                 |             |   |  |  |   |             |  |
| (16)   |   |                                   |                       |                                  |              |                                 |             |   |  |  |   |             |  |
| (47)   |   | _                                 |                       |                                  |              |                                 |             |   |  |  |   |             |  |
| (17)   |   |                                   |                       |                                  |              |                                 |             |   |  |  |   |             |  |
| (18)   |   |                                   |                       |                                  |              |                                 |             |   |  |  |   |             |  |
| (19)   |   |                                   |                       |                                  |              |                                 |             |   |  |  |   |             |  |
| 1b Sub-total<br>c Total from continuation sh   | acto to Dort VIII i                               | <br>S4                            |                       |                                  | <u> </u>     | l                               | <b>&gt;</b> |   |  |  |   |             |  |
| d Total (add lines 1b and 1c)  | ·   | <b>36</b> 01                      | 1011 /                | •                                |              |                                 | <b>&gt;</b> |   |  | <del>                                     </del> |   |             |  |
| Total number of individuals (     reportable compensation from                           | including but not                                 |                                   |                       | thos                             | e lis        | ted a                           | bov         | ve) who received more than                        | \$100,000 in   | <u> </u>   |   | <del></del> |  |
| 3 Did the organization list any  |   |                                   |                       | trust                            | tee,         | key e                           | mpl         | loyee, or highest compensa                        | ited   | [  | Yes   |             |  |
| employee on line 1a? If "Yes  4 For any individual listed on li                          | ," complete Sche                                  | dule                              | J for                 | suc                              | h ind        | Jividi                          | ıal         | -   |  |  | 3   | X           |  |
| organization and related org   |   |                                   |                       |                                  |              |                                 |             |   |  | or -40   | 4   | x           |  |
| individual  5 Did any person listed on line  | 1a receive or acc                                 | rue                               | com                   | pens                             | atio         | n fror                          | n ar        | ny unrelated organization oi                      | ındıvidual   | <u> </u>   |   |             |  |
| for services rendered to the   |   | 'es,"                             | con                   | plet                             | e Sc         | hedu                            | le J        | for such person                                   |  |  | 5   | X           |  |
| <ul><li>Section B. Independent Contract</li><li>1 Complete this table for your</li></ul> |   | ensa                              | ted                   | ınde                             | pend         | dent o                          | ont         | tractors that received more                       | than \$100,000 of  |  |   |             |  |
| compensation from the orga   |   | omp                               | ensa                  | tion                             | for t        | he ca                           | ilen<br>I   |   |  | rear   | (C)   |             |  |
| Mark L. Husik & Ass  | (A)<br>nd business address                        |                                   |                       |                                  | B (          |                                 |             |   | (B)<br>tion of services  |  | (C)<br>Compens  | ation       |  |
| Cream Ridge  |   | г С                               | 85                    | 14                               |              |                                 | ı           | Executive Dire                                    | ec   |  | 14  | 8,500       |  |
|  |   |                                   |                       |                                  |              |                                 |             |   |  |  |   |             |  |
|  |   |                                   |                       |                                  |              |                                 | _           |   |  |  |   |             |  |
|  |   |                                   |                       |                                  |              |                                 |             |   |  |  |   |             |  |
| 2 Total number of independent  | contractors (incli                                | uding                             | but                   | not                              | lımıt        | ed to                           | tho         | se listed above) who                              |  |  |   | <del></del> |  |
| received more than \$100,000   | of compensation                                   | ı froi                            | n the                 | e ora                            | anız         | ation                           |             | -   | 1  |  |   | f           |  |

| Pa   | <u>rt</u> V | Check if Schedule                                      |               | ains a r    | response    | to any question in                    | this Part VIII.  |   |   |
|--|-------------|--|---------------|-------------|-------------|---------------------------------------|--|---|---|
|  |             |  |               | <del></del> | · ·         | (A)<br>Total revenue                  | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business<br>revenue   | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts  | 1a          | Federated campaigns                                    | 1a            |             |             |                                       |  |   | 012, 010, 01 014  |
| Sra<br>ou  | b           | Membership dues  | 1b            |             | 84,185      |                                       |  |   |   |
| S, (<br>Am   | С           | Fundraising events                                     | 1c            |             | ·           |                                       |  |   |   |
| Giff<br>Jar  | d           | Related organizations                                  | 1d            |             |             |                                       |  |   |   |
| ž,E  | е           | Government grants (contributions)                      | 1e            |             |             |                                       |  |   |   |
| tior<br>r.S  | f           | All other contributions, gifts, grants,                |               | -           |             |                                       |  |   |   |
| ibū  |             | and similar amounts not included above                 | 1f            |             |             |                                       |  |   |   |
| a tr   | g           | Noncash contributions included in lines 1a             | -1f \$        |             | -           |                                       |  |   |   |
| Program Service Revenue Contributions, Gifts, Grants | h           | Total. Add lines 1a-1f                                 |               |             | ▶           | 84,185                                |  |   | 1   |
| ĭue  |             |  |               |             | Busn Code   |                                       |  |   | l   |
| ver  | 2a          | Conferences, trade                                     | shows,        | etc         |             | 181,580                               |  | 7   | 181,580   |
| 8<br>8   | b           | Seminars   |               |             |             | 37,998                                | 37,998   |   |   |
| Zi C   | С           | Meetings   |               |             |             | 6,600                                 | 6,600  |   |   |
| Ser  | d           | Miscellaneous  |               |             |             | 3,411                                 | 3,411  |   |   |
| am.  | е           |  |               |             |             |                                       |  |   |   |
| lg l   | f           | All other program service reve                         | nue           |             |             |                                       |  |   |   |
| ۵.   | g           | Total. Add lines 2a-2f                                 |               |             | <u> </u>    | 229,589                               |  | • •   | :   |
|  | 3           | Investment income (including                           | dividend      | s, intere   | st,         |                                       |  |   |   |
|  |             | and other similar amounts)                             |               |             | •           | 356                                   | 356  |   |   |
|  | 4           | Income from investment of tax                          | -exempt       | bond pr     | roceeds >   |                                       |  | _   |   |
|  | 5           | Royalties  |               |             | <u> </u>    | · · · · · · · · · · · · · · · · · · · |  |   |   |
|  |             | (ı) Real   |               | (II) P      | ersonal     |                                       |  |   | !   |
|  | 6a          | Gross rents  |               |             |             | *,                                    |  | <i>;</i>  | 1   |
|  | b           | Less rental exps                                       |               | <del></del> |             |                                       | **   |   | ,   |
|  | С           | Rental inc or (loss)                                   | L             |             |             |                                       |  | management of the state of the | i   |
|  | d<br>7a     | Net rental income or (loss) Gross amount from          |               |             |             |                                       |  |   |   |
|  | _           | sales of assets (i) Securities                         |               | (11)        | Other       | , ,                                   | i.   | ,   | !   |
|  |             | other than inventory                                   |               |             |             |                                       |  |   |   |
|  | D           | Less cost or other                                     |               |             |             |                                       |  | **  |   |
|  | _           | basis & sales exps                                     |               |             |             | *',                                   | *  | ٠,  | <b> </b>  |
|  |             | Gain or (loss)   |               |             |             |                                       |  | to the standard of the second of the second   |   |
|  |             | Net gain or (loss)                                     |               |             |             |                                       |  |   |   |
| ıne  | oa          | Gross income from fundraising eve<br>(not including \$ | nus           |             |             | *.                                    |  | »   | 1   |
| ver  |             | of contributions reported on line 1c)                  | .             |             |             |                                       |  |   | !   |
| Re   |             | See Part IV, line 18                                   |               |             |             | ,                                     |  | a.  | ) · .   |
| Other Revenue  | h           | Less direct expenses                                   | a<br>b        |             |             |                                       |  | **  |   |
| ŏ  |             | Net income or (loss) from fund                         |               |             |             |                                       |  |   |   |
|  |             | Gross income from gaming activitie                     |               | evenus      |             |                                       |  | y%  |   |
|  | Ja          | See Part IV, line 19                                   | a             |             |             |                                       |  | 9900  | i   |
|  | h           | Less direct expenses                                   | БH            |             |             |                                       |  |   | :   |
|  |             | Net income or (loss) from gam                          |               | uties       |             |                                       | The second secon |   |   |
|  |             | Gross sales of inventory, less                         | ing dolly     | 1000        |             |                                       |  |   |   |
|  |             | returns and allowances                                 | a             |             |             |                                       |  |   | į   |
|  | ь           | Less cost of goods sold                                | ந்⊢           |             |             |                                       |  |   |   |
|  |             | Net income or (loss) from sale                         | —⊸<br>sofınve | ntorv       |             |                                       |  |   |   |
|  |             | Miscellaneous Revenue                                  | <u> </u>      |             | Busn. Code  |                                       |  |   |   |
|  | 11a         |  |               |             |             | <del>7-</del>                         | *****  |   |   |
|  | b           |  |               | ļ           |             |                                       |  |   | <del></del>   |
|  | c           |  |               | 1           |             | <del> </del>                          |  |   |   |
|  | d           | All other revenue                                      |               | ľ           |             |                                       |  |   |   |
|  | е           | Total. Add lines 11a-11d                               |               |             | <b>&gt;</b> | _                                     |  |   |   |
|  | 12          | Total revenue. See instruction                         | ıs            |             |             | 314,130                               | 48,365   | 0   | 181,580   |

| Sect   | on 501(c)(3) and 501(c)(4) organizations must c<br>Check if Schedule O contains a resp   |                |                 | mplete column (A) |  |
|--------|--|----------------|-----------------|-------------------|--|
| Do     | not include amounts reported on lines 6b,  | (A)            | (B)             | (C)               | (D)                                    |
|        | , 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service | Management and    | Fundraising                            |
| 1      |  | -              | expenses        | general expenses  | expenses                               |
| •      | 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  |                |                 |                   | <del></del>                            |
| 10     | Payroll taxes  |                |                 |                   |  |
| 11     | Fees for services (non-employees)  | 140 500        |                 | 140 500           |  |
| a      | · • · · · · · · · · · · · · · · · · · ·  | 148,500        |                 | 148,500           |  |
|        | Legal  | 6,500          |                 | C F00             |  |
| c<br>d |  | 27,326         |                 | 6,500<br>27,326   |  |
| e      |  | 21,320         |                 | 21,326            |  |
| f      | Investment management fees   |                |                 |                   |  |
| g<br>g | · . · · · · · · · · · · · · · · · ·  |                |                 |                   |  |
| 9      | (A) amount, list line 11g expenses on Schedule O)  |                |                 |                   |  |
| 12     |  |                |                 |                   |  |
| 13     | Office expenses  |                |                 |                   |  |
| 14     | Information technology   |                |                 |                   | ······································ |
| 15     | Royalties  |                |                 |                   |  |
| 16     | Occupancy  |                |                 |                   |  |
| 17     | Travel   | 712            |                 | 712               |  |
| 18     | Payments of travel or entertainment expenses   |                |                 |                   |  |
|        | for any federal, state, or local public officials  |                |                 | <u>-</u>          |  |
| 19     | Conferences, conventions, and meetings   | 115,468        | 115,468         |                   |  |
| 20     | Interest   |                |                 |                   |  |
| 21     | Payments to affiliates   |                |                 |                   |  |
| 22     | Depreciation, depletion, and amortization  | 4 04 5         |                 |                   |  |
| 23     | Insurance  | 1,915          |                 | 1,915             |  |
| 24     | Other expenses. Itemize expenses not covered   |                |                 |                   | į                                      |
|        | 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.)  Donations                            | 9,700          |                 | 9,700             |  |
| a<br>b | Bank Fees  | 6,235          |                 | 6,235             |  |
| C      | Telephone  | 1,751          |                 | 1,751             |  |
| d      | Office Expenses  | 1,709          |                 | 1,709             |  |
|        | All other expenses   | 1,615          | 1,615           |                   |  |
| 25     | ·  | 321,431        | 117,083         | 204,348           | 0                                      |
| 26     | Joint costs. Complete this line only if the  | 1              |                 |                   |  |
|        | organization reported in column (B) joint costs from a combined educational campaign and |                |                 |                   |  |
|        | fundraising solicitation. Check here   |                |                 |                   |  |
|        | following SOP 98-2 (ASC 958-720)   |                |                 |                   |  |

| · F              | all A |  |                        | <del></del>  |          |                                       |
|------------------|-------|--|------------------------|--|----------|---------------------------------------|
|                  |       | Check if Schedule O contains a response to any o             | uestion in this Part X |  |          |                                       |
|                  |       |  |                        | (A)  |          | (B)                                   |
| _                |       | <del></del>  | <del></del>            | Beginning of year  |          | End of year                           |
|                  | 1     | Cash—non-interest bearing                                    |                        | 170,323  |          | 163,211                               |
|                  | 2     | Savings and temporary cash investments                       |                        | 150,340  | 2        | 150,151                               |
|                  | 3     | Pledges and grants receivable, net                           |                        |  | 3        |                                       |
|                  | 4     | Accounts receivable, net                                     |                        |  | 4        |                                       |
|                  | 5     | Loans and other receivables from current and former off      |                        |  | 4        | ,                                     |
|                  |       | trustees, key employees, and highest compensated emp         | oloyees                | · · · · · · · · · · · · · · · · · · ·  | _ Ł_     |                                       |
|                  |       | Complete Part II of Schedule L                               |                        |  | 5        |                                       |
|                  | 6     | Loans and other receivables from other disqualified pers     |                        | ;  |          |                                       |
|                  |       | 4958(f)(1)), persons described in section $4958(c)(3)(B)$ ,  |                        | ,  |          | •                                     |
|                  |       | sponsoring organizations of section 501(c)(9) voluntary      |                        |  |          |                                       |
| ets              | _     | organizations (see instructions) Complete Part II of Sch     | edule L                |  | 6        |                                       |
| Assets           | 7     | Notes and loans receivable, net                              |                        |  | 7        |                                       |
| ٩                | 8     | Inventories for sale or use                                  |                        |  | 8        | ·                                     |
|                  | 9     | Prepaid expenses and deferred charges                        | r 1                    |  | 9        |                                       |
|                  | 10a   | Land, buildings, and equipment cost or                       |                        | , , , , , ,  | , ,      |                                       |
|                  |       | other basis. Complete Part VI of Schedule D                  | 10a                    | , , , , , , , , , , , , , , , , , , ,  |          | 3                                     |
|                  | 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    | Total assets. Add lines 1 through 15 (must equal line 34     | 3)                     | 320,663  | 16       | 313,362                               |
|                  | 17    | Accounts payable and accrued expenses                        |                        |  | 17       |                                       |
|                  | 18    | Grants payable   |                        |  | 18       |                                       |
|                  | 19    | Deferred revenue   |                        |  | 19       |                                       |
|                  | 20    | Tax-exempt bond liabilities                                  |                        | 20   |          |                                       |
|                  | 21    | Escrow or custodial account liability Complete Part IV of    |                        | 21   |          |                                       |
| es               | 22    | Loans and other payables to current and former officers,     |                        |  |          |                                       |
| Liabilities      |       | trustees, key employees, highest compensated employe         | es, and                | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| iab              |       | 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 pa      | arties                 |  | 24       |                                       |
|                  | 25    | Other liabilities (including federal income tax, payables to | o related third        |  |          |                                       |
|                  |       | parties, and other liabilities not included on lines 17-24)  | Complete Part X        |  |          |                                       |
|                  |       | of Schedule D  |                        |  | 25       |                                       |
|                  | 26    | Total liabilities. Add lines 17 through 25                   |                        | 0  | 26       | 0                                     |
|                  |       | Organizations that follow SFAS 117 (ASC 958), check          | k here ▶ X and         | *** *  | **       |                                       |
| Ses              |       | complete lines 27 through 29, and lines 33 and 34.           |                        | \$ manage of the second of the | ٠        | <u> </u>                              |
| <u>a</u> n       | 27    | Unrestricted net assets                                      |                        | 320,663  | 27       | 313,362                               |
| Ва               | 28    | Temporarily restricted net assets                            |                        |  | 28       |                                       |
| 밀                | 29    | Permanently restricted net assets                            | <b></b>                |  | 29       |                                       |
| or Fund Balances |       | Organizations that do not follow SFAS 117 (ASC 958           | ), check here ▶    and |  |          | ,                                     |
| ō                |       | complete lines 30 through 34.                                |                        | V A  |          |                                       |
| Assets           | 30    | Capital stock or trust principal, or current funds           |                        |  | 30       |                                       |
| AS               | 31    | Paid-in or capital surplus, or land, building, or equipment  | fund                   |  | 31       |                                       |
| Net              | 32    | Retained earnings, endowment, accumulated income, or         | other funds            |  | 32       |                                       |
| _                | 33    | Total net assets or fund balances                            |                        | 320,663  |          | 313,362                               |
|                  | 34    | Total liabilities and net assets/fund balances               |                        | 320,663  | 34       | 313,362                               |

| orm | 1990 (2012) Maryland Society of Surveyors 23-7336434  |    |   |    | Pa       | ge <b>12</b> |
|-----|---|----|---|----|----------|--------------|
| Pa  | rt_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  |   | 3: | 14,      | 130          |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2  |   |    |          | 431          |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3  |   |    |          | 301          |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  |   |    |          | 663          |
| 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 |   | 3: | 13.      | 362          |
| Pa  | rt 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 X Cash Accrual Other   |    | ſ |    |          |              |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |    |   |    |          | ı            |
|     | Schedule O  |    |   |    |          |              |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?               |    | ľ | 2a | X        | - ^ -,       |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |    | Ī |    | ٠.,      |              |
|     | reviewed on a separate basis, consolidated basis, or both   |    |   |    |          |              |
|     | X Separate basis Consolidated basis Both consolidated and separate basis                                      |    |   |    |          |              |
| b   | Were the organization's financial statements audited by an independent accountant?                            |    |   | 2b | -        | X            |
|     | 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   |    | ŀ |    |          | 1            |
|     | Separate basis Doth consolidated and separate basis   |    |   |    | . «      | *            |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |    | İ |    | ~ An     |              |
|     | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |    | 1 | 2c |          | !            |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in |    | ľ |    |          |              |
|     | Schedule O  |    | ľ | ·  | <b>,</b> | ļ. ,         |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |    | ľ |    |          |              |
|     | the Single Audit Act and OMB Circular A-133?  |    |   | 3a |          |              |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    | Ī |    |          |              |
|     | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |    | ļ | 3h |          |              |

Form **990** (2012)

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

### **Political Campaign and Lobbying Activities**

501(c) and section 527

2012
Open to Public Inspection

OMB No 1545-0047

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

| Nan      | e of organization Maryland Society of Incorporated   |                                   |                  | Employer Identificate 23-73364 | 34   |  |  |  |  |
|----------|--|-----------------------------------|------------------|--------------------------------|--|--|--|--|--|
| <u> </u> | t I-A Complete if the organization is exen   | npt under section 501(c           | ) or is a sectio | n 527 organizatio              | on.  |  |  |  |  |
| 1        | Provide a description of the organization's direct and indire  | ect political campaign activities | in Part IV       |                                |  |  |  |  |  |
| 2        | Political expenditures   |                                   |                  | ▶ \$                           | 27,326   |  |  |  |  |
| 3        | Volunteer hours  |                                   |                  |                                |  |  |  |  |  |
| Pai      | t I-B Complete if the organization is exen   | npt under section 501(c           | )(3).            |                                | <del></del>                                      |  |  |  |  |
| 1        | Enter the amount of any excise tax incurred by the organia   | zation under section 4955         |                  | ▶ \$                           |  |  |  |  |  |
| 2        | Enter the amount of any excise tax incurred by organization  | on managers under section 495     | 5                | ▶ \$                           |  |  |  |  |  |
| 3        | If the organization incurred a section 4955 tax, did it file Fo  | orm 4720 for this year?           |                  |                                | Yes No   |  |  |  |  |
|          | Was a correction made?   |                                   |                  |                                | Yes No   |  |  |  |  |
| 3.20     | If "Yes," describe in Part IV  |                                   |                  |                                |  |  |  |  |  |
|          | t I-C: Complete if the organization is exen  |                                   |                  | on 501(c)(3).                  | <del></del>                                      |  |  |  |  |
| 1        | Enter the amount directly expended by the filing organizat   | ion for section 527 exempt fund   | ction            |                                |  |  |  |  |  |
| _        | activities   |                                   |                  | ▶ \$                           |  |  |  |  |  |
| 2        | Enter the amount of the filing organization's funds contribu   | ited to other organizations for s | ection           | <b>.</b> .                     |  |  |  |  |  |
| 2        | 527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POI   |                                   |                  |                                |  |  |  |  |  |
| 3        | The state of the s |                                   |                  |                                |  |  |  |  |  |
| 4        | line 17b  4 Did the filing organization file Form 1120-POL for this year?  ★ \$  |                                   |                  |                                |  |  |  |  |  |
| 5        | 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 pro   |                                   |                  |                                |  |  |  |  |  |
|          | as a separate segregated fund or a political action commit   |                                   | •                | •                              |  |  |  |  |  |
|          | (a) Name   | (b) Address                       | (c) EIN          | (d) Amount paid from           | (e) Amount of political                          |  |  |  |  |
|          |  | 1                                 | . ,              | filing organization's          | contributions received and                       |  |  |  |  |
|          |  |                                   |                  | funds if none, enter -0-       | promptly and directly<br>delivered to a separate |  |  |  |  |
|          |  |                                   |                  | }                              | political organization if                        |  |  |  |  |
|          |  |                                   |                  |                                | none, enter -0-                                  |  |  |  |  |
| (1)      |  |                                   |                  |                                |  |  |  |  |  |
| (2)      |  |                                   |                  |                                |  |  |  |  |  |
|          |  |                                   |                  |                                |  |  |  |  |  |
| (3)      |  |                                   |                  |                                |  |  |  |  |  |
| (4)      |  |                                   |                  |                                |  |  |  |  |  |
| (5)      |  |                                   |                  |                                |  |  |  |  |  |
|          |  |                                   |                  |                                |  |  |  |  |  |
| (8)      |  |                                   |                  |                                |  |  |  |  |  |
| <u> </u> | <del> </del>   | <del></del>                       | L                |                                | <del></del>                                      |  |  |  |  |

| Schedule C (Form 990 of 990-EZ) 2012 Maryla   | and Society  | y of Survey                      | ors 2  | 23-7336434                        | . , , , , , Page <b>2</b>   |
|---|--|----------------------------------|--|-----------------------------------|-----------------------------|
| Part II-A Complete if the organi section 501(h)).   |  |                                  |  |                                   | tion under                  |
| A Check ► ☐ if the filing organization name, address, EIN,  B Check ► ☐ if the filing organization  | expenses, and s  | share of excess lol              | obying expenditur  | es).                              | p member's                  |
|   | bying Expendit   | tures                            |  | (a) Filing<br>ganization's totals | (b) Affiliated group totals |
| Total lobbying expenditures to influence p     Total lobbying expenditures to influence a     C Total lobbying expenditures (add lines 1a     d Other exempt purpose expenditures     e Total exempt purpose expenditures (add I     f Lobbying nontaxable amount Enter the air columns | ublic opinion (grass r<br>legislative body (dire<br>and 1b)<br>ines 1c and 1d) | roots lobbying)<br>ect lobbying) |  |                                   |                             |
| If the amount on line 1e, column (a) or (b) is:  Not over \$500,000   | The lobbying nontaxat  |                                  |  |                                   | ,                           |
| Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  |  | ne excess over \$1,000,000       |  |                                   |                             |
| Over \$17,000,000  g Grassroots nontaxable amount (enter 25%  | \$1,000,000  | excess over \$1,500,000          |  | ( <u>*</u>                        | ·                           |
| h Subtract line 1g from line 1a. If zero or les i Subtract line 1f from line 1c. If zero or less j If there is an amount other than zero on er reporting section 4911 tax for this year?  | s, enter -0-<br>s, enter -0-   | , did the organization f         | ile Form 4720  |                                   | Yes No                      |
| (Some organizations tha<br>columns bel  | t made a sectio<br>ow. See the ins   | tructions for line               | do not have to design 25 design 25 design 26 d | n page 4.)                        |                             |
| Lobi  | ying Expenditu   | res During 4-Yea                 | r Averaging Peri   | od                                |                             |
| Calendar year (or fiscal year beginning in)   | (a) 2009   | <b>(b)</b> 2010                  | (c) 2011   | (d) 2012                          | (e) Total                   |
| 2a Lobbying nontaxable amount   |  |                                  |  |                                   |                             |
| b Lobbying ceiling amount   |  |                                  |  |                                   |                             |

> ^<sub>%2</sub>

Schedule C (Form 990 or 990-EZ) 2012

(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

| Schedule C (Form 990 or 990-EZ) 2012 Maryland Society of Surveyors 23  | -7336434 Pege 3 |  |        |          |     |  |
|--|-----------------|--|--------|----------|-----|--|
| Part II-B Complete if the organization is exempt under section 501(c)(3) and has No (election under section 501(h)).   | OT filed        | Forr   | n 5768 |          |     |  |
| For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed   |                 | a)   |        | (b)      |     |  |
| description of the lobbying activity.  | Yes             | No   | Aı     | nount    |     |  |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local  |                 |  |        |          |     |  |
| legislation, including any attempt to influence public opinion on a legislative matter or  |                 |  | , ,    |          |     |  |
| referendum, through the use of   | 777.77          |  |        |          |     |  |
| a Volunteers?  |                 |  |        |          |     |  |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |                 |  |        | _        |     |  |
| c Media advertisements?  |                 |  |        |          |     |  |
| d Mailings to members, legislators, or the public?   |                 |  |        |          |     |  |
| e Publications, or published or broadcast statements?  |                 |  |        |          |     |  |
| f Grants to other organizations for lobbying purposes?   |                 |  |        |          |     |  |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |                 |  |        |          |     |  |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                 |  |        |          |     |  |
| i Other activities?  |                 |  |        |          |     |  |
| j Total Add lines 1c through 1i  |                 |  |        |          |     |  |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |                 |  |        |          |     |  |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |                 | ٠  |        |          |     |  |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                 | <u>-</u>   |        |          |     |  |
| d 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 50 501(c)(6).  | 1(c)(5),        | or s   | ection |          |     |  |
|  |                 |  |        | Yes      | No  |  |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |                 |  | _1     |          | X   |  |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                 |  | 2      |          | X   |  |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  |                 |  | 3      | X        |     |  |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." |                 |  |        | line 3,  | is  |  |
| 1 Dues, assessments and similar amounts from members   |                 | 1  |        | 9.4      | 185 |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of  |                 | <del>                                     </del> |        | 04,      | 100 |  |
| political expenses for which the section 527(f) tax was paid).   |                 |  |        |          |     |  |
| a Current year   |                 | 2a   |        | 27       | 326 |  |
| b Carryover from last year   |                 | 2b   |        |          | 631 |  |
| c Total  |                 | 2c   |        | 27       | 957 |  |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                 | 3  |        |          | 255 |  |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the   |                 | <b> </b>   | _      | <u>,</u> |     |  |
| excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying   |                 |  | 1      |          |     |  |
| and political expenditure next year?   |                 | 4  |        | 2        | 702 |  |
| 5 Taxable amount of lobbying and political expenditures (see instructions)   |                 | 5  |        |          |     |  |

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 (affiliated group list), Part II-A, line 2; and Part II-B, line 1 Also, complete this part for any additional information

Schedule C, Part I-A, Line 1

Lobbying expenses

Schedule C (Form 990 or 990-EZ) 2012 Maryland Society of Surveyors

23-7336434

Page 4

Part IV Supplemental Information (continued)

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.

2012 Open to Public Inspection

OMB No 1545-0047

Maryland Society of Surveyors Incorporated

rveyors Employer Identification number 23-7336434

Form 990, Part III, Line 4d - All Other Accomplishment

Further professionalize the industry of land surveying by providing educational opportunities to licensed members and assisting individuals getting involved in the land surveying industry.

Form 990, Part VI, Line 3 - Management Delegated

The Organization utilizes the services of a management company.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Board receives the Form 990 for review and comment. The Executive Director then signs and files the return.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Board members all complete a form annually to disclose any conflicts or indicate that no conflicts exist.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board periodically reviews the requirements for an Executive Director
and then awards the contract.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Forms 990 and all other relevant records maintained by the Executive Director at the office. Upon request and reasonable notice, these records are available for inspection.

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

Maryland Society of Surveyors

Incorporated

See separate instructions.

2012 OMB No 1545-0047

Open to Public Inspection Employer identification number '

23-7336434

| Part I Identification of Disregarded Entities (Complete if the                                |   | organization answered "Yes" to Form 990, Part IV, line 33.) | orm 990, Part IV           | /, line 33.)                                     |   |   |
|---|---|---|----------------------------|--|---|---|
| (a) Name, address, and EIN (if applicable) of disregarded entity                              | (b) Primary activity                      | (c) Legal domicile (state or foreign country)               |                            | (d)<br>Total income                              | (e)<br>End-of-year assets   | (f) Direct controlling entity                   |
| (1)   |   |   |                            |  |   |   |
| (2)   |   |   |                            |  |   |   |
| (3)   |   |   |                            |  |   |   |
| (4)   |   |   |                            |  |   |   |
| (5)   |   |   |                            |  |   |   |
| Part II Identification of Related Tax-Exempt Organizations (                                  | tions (Complete of the cing the tax vear) | organization ansv   | vered "Yes" to F           | orm 990, Part I                                  | Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had tax year.) | it had  |
| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                   | (c) Legal domicile (state or foreign country)               | (d)<br>Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity   | (g)<br>Section 512(b)(13)<br>controlled entity? |
| (1) Maryland Society of Surveyors Ed. T<br>6990 Columbia Gateway Drive 52-2203834<br>Columbia | 3834<br>Awarding 8                        | Ş   | F 0.103                    |  | 0   |   |
|   |   |   |                            |  |   | -   |
| (3)   |   |   |                            |  |   |   |
| (4)   |   |   |                            |  |   |   |
| (5)   |   |   |                            |  |   |   |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990.                        |   |   |                            |  | Schedule  | Schedule R (Form 990) 2012                      |

MSS100 02/11/2014 8 55 AM

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23-7336434

Schedule R (Form 990) 2012 Maryland Society of Surveyors

(k) Percentage ownership Schedule R (Form 990) 2012 Section 512(b)(13) controlled entity? ટ્ર (i) Ceneral or managing partner? Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Percentage ownership Ξ amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc ? Yes No 6 (g) Share of end-ofyear assets Share of total Income Share of total (C corp, S corp, Type of entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling Ē entity (d)
Direct controlling
entity foreign country) Legal domicile (state or છ (c) Legal domicite (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV ĕ lΞ 8 <u>ල</u> € E 2 <u>ල</u> 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) 23-7336434 Schedule R (Form 990) 2012 Maryland Society of Surveyors

Page 3

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |   |                           | ,                                     | Yes            | ş  |
|---|---|---------------------------|---------------------------------------|----------------|--|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more relate   | with one or more related organizations listed in Parts II-IV? | in Parts II–IV?           | .41                                   |                |  |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |   |                           |                                       | 1a             | ×  |
| b Gift, grant, or capital contribution to related organization(s)   |   |                           |                                       | 1b             | ×  |
| c Gift, grant, or capital contribution from related organization(s)   |   |                           |                                       | 10             | ×  |
| d Loans or loan quarantees to or for related organization(s)  |   |                           |                                       | 1d             | ×  |
| e Loans or loan guarantees by related organization(s)   |   |                           | <u> </u>                              | 9              | M  |
|   |   |                           | •                                     | 2              | <u>                                     </u> |
| f Dividends from related organization(s)  |   |                           |                                       | , <b>=</b>     | ;<br>  <b> </b>                              |
| g Sale of assets to related organization(s)   |   |                           | <b></b>                               | 12             | ×  |
|   |   |                           | <b>.</b>                              | , <del>t</del> | ×  |
|   |   |                           | •                                     | = ;            |  |
|   |   |                           | -1-                                   | =              | ١  |
| J Lease of facilities, equipment, or other assets to related organization(s)  |   |                           | <b></b>                               | ; ;            | ×  |
| k Lease of facilities, equipment, or other assets from related organization(s)  |   |                           |                                       | ? *            | -<br>-<br>                                   |
|   |   |                           | <u> </u>                              | =              | ×  |
| m Performance of services or membership or fundraising solicitations by related organization(s)   |   |                           | J                                     | E              | ×  |
| n Sharing of facilities aguingment mailing lists or other secate with related organization(s)   |   |                           |                                       | Ş              | ×  |
|   |   |                           | - <b>l</b> .                          | <br>   .       | ٠,   |
| o Sharing of paid employees with related organization(s)  |   |                           |                                       | 9              | <b>4</b>                                     |
|   |   |                           |                                       |                |  |
|   |   |                           | _1_                                   | 2              | 4  |
| <ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>  |   |                           |                                       | 5              | M  |
| r Other transfer of cash or property to related organization(s)   |   |                           | •                                     | · · ·          | <br>  <b>K</b>                               |
|   |   |                           |                                       | 13             | ×  |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | ne. including covered re                                      | elationships and transact | on thresholds                         |                |  |
| (a)   | (q)   | (c)                       | (P)                                   |                |  |
| Name of other organization  | Transaction   | Amount involved           | Method of determining amount involved | t involved     |  |
|   | type (a–s)  |                           |                                       |                |  |
| (1)   |   |                           |                                       |                |  |
| (2)   |   |                           |                                       |                |  |
| (3)   |   |                           |                                       |                |  |
| (4)   |   |                           |                                       |                |  |
| (5)   |   |                           |                                       |                | <b>.</b> .                                   |
| (9)   |   |                           |                                       |                | <b>د, اس</b>                                 |
|   |   |                           | Schedule R (Form 990) 2012            | (Form 990      | 2012   |

23-7336434

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Schedule R (Form 990) 2012 Maryland Society of Surveyors

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

| al or Percentage ging ownership er?  |   |     |     |     |     |     |     |     |     |      |      |
|--|---|-----|-----|-----|-----|-----|-----|-----|-----|------|------|
| General or managing partner?   |   |     |     |     |     |     |     |     |     |      |      |
| (1) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)  |   |     |     |     |     |     |     |     |     |      |      |
| (h) Disproportionate allocations? Yes No   |   |     |     |     |     |     |     |     |     |      |      |
| Dispropo<br>alloca<br>Yes  |   |     |     | -   |     |     |     |     |     |      |      |
| (g)<br>Share of<br>end-of-year<br>assets   |   |     | ]   |     |     |     |     |     |     |      |      |
| (f)<br>Share of<br>total moome   |   |     |     |     |     |     |     |     |     |      |      |
| varthers<br>ion<br>(3)<br>attons?  |   |     |     |     |     |     |     |     |     |      |      |
| (e) Are all partners section 501(c)(3) organizations? Yes No   |   |     |     |     |     |     |     |     |     |      |      |
| (d) Predominant income (related, unrelated, excluded from tax under section 512-514)   |   |     |     |     |     |     |     |     |     |      |      |
| (c) Legal domicile (state or foreign country)  |   |     |     |     |     |     |     |     |     |      |      |
| (b)<br>Primary activity  |   |     |     |     |     |     |     |     |     |      |      |
| Name, address, and EiN of entity  Name, address, and EiN of entity  Name, address, and EiN of entity  Primary activity  Legal Predominant Are all partners domucile income (related, section (state or unrelated, excluded 501(c)(3) foreign from tax under organizations? |   |     |     |     |     |     |     |     |     |      |      |
|  | Ξ | (2) | (3) | (4) | (2) | (9) | (2) | (8) | (6) | (10) | (11) |

Schedule R (Form 990) 2012 Maryland Society of Surveyors

23-7336434

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Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form 8868

(Rev January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2013)

| Internal Revenue          | Service   |   |  |                                       |  |                  |              |
|---------------------------|---|---|--|---------------------------------------|--|------------------|--------------|
| If you are                | filing for an Automatic 3-Month Extension, complet  | te only Part I  | and check this box                       |                                       |  |                  | ► X          |
| If you are                | filing for an Additional (Not Automatic) 3-Month Ex   | tension, con  | n <b>plete only Part II</b> (on page 2 d | of this form).                        |  |                  | _            |
| Do not comp               | lete Part II unless you have already been granted an  | automatic 3-  | month extension on a previously          | y filed Form 886                      | 68.  |                  |              |
| Electronia fil            | ing (a file). You can also transcally file from 9969 if yo  |   | enth automatic automaian of tim          | o to filo /6 mani                     | ء<br>ا                                       |                  |              |
|                           | ing (e-file). You can electronically file Form 8868 if yo<br>required to file Form 990-T), or an additional (not auto |   |  |                                       |  |                  |              |
| •                         | st an extension of time to file any of the forms listed in  | •   |  | •                                     |  | "                |              |
|                           | insfers Associated With Certain Personal Benefit Cont   |   |  |                                       | ''   |                  |              |
|                           | For more details on the electronic filing of this form, vis   |   | • •                                      | •                                     | nfite  |                  |              |
| Part I                    | Automatic 3-Month Extension of Time   |   |  |                                       | Jina.  |                  |              |
| <del></del>               | required to file Form 990-T and requesting an automa  |   |  |                                       |  |                  |              |
| Part I only               | ,   |   |  | p                                     |  |                  | ▶ □          |
| -                         | prations (including 1120-C filers), partnerships, REMIC   | s, and trusts   | must use Form 7004 to request            | <br>t an extension o                  | of tirr                                      | ne               | ٠. ١.        |
| to file income            |   | •   | •  |                                       |  |                  |              |
|                           |   |   | E  | nter filer's ider                     | ntify  | ing number, see  | instructions |
| Type or                   | Name of exempt organization or other filer, see inst  | ructions.   |  |                                       |  | tion number (EIN |              |
| print                     | Maryland Society of Surve   | eyors   |  |                                       |  |                  | •            |
| -                         | Incorporated  | _   |  | 23-7336                               | 43   | 4                |              |
| File by the               | Number, street, and room or suite no. If a P.O. box   | eet, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN) |  |                                       |  |                  |              |
| due date for              | e for P.O. Box 101  |   |  |                                       |  |                  |              |
| filing your<br>return See | City, town or post office, state, and ZIP code. For a   |   |  |                                       |  |                  |              |
| instructions              | Cream Ridge No  | 7 08514   |  |                                       |  |                  |              |
| Enter the Ret             | urn code for the return that this application is for (file a  | separate app  | lication for each return)                |                                       |  |                  | 01           |
|                           | <u> </u>  | 7   | T  |                                       | <u>.                                    </u> |                  |              |
| Application               | 1   | Return  | Application                              |                                       |  |                  | Return       |
| Is For                    | - Co 000 F7   | Code  | Is For                                   | <del></del>                           |  |                  | Code         |
|                           | r Form 990-EZ   | 01  | Form 990-T (corporation) Form 1041-A     |                                       |  |                  | 07           |
| Form 4720                 |   | 03  | Form 4720                                | <del></del>                           |  |                  | 08           |
| Form 990-F                | <del></del>   | 03  | Form 5227                                |                                       |  |                  | 10           |
|                           | (sec. 401(a) or 408(a) trust)   | 05  | Form 6069                                |                                       | _  |                  | 11           |
|                           | (trust other than above)  | 06  | Form 8870                                |                                       |  |                  | 12           |
|                           | Mark L. Husik, Exec   |   |  |                                       |  |                  | <u> </u>     |
|                           | P.O. Box 101  |   |  |                                       |  |                  |              |
| The books                 | are in the care of ►  |   |  |                                       |  | NJ 085           | 514          |
|                           |   | •   | •  |                                       |  |                  |              |
| Telephon                  | e No. ▶ 800-303-6670  | FAX No  | . <b>▶</b>                               |                                       |  |                  |              |
| • If the orga             | anization does not have an office or place of business i  | n the United  | States, check this box                   |                                       |  |                  | ▶ 🗌          |
| • If this is fo           | or a Group Retum, enter the organization's four digit G   | roup Exempti  | on Number (GEN)                          | If this is                            |  |                  |              |
| for the whole             | group, check this box 📗 📘 . If it is for part of  | the group, c  | heck this box .                          | and attach                            |  |                  |              |
|                           | names and EINs of all members the extension is for.   |   |  |                                       |  |                  | ·            |
|                           | st an automatic 3-month (6 months for a corporation re  |   |  |                                       |  |                  |              |
| until (                   | 02/18/14 , to file the exempt organization retur  | n for the orga  | inization named above. The ext           | ension is                             |  |                  |              |
| for the                   | organization's return for:  |   |  |                                       |  |                  |              |
| ▶ ∐                       | calendar year or  |   |  |                                       |  |                  |              |
| . =                       | 07/01/10  | 06/20/  | 10                                       |                                       |  |                  |              |
| ► X                       | tax year beginning 07/01/12 , and ending  |   |  |                                       |  |                  |              |
|                           | x year entered in line 1 is for less than 12 months, che  | ck reason:  | Initial return Fina                      | al return                             |  |                  |              |
|                           | Change in accounting period   | 6060  | the testative tax 1                      | · · · · · · · · · · · · · · · · · · · |  | <u> </u>         | <del></del>  |
|                           | pplication is for Form 990-BL, 990-PF, 990-T, 4720, or  | ovos, enter t   | ne tentative tax, less any               | 1.                                    | ,  | •                |              |
|                           | ndable credits. See instructions.<br>pplication is for Form 990-PF, 990-T, 4720, or 6069, er                          | ater any ref  | udable credits and                       |                                       | 3a_  | \$               |              |
|                           | pplication is for Form 990-PF, 990-1, 4720, or 6069, et<br>ed tax payments made Include any prior year overpay        |   |  |                                       | 3ь   | e                |              |
|                           | e due. Subtract line 3b from line 3a. Include your payn   |   |  | <del></del>                           | ~~   | <u> </u>         |              |
|                           | (Electronic Federal Tax Payment System). See instruc  |   | io, ii roquirou, by using                |                                       | 3c   | \$               |              |
| 0                         |   |   |  |                                       |  |                  |              |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.  $^{\rm DAA}$