See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.**

▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NATIONAL SOCIETY OF PROFESSIONAL SURVEYORS FDTN

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
6 MONTGOMERY VILLAGE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
GAITHERSBURG, MD 20879

D Employer identification number
52-1915547

E Telephone number

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.NSPSMO.ORG

J Tax-exempt status (check only one) ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 32,310

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	24,335
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	4,340
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	3,635
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	32,310
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	27,551
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	1,959
	13	Professional fees and other payments to independent contractors		13	8,371
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	275
	16	Other expenses (describe in Schedule O)		16	4,016
	17	**Total expenses.** Add lines 10 through 16 ▶		17	42,172
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-9,862
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	674,144
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-549,825
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	114,457

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	674,144	22	114,457
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	674,144	25	114,457
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	674,144	27	114,457

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . ☐

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
EDUCATION STUDY RESEARCH OF SURVEYING

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 8 SCHOLARSHIPS AND GRANTS WERE AWARDED TO HELP FURTHER THE EDUCATION AND KNOWLEDGE OF SURVEYING (Grants $ 27,551) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	28,785
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	28,785

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	**33**		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	**34**		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	**35a**		No
b	If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O	**35b**		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	**35c**		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	**36**	Yes	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ **37a**			
b	Did the organization file **Form 1120-POL** for this year?	**37b**		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . .	**38a**		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . **38b**			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . **39a**			
b	Gross receipts, included on line 9, for public use of club facilities **39b**			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	**40b**		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	**40e**		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ REBECCA JENNE Telephone no ▶ (240) 632-9716

Located at ▶ 1390 ALTURAS AVENUE RENO, NV ZIP + 4 ▶ 89503

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**42b**		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	**42c**		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041?** Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ **43**

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	**44a**		No
b	Did the organization operate one or more hospital facilities during the year? *If "Yes," Form 990 must be completed instead of Form 990-EZ*	**44b**		No
c	Did the organization receive any payments for indoor tanning services during the year?	**44c**		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**44d**		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**45a**		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	**45b**		No

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000. ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes ☐ No

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

Sign Here

****** 2014-10-10
Signature of officer Date

REBECCA JENNE TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
Jean Marie Greco		2014-10-11		P00429370

Firm's name ▶ Jean Marie Greco — Firm's EIN ▶ 20-8628437

Firm's address ▶ 4280 West State Street, Edinburg, PA 16116 — Phone no (724) 964-8517

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 52-1915547
Name: NATIONAL SOCIETY OF PROFESSIONAL SURVEYORS FDTN

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOSEPH DOLAN PLS VICE CHAIR	2 00	0	0	0
JOHN W SWAN PLS CHAIR	4 00	0	0	0
DAVID A ATWELL PLS TRUSTEE	0 30	0	0	0
JON WARREN PLS TRUSTEE	0 30	0	0	0
JOHN MATONICH PLS TRUSTEE	0 30	0	0	0
DAVE DOYLE PLS TRUSTEE	0 30	0	0	0
ROBERT DAHN PLS TRUSTEE	0 30	0	0	0
MICKI JEFFERSON PLS TRUSTEE	0 30	0	0	0
ROBERT MILLER PLS TRUSTEE	0 30	0	0	0
GERRY CURTIS PLS TRUSTEE	0 30	0	0	0
ALAN P WONDEROHE PLS TRUSTEE	0 30	0	0	0
REBECCA JENNE TREASURER	4 00	0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY OF PROFESSIONAL SURVEYORS FDTN

Employer identification number
52-1915547

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**	
(ii) A family member of a person described in (i) above?	**11g(ii)**	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	36,025	46,929	27,853	81,559	31,550	223,916
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,000				760	1,760
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	37,025	46,929	27,853	81,559	32,310	225,676
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						225,676

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	37,025	46,929	27,853	81,559	32,310	225,676
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,217	11,996	1,230	497		26,940
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	13,217	11,996	1,230	497		26,940
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	50,242	58,925	29,083	82,056	32,310	252,616

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	89 340 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	81 950 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	10 660 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	18 050 %

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- Attach certified copies of any articles of dissolution, resolutions, or plans.
- Attach to Form 990 or 990-EZ.
- Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY OF PROFESSIONAL SURVEYORS FDTN

Employer identification number
52-1915547

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part I Liquidation, Termination, or Dissolution *(continued)*

			Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-			
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b		
c	If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
TRANSFER TO THE COMMUNITY FOUNDATION OF W PA AND E OH	05-31-2013	549,825	CASH VALUE	25-1407396	COMMUNITY FOUNDATION OF W PA E OH 7 WEST STATE STREET SUITE 300 SHARON,PA 16146	501C3

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		No
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492284006034

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY OF PROFESSIONAL SURVEYORS FDTN

Employer identification number
52-1915547

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	DESCRIPTION AMOUNTFINAL POINT REVENUE 2,875SPECIAL EVENT 760
List of grants and similar amounts paid Part I line 10	ACTIVITY NALS EQUIPMENT GRANT GRANTEE BASIN COLLEGE AMOUNT 2,070ACTIVITY NALS SCHOLARSHIP AMOUNT 2,000ACTIVITY DISASTER RELIEF GRANTS AMOUNT 23,481
Description of other expenses Part I line 16	DESCRIPTION AMOUNTFINAL POINT EXPENSE 1,234BANK CHARGES 117OFFICE SUPPLIES 140LICENSE 50MEETINGS 1,743INSURANCE 732
Other changes in net assets or fund balances Part I line 20	DESCRIPTION AMOUNTTRANSFER TO COMMUNITY FOUNDATION (549,825)

AGENCY ENDOWMENT AGREEMENT

THIS AGREEMENT entered into on the 18th day of June, 2013, by and between

National Society of Professional Surveyors Foundation Inc.
5119 Pegasus Court, Suite Q
Frederick, MD 21704
(Hereinafter referred to as **"AGENCY")**

And

GROVE CITY FOUNDATION, an affiliate of the COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO, INC.
7 West State St. Suite 301
Sharon, PA 16146
[Hereinafter referred to as "**GCF**"]

WHEREAS, GCF is a Pennsylvania non-profit corporation with recognized expertise in the administration of charitable endowment funds within the local community;

WHEREAS, the **AGENCY** is a non-profit corporation operating under Section 501-(c)(3) of the Internal Revenue Code, with a stated mission, "NSPS strives to establish and further common interests, objectives, and political effort that would help bind the surveying profession into a unified body in the United States."

WHEREAS, the **Agency** desires to create multiple funds at **GCF** to be known as:

NSPSF - McDonnell Scholarship Fund
NSPSF - Dracup Memorial Scholarship Fund
NSPSF - Atwell Memorial Fund
NSPSF - Trig-Star Scholarship
NSPSF - Kris Kunze Scholarship Fund
NSPSF - NALS Scholarship
NSPSF - NALS Equipment Fund
NSPSF - AAGS Scholarship
NSPSF - Dorothy Loving Undergraduate Scholarship

for the purpose of supporting the **Agency** and desires that its Board have sole authority over the Fund; and

WHEREAS, the charitable purposes of the **Agency** are consistent with those of **GCF**;

WHEREFORE, in consideration of the foregoing premises and the mutual covenants contained herein, and with the intention of being legally bound hereby, the Agency and **GCF** agree as follows:

1. The **Agency** hereby places $542,832 within the **GCF** to establish the fund which shall be held and administered by **GCF** in accordance with the provisions of this Agreement;

2. Any person or organization may make a subsequent contribution to the Fund provided that the property contributed is acceptable to **GCF**. All accepted contributions to the Fund shall be administered pursuant to the terms and conditions of this Agreement;

3. **GCF** shall make distributions from the Fund in accordance with a "Spending Policy" adopted annually by the **Agency** and approved by **GCF**;

4. The **Agency** may withdraw principal and income from the Fund or transfer the fund to another administrator, provided that in all events the **Agency** shall honor all restrictions on the use of such principal established by the subsequent donor(s) thereof;

5. Assets of the Fund shall be invested by investment managers selected by the **Agency** and approved by **GCF**. This arrangement shall be reviewed on an annual basis **GCF** shall be responsible for the administration of the Fund, including the filing of all required returns. In consideration of its services, **GCF** shall be entitled to receive an administration fee in accordance to its current fee schedule on an annual basis; and:

6. **GCF** and the **Agency** shall collaborate to develop planned giving program materials used in connection with the Fund The **Agency** must approve all materials that mention the **Agency** before they are used;

7. This agreement shall be governed by appropriate Federal and State law and represents the complete understanding between the parties relating to the subject matter hereof, and may not be amended except in writing signed by each party, and shall extend to and be binding upon all parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF, we have set our hands and seals on the date first listed above, as duly authorized agents of **GCF** and the Agency.

WITNESS:

GROVE CITY COMMUNITY FOUNDATION

By: _____
Lawrence L. Haynes
Executive Director

AGENCY

By: _____
Brett Jefferson
Treasurer

EXHIBIT A

COMMUNITY FOUNDATION OF WESTERN PA AND EASTERN OH SUCCESSOR ADVISOR DESIGNATION

The undersigned Board Representative hereby designates the following named individual(s) as Primary Fund Representative Advisor, Primary Successor Advisor, and Secondary Successor Advisor to advise the Community Foundation of Western PA and Eastern OH regarding distributions from the **National Society of Professional Surveyors Inc. Endowment Fund.**

In the event of the death or incapacity of the Primary Fund Representative Advisor, the Board Representative hereby authorizes the Foundation to rely conclusively upon the representation of the Primary Successor Advisor, without duty of further inquiry

In the event of the death or incapacity of the Primary Successor Advisor, the Board Representative hereby authorizes the Foundation to rely conclusively upon the representation of the Secondary Successor Advisor, without duty of further inquiry

The Board Representative hereby names the following advisors

Primary Fund Representative Advisor
Name: Brett Jefferson, Treasurer
Address: 1925 E. Prater Way
Sparks, NV 89436

Primary Successor Advisor
Name: John Swan, Chairman
Address: 390 US Route 1, Suite 10
Falmouth, Maine, 04105

Secondary Successor Advisor
Name: Joseph Dolan E-mail dolansurveying@verizon.net
Address 732 N. Harrisburg Ave Phone 609-517-4214
Atlantic City, NJ 08401
Relationship: Position: Vice Chairman

The Board Representative reserves the right to amend or revoke any designation by delivering a written revocation or amendment to the Foundation The Board Representative further acknowledges that, in the event, there are two or more primary or secondary advisors, the Foundation may disregard any advice given by such multiple advisors, which is not unanimous

Brett Jefferson, Board Representative

6-18-2013
Date

CHARITABLE FUND

INVESTMENT POLICY AGREEMENT

Name of Fund: **National Society of Professional Surveyors Inc. Endowment Fund**

Type of Fund: Agency Endowment

Investment Advisor: Cashdollar and Associates

Investment Strategy:

- Long Term Endowment ___X___
- Short Term Endowment _____
- Pass Through Fund _____

Spending Policy

A 5% spending policy will commence as of June 18TH 2013

Fee

.5%

* The annual Foundation fee shall cover all costs associated with the administration of the Fund including legal paperwork, annual financial audit. IRS tax filings, quarterly reports. investment oversight, and grant administration.

INVESTMENT MANAGEMENT AND ANNUAL DISTRIBUTIONS. The Foundation shall invest the assets of the Fund pursuant to its governing instruments and investment policies, practices and procedures duly appointed in conformity with such instruments. Without restricting the Foundation's investment decisions, the Donor expresses a preference that they be invested in a portfolio maintained by the Foundation which holds such equity and debt securities, money market investments, cash and cash equivalents designed to produce a total return intended to maintain the real value of the fund against the Consumer Price Index while permitting a reasonable annual distribution to charitable beneficiary(ies) net of fees.

PROCEDURES. Fund assets shall be held, administered and distributed from the Fund in accordance with such procedures for the administration and operation of the Foundation's Advised Funds as may be in effect from time to time. The Board has the ability to change fees at any time

Brett Jefferson Treasurer

6-18-2013
Date