Short Form  Return of Organization Exempt From Income Tax  Under excision \$01(c), \$27, or 4947(x)(3) of the internal Revenue Code (except private foundational)  Population of the Transport of	ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -				DLN:	93492314015217
Return of Organization Exempt From Income Tax  Under section 501(c), 527, or 4497(a)(1) of the Internal Revenue Code (except provate foundations).  Provides a control of the Internal Revenue Code (except provate foundations).  Provides a control of the Internal Revenue Code (except provate foundations).  Provides a for the 2015 Collection.  Provides a control of the Internal Revenue Code (except provate foundations).  Provides a code of the Internal Revenue Code (except provate foundations).  Provides a for the 2015 Collection of the Internal Revenue Code (except provate foundations).  Provides a code of the Internal Revenue Code (except provate foundations).  Provides a code of the Internal Revenue Code (except provate foundations).  Provides a code of the Internal Revenue Code (except provate foundations).  Provides a code of the Internal Revenue Code (except provate foundations).  Provides a code of the Internal Revenue Code (except provate foundations).  Provides a code of the Internal Revenue Revenue Code (except provate foundations).  Provides a code of the Internal Revenue Revenue Code (except provate foundations).  Provides a code of the Internal Revenue R					Short	t Form				OMB No 1545-1150
Under section 501(c), 527, or 4807(a)(1) of the Intermal Revenue Code (except private boundations)  ▶ Do note after social security numbers on this form as it may be made public.  ► Information about Form 990-EZ and its instructions is at www.bre.aco.form/990-EZ and its instructions is at www.bre.aco.form/990-PE and its instructions is at www.bre.aco.form/990-		Q	コハードフ	Return of O	=		rom I	ncome '	Tax	
Po not enter social security numbers on this form as it may be made public.   Information about Form 990-EZ and its instructions is at \( \text{tww.trs.accet/form)990.} \)	For	m 🕽 (	90-LZ		•	•				<b>1 2016</b>
■ Information about Form 990-EZ and its instructions is at <a href="mailto:mycw.myc.gov/form/990">mycw.myc.gov/form/990</a>   A For the 2016 calendar year, or tax year beginning 01-01-2016	•			Under section 501(c), 527,	or 4947(a)(1) of the I	nternal Revenue	Code (ex	cept private f	oundations)	2010
A For the 2015 calendar year, or tax year beginning 01-01-2016   And ending 12-31-2015				▶ Do not enter so	ocial security number	s on this form as	s it may	be made pub	olic.	Open to Bublic
A For the 2016 Calendar year, or tax year beginning 01-01-2016   and ending 12-31-2016   Calendar year, or tax year beginning 01-01-2016   A For the 2016 Calendar year, or tax year beginning 01-01-2016   A For the 2016 Calendar year, or tax year beginning 01-01-2016   A For the 2016 Calendar or the 2016 Calendar year of the 2016	Dep	artment	of the Treasury	► Information abo	ut Form 990-EZ and	l its instruction	ıs is at <u>ı</u>	www.irs.gov	/form990.	
Charter change   Cha	Inte	rnal Rev	enue Service							Thispection
CARTOSTANIPA AND CEOURAPHIC INFORMATION   CARRIAGO					ning 01-01-2016	, and en	ding 12	2-31-2016		
SOCIETY RICE   SOC					PHIC INFORMATION				D Employe	er identification number
Description	_		_	SOCIETY INC			ln /			
Application pending	_		-		ox, if mail is not delivered	to street address)	Room/su	iite	E Telephon	e number
Applications pending	_			City or town state or province	e country and ZIP or for	eign nostal code			(	843) 324-0665
Accounting Method	_				e, country, and zir or for	eigii postai code				emption
New bits   New Mathods CRIS	ш,	Аррпса	tion penaing						Number	•
New bits   New Mathods CRIS	_				6.3.5			H Check	► Ølifthe	organization is <b>not</b>
Website:	G A	ccoun	ting Method L	I Cash M Accrual Other (s	specify) ▶					-
Tax-exempt status(check only one)	T 14	labait	O. DIAMARA CARTO					Form 9	990, 990-EZ	, or 990-PF)
Reform of organization					(c)( 6) <b>⋖</b> (insert no ) □ 4	947(a)(1) or   5	 27			
Ladd lines 5 b, 6, and 7 b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . ▶ \$96,232  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.										
Part I			5	•		+300.0	.00		/D	
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	∟ A are	aa iine \$500.	es op, 6c, and 7b .000 or more, file	י נס ווחפ ש נס מפנפרmine gros: e Form 990 instead of Form	s receipts It gross rec 990-EZ	eipts are \$200,0	ou or m	ore, or it tota	ı assets (Pai	T 11, column (B) below)  ▶ \$ 96,232
The Check if the organization used Schedule O to respond to any question in this Part I   1   1,848										
2			Check if the	organization used Schedule	O to respond to any o	question in this P	art I 📜 .			
3		1	Contributions, g	gifts, grants, and similar amo	ounts received				. 1	1,848
1   1   1   1   2   2   2   2   2   2		2	Program service	e revenue including governm	nent fees and contract	s			2	32,732
Sa   Gross amount from sale of assets other than inventory   Sa   Sb   Color other basis and sales expenses   Sb   Sb   Color other basis and sales expenses   Sc   Sc   Color other basis and sales expenses   Sc   Color other basis and sales   Sc   Color other basis   Sc   Color other ba		3	Membership du	es and assessments					3	23,176
b Less cost or other basis and sales expenses		4	Investment inco	ome					4	400
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a	Gross amount f	rom sale of assets other tha	n inventory	. 5a				
Section   Committee   Commit		b	Less cost or ot	her basis and sales expense	s	5b				
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 (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances   7a   8 Other revenue (describe in Schedule O)   7b   7c Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c   8 Other revenue (describe in Schedule O)   9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   9 9 96,232   10 Grants and similar amounts paid (list in Schedule O)   10 4,305   11 Benefits paid to or for members   11   12 12,000   13 4,667   14 Occupancy, rent, utilities, and maintenance   14   15 Printing, publications, postage, and shipping   15 1,427   16 Other expenses (describe in Schedule O)   16 98,926   17 Total expenses. Add lines 10 through 16   98,926   18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   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)   19 182,423   20 Other changes in net assets or fund balances (explain in Schedule O)   20 -14,856   20 Other changes in net assets or fund balances (explain in Schedule O)   20 -14,856   21 Net assets or fund balances at end of year Combine lines 18 through 20   20 -14,856   21 Other changes in net assets or fund balances (explain in Schedule O)   21 -14,858   21 Other changes in net assets or fund balances (explain in Schedule O)   20 -14,856   22 -14,858   23 -14,858   23 -14,858   24 -14,858   24 -14,858   25 -14,858   25 -15 -15 -14,858   26 -17 -17 -17 -17 -17 -17 -17 -17 -17 -17		С	Gain or (loss) fr	om sale of assets other than	n inventory (Subtract	line 5b from line	5a) .		5c	
sum of such gross income and contributions exceeds \$15,000)		6	Gaming and fur	ndraising events						
sum of such gross income and contributions exceeds \$15,000)	잌	а	Gross income fr	om gaming (attach Schedul	e G if greater than \$1	5,000) <b>  6a  </b>				
sum of such gross income and contributions exceeds \$15,000)	õ	h	Gross income fr	om fundraising events (not	including \$	of con	tribution	s from		
sum of such gross income and contributions exceeds \$15,000)	á						ici ibacioi	13 11 0111		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances			sum of such gro	oss income and contributions	s exceeds \$15,000)	6b				
7a   Gross sales of inventory, less returns and allowances   7a		С	Less direct exp	enses from gaming and fun	draising events .	6с				
7a   Gross sales of inventory, less returns and allowances   7a		d	· ·		=	es 6a and 6b and	d subtra	ct line 6c)	6d	
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year Combine lines 18 through 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 142,480		7a	Gross sales of II	nventory, less returns and a	llowances	7a				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8 Other revenue (describe in Schedule O)       8       38,076         9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       ▶       9       96,232         10 Grants and similar amounts paid (list in Schedule O)       10       4,305         11 Benefits paid to or for members       11       12       12,000         13 Professional fees and other payments to independent contractors       13       4,667         14 Occupancy, rent, utilities, and maintenance       14       14         15 Printing, publications, postage, and shipping       15       1,427         16 Other expenses (describe in Schedule O)       16       98,926         17 Total expenses. Add lines 10 through 16       ▶       17       121,325         18 Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -25,093         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       182,423         20 Other changes in net assets or fund balances (explain in Schedule O)       20       -14,850         21 Net assets or fund balances at end of year Combine lines 18 through 20       21       142,480		ь				-			$\neg$	
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 182,423 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 142,480			_		y (Subtract line 7b fro	m line 7a)..			7c	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			·	•						38,076
10 Grants and similar amounts paid (list in Schedule O)				•	, 7c, and 8					
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits	$\dashv$				•					
12 Salaries, other compensation, and employee benefits					·				<b>⊢</b>	,
Professional fees and other payments to independent contractors	ای		•		e benefits				<b>⊢</b>	12.000
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 1 142,480	350		•							
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 1 142,480	per				·				<b>—</b>	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 11 Net assets or fund balances at end of year Combine lines 18 through 20 12 1 142,480	Ä		• • •							1.427
17 Total expenses. Add lines 10 through 16				· · · · · · · · · · · · · · · · · · ·					-	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			•	·					-	
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)  20 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20	$\dashv$		-				· · ·		-	
21 Net assets or fund balances at end of year Combine lines 18 through 20	2		-		•					-23,033
21 Net assets or fund balances at end of year Combine lines 18 through 20	155	19				Zamii (A)) (must	. ugiec V	*****	10	192 422
21 Net assets or fund balances at end of year Combine lines 18 through 20	t A	20	_		•				-	
, i	ž		=		• •	•			24	
	For			<u> </u>		Jugii 20			21	Form <b>990-EZ</b> (2016)

Part II	<b>Balance Sheets</b> (see the instructions Check if the organization used Schedule		juestion in this Part II			
			(A)	Beginning of year		(B) End of year
<b>22</b> Cash, sa	vings, and investments			171,307	22	142,480
	d buildings			20.440	23	
	sets (describe in Schedule O)			20,449		143,480
	sets			191,756 9,333		142,480
	ets or fund balances (line 27 of column			182,423	_	142,480
Part III	Statement of Program Service	• •			T	Expenses
	Check if the organization used Schedule	O to respond to any o	question in this Part III	🗹		uired for section 501(c) ind 501(c)(4)
THE MISSIO EDUCATION GEOGRAPHI SOCIETY SE EXPERIENCE SYSTEMS, A	organization's primary exempt purpose?  N OF THE CARTOGRAPHY AND GEOGRAP, AND PRACTICE TO IMPROVE THE UNDE  C INFORMATION TO SUPPORT EFFECTIVE  RVES AS A FORUM FOR THE EXCHANGE OF  S BY THOSE WHO DESIGN, IMPLEMENT, ND RELATED GEOSPATIAL TECHNOLOGIE  organization's program service accompli	RSTANDING, CREATIN E DECISION-MAKING A DF ORIGINAL CONCEP AND USE CARTOGRAF ES	G, ANALYSIS, AND US ND IMPROVE THE QUA TS, TECHNIQUES, APP HY, GEOGRAPHICAL I	E OF MAPS AND ALITY OF LIFE THE ROACHES AND NFORMATION		nizations, optional for
measured by benefited, ar <b>28</b>	y expenses In a clear and concise manne nd other relevant information for each pro nal Data Table	er, describe the service				
See Addition	iai Data Table					
(Grants \$ )	If this amoun	t includes foreign gran	its, check here	. ▶ ⊔	28a	
29					29a	
(Grants \$ )	If this amoun	t ıncludes foreıgn grar	its, check here	. ▶ □		
30					30a	
(Grants \$ )	If this amoun	t includes foreign gran	its check here	▶ □		
	ogram services (describe in Schedule O)		<u> </u>			
(Grants \$ )	If this amoun	t includes foreign gran	its, check here	. ▶ 🗆	31a	
	ogram service expenses (add lines 28a					88,810
Part IV	<b>List of Officers, Directors, Trustees,</b> Check if the organization used Schedule					
	(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-)	benefit plans,	nployee and	(e) Estimated amount of other compensation
MICHAEL P F	FINN	1 00	(		0	0
PAST PRESI	DENT					
MATTHEW R	ICE	2 00	C	)	0	0
PRESIDENT						
DAN COLE		2 00	C		0	0
PRESIDENT-	ELECT					
MAY YUAN		1 00	C	)	0	0
VICE PRESIC	DENT					
FRITZ KESSI	LER	1 00	C	)	0	0
DIRECTOR						
HOWARD VE	REGIN	1 00	C	)	0	0
DIRECTOR						
ALEXANDRE	SOROKINE	1 00	C	)	0	0
DIRECTOR						
MAX BABER		1 00	C	)	0	0
DIRECTOR						
MEGHAN SM	ITH	1 00		)	0	0
DIRECTOR IAN MUEHLE	NHAUS	1 00	(	)	0	0
					3	
DIRECTOR TOM PINGAL		1 00		1	0	0
	-				J	
DIRECTOR	SON	20.00	13.000		0	0
ERIC ANDER		20 00	12,000	'	U	
EXECUTIVE	DIRECTOR					5 000 F7 (2016

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V		П	
			<u> </u>	
			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
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b		
	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	Yes	
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
ь	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
	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), 501(c)(4), and 501(c)(29) 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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a	The organization's books are in care of ▶ CHRISTY BASLER Telephone no ▶	(843) 3	24-0665	5
	Located at ▶ 2809 ROSEDOWN PT MT PLEASANT, SC ZIP + 4 ▶	2946	6	
h	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	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	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			
	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	
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	. 55	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)	<b>45b</b>		

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	orm	990-E2	Z (2016)							Page 4
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations only  1									Yes	No
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and Check if the organization used Schedule 0 to respond to any question in this Park IV.  17 Did the organization engage in Jobbying actor bits or have a section 501(n) election in effect during the tax year?  18 Is the organization as any transfers to an extent 170(b)(1/k)(h)? If "res", complete Schedule E.  19 Did the organization as any transfers to an exempt non-chanitable related organization?  19 Did the organization make any transfers to an exempt non-chanitable related organization?  19 Did the organization make any transfers to an exempt non-chanitable related organization?  19 Did the organization make any transfers to an exempt non-chanitable related organization?  10 Complete this table for the organization is section 52 organization?  10 Complete the table for the organization is because the properties of the phase compensated employees (c) Reportable complete the table for the organization is five highest compensation (forms w-2) (1099) deleted the organization of the employee of the organization of the employees of the employee of the organization of the employees of the phase compensation (forms w-2) (1099) deleted the phase of the employees of th	46							46		No
Yes   No   No   No   No   No   No   No   N	Par	t VI	All section 501(c)(3) organizations	must answer quest	ions 47-49b an	d 52, and	complete the table	s for li	nes 50	and 5:
If "res," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(a)? If "yes," complete Schedule E  99a bid the organization make any transfers to an exempt non-charatable related organization?  b If "Yes," was the related organization a section 527 organization?  b If "Yes," was the related organization a section 527 organization?  complete this table for the organization is section 527 organization?  (a) Name and title of each employee (b) Average (c) Reportable completes and complete devoted to position (forms W-2/1099-bid benefit plans, and offerer d compensation of the result of the organization of the results of the organization of the organizati			Check if the organization used Schedule	O to respond to any o	question in this Pa	art VI				⊔ No
Is the organization a school as described in section 170(b)(1)(A)(a)? If "ves," complete Schedule E	47			es or have a section 5	01(h) election in	effect during	g the tax year?	47		
193    194			,		*****		-	F		
b If "eg." where related organization is action as action of 22 organization?  50 Complete this table for the organization is 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 table of each employee  (b) Average  (c) Reportable  (d) Total number of other employees paid over \$100,000  (e) Estimated amond from the organization of the highest compensation (forms W-2/1099-MNISC)  (d) Total number of other employees paid over \$100,000  (e) Estimated amond from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is 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 contractors  (b) Type of service (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  • Total number of other independent contractors each receiving over \$100,000.  • Total number of other independent contractors each receiving over \$100,000.  • Total number of other independent contractors each receiving over \$100,000.  • Total number of other independent contractors each receiving over \$100,000.  • Total number of other independent contractors each receiving over \$100,000.  • Total number of other independent contractors each receiving over \$100,000.  • Total number of other independent contractors each receiving over \$100,000.  • Total number of other independent contractors each receiving over \$100,000.  • Total number of other independent contractors each receiving over \$100,000.  • Total number of other independent contractors each receiving over \$100,000.  • Total number of			-	. , , , , , , ,			· .	<u> </u>		
Complete that stable 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  (c) Reportable  (c) Reportable  (d) Average  (c) Reportable  (d) Average  (d) Retails benefits,  (e) Estimated amore complete stable for the organization of the highest compensation (forms W-2/109-10ms, and delered compensation)  51. Complete this table for the organization is 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 acidress of each independent contractor  (b) Type of service  (c) Compensation of more than stable of the organization is none, enter "None."  4 Total number of other independent contractors each receiving over \$100,000.  4 Total number of other independent contractors each receiving over \$100,000.  52 Did the organization complete Schedule A? NOTE. All Section \$01(c)(3) organizations must attach a completed Schedule A. Complete Schedule A. NOTE. All Section \$01(c)(3) organizations must attach a complete Schedule A. Complete Schedule A. Property is based on all information of which preparer as any knowledge.  (c) Report Schedule A. Property signature  (d) Total number of other independent contractors each receiving over \$100,000.  (e) Type of service  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  (e) Type of service  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  (e) Type of service  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors  (e) Type of service  (e) Type of service				,	related organiza	tion?				
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				-						
d Total number of other employees paid over \$100,000	50							and key	employ	ees)
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  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A.  Onder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge  Print/Type or print name and title  Print/Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Firm's address > 4550 MONTGOMERY AVE SUITE 650N  Phone no (301) 951-9990		(a)	Name and title of each employee	hours per week	compensation (Forms W-2/10	on cont	ributions to employee benefit plans, and			
Complete this table for the organization if there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  (e) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A.  Complete Schedule A.  Complet										
Complete this table for the organization if there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  (e) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A.  Complete Schedule A.  Complet										
Complete this table for the organization is 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  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A.  C										
Complete this table for the organization if there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  (e) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A.  Completed Schedule A.  Completed Schedule A.  Complete Schedule A.  Completed Schedule A.  Complete Schedule A.  Co										
Complete this table for the organization if there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  (e) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A.  Completed Schedule A.  Completed Schedule A.  Complete Schedule A.  Completed Schedule A.  Complete Schedule A.  Co										
Complete this table for the organization is 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  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A.  C										
(a) Name and business address of each independent contractor  (b) Type of service (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A  Completed Schedule A  Completed Schedule A  Completed Schedule A  Completed Schedule A  Completed Schedule A  Completed Schedule A  Completed Schedule A  Completed Schedule A  Complete Schedule A  Complet	f	Tota	I number of other employees paid over \$	100,000			<b>-</b>			
d Total number of other independent contractors each receiving over \$100,000	51				ndependent contr	actors who	each received more th	nan \$10	0,000 o	f
d Total number of other independent contractors each receiving over \$100,000		compe		<u> </u>	actor	(b) 7	Type of service (c	Comp	ensation	
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A								<u> </u>		
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A										
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Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A										
Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my included and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge    Value	d	Tota	I number of other independent contractor	rs each receiving over	\$100,000		• _			
Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my included and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge    Value	52	Dıd	the organization complete Schedule A? N	IOTE. All Section 501(	c)(3) organizatioi	ns must atta	ach a			
Anowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer last any knowledge    Continuous properties   Continuous properties		com	npleted Schedule A					Ye	s 🗆 N	lo
Signature of officer  K ERIC ANDERSON EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check ☐ if self-employed  Firm's name ▶ GELMAN ROSENBERG & FREEDMAN  Firm's elin ▶ 52-1392008  Phone no (301) 951-9090	nowl	edge a	ind belief, it is true, correct, and complete							
Signature of officer  K ERIC ANDERSON EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check ☐ if self-employed  Firm's name ▶ GELMAN ROSENBERG & FREEDMAN  Firm's elin ▶ 52-1392008  Phone no (301) 951-9090		1	*****				2017-11-10			
Type or print name and title  Print/Type preparer's name  Preparer's signature  Check ☐ if self-employed  Firm's name  Firm's name  Firm's EIN ► 52-1392008  Phone no (301) 951-9090	Sign		Signature of officer							
Print/Type preparer's name  Preparer's signature  Date  Check ☐ if self-employed  Preparer  Firm's name ▶ GELMAN ROSENBERG & FREEDMAN  Firm's elin ▶ 52-1392008  Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N  Phone no (301) 951-9090	lere	:								
Paid  Preparer  Jse Only    Check			<u>/ ''                                  </u>	Preparer's signature		Date	l — PTIN			
Preparer  Jse Only  Firm's name ► GELMAN ROSENBERG & FREEDMAN  Firm's EIN ► 52-1392008  Phone no (301) 951-9090	Paic	t	Timy type proparer a name	, repairer o signature		Julio	Check L If			
Time to the first part of the	<sup>2</sup> re	oarer		& FREEDMAN		•	<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>	800		
BETHESDA, MD 208142930	Jse	Only	Firm's address ► 4550 MONTGOMERY A	VE SUITE 650N			Phone no (301) 951-96	090		
			BETHESDA, MD 2081	42930						
<u>'</u>										

## **Additional Data**

(Grants \$ 3,555)

Software ID:

Software Version:

**EIN:** 90-0098437

Name: CARTOGRAPHY AND GEOGRAPHIC INFORMATION

SOCIETY INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

!	Form 990E2, Part 111 - Statement of Program Service Accomplishments	
	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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional

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 PROVISION OF SCHOLARSHIPS AND TRAVEL STIPENDS TO INDIVIDUALS IN THE CARTOGRAPHY FIELD

28a

for others.)
3,555

Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program

(c)(3) and 501(c)(4)

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.		janizations; optional for others.)
29 CONFERENCES, PROVIDING A FORUM FOR MEMBERS TO SHARE AND DISCUSS THEIR WORK IN CARTOGRAPHY	29a	83,856

(Grants \$ 750)

If this amount includes foreign grants, check here . . . . . . . .

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4)

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	org	anizations; optional for others.)
20 DUBLICATION AND DISTRIBUTION OF CACIS TOURNAL	302	1 300

·	1 3		ioi otileis.)
30 PUBLICATION AND DISTRIBUTION OF CAGIS	5 JOURNAL	30a	1,399

30 PUBLICATION AND DIST	RIBUTION OF CAGIS JOURNAL			30a	1,399
(Grants \$ 0)	If this amount includes foreign grants, check here		•		

## **Political Campaign and Lobbying Activities**

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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

DLN: 93492314015217

Department of the Treasury Internal Revenue Service

EZ)

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

www.irs.gov/form990.

Open to Public Inspection

S S S S S S S S S S S S S S S S S S S	ection 501(c)(3) organizations Cor Section 501(c) (other than section 5 Section 527 organizations Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" or ky Tax) (see separate instruction Section 501(c)(4), (5), or (6) organization Section 501(c)(4), (5), or (6) organization TOGRAPHY AND GEOGRAPHIC INFORMA- LIETY INC	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election under n Form 990, Part IV, Line 5 (Proxy Ta s), then cations Complete Part III	te Part I-C ts I-A and C below  990-EZ, Part VI, Iin section 501(h)) Co under section 501(h ax) (see separate ii	Do not con ne 47 (Lobt mplete Par )) Complet nstructions	nplete Part I-E  pying Activit t II-A Do not e Part II-B D s) or Form 99  Employer id	B ies), componot 90-E2	then plete Part II-l complete Part V, lin Tication num	3 art II-A <b>e 35</b> c
1 2 3	Provide a description of the organ Political expenditures Volunteer hours	ızatıon's dırect and ındırect political ca	ampaign activities in	Part IV	•	\$ _		
Par		nization is exempt under secti	on 501(c)(3).			-		
1	<u> </u>	ix incurred by the organization under:	section 4955		<b></b>	\$		
2	•	ix incurred by organization managers			<b>&gt;</b>	\$		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for	this year?				☐ Yes	□ No
4a	Was a correction made?							
							☐ Yes	⊔ No
b Date	If "Yes," describe in Part IV  TI-C Complete if the organ	nization is exempt under secti	on EO1(c) over	nt coctio	n F01/c)/	2 \		
	<u> </u>			-				
1	· ·	ed by the filing organization for sectio	•			\$_		
2	function activities	anization's funds contributed to other	organizations for se	ection 527 e	exempt •	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	on Form 1120-POL,	lıne 17b	<b>&gt;</b>	\$_		
4	Did the filing organization fileFori	n 1120-POL for this year?					☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the an that were promptly and directly delive see (PAC) If additional space is needed	nount paid from the red to a separate p	filing orgai olitical orga	nization's fund inization, sucl	ds A	lso enter the	
	(a) Name	(b) Address	(c) EIN	filing or	unt paid from ganization's f none, enter -0-		(e) Amount contributions and promp directly deliv separate p organization enter	s received otly and vered to a political If none,
2								
3								
4								
5								
6								
For P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 500845	Schedule (	C (Fo	rm 990 or 991	)-FZ) 2016

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

## Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

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, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHI	IC print - DO NOT PROCESS   As Filed Data -	DLN	N: 93492314015217		
SCHEDULI (Form 990 or 9 EZ)	Ognotion Complete to provide information for responses to Form 990 or 990-EZ or to provide any addit  ► Attach to Form 990 or 990-E  ■ Information about Schedule O (Form 990 or 990-E  ■ Www.irs.gov/form990.	al Information to Form 990 or 990-EZ vide information for responses to specific questions on 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			
SOCIETY INC	O GEOGRAPHIC INFORMATION  O GEOGRAPHIC INFORMATION  O GEOGRAPHIC INFORMATION	Employer iden   90-0098437	itification number		
Return Reference	Explanation				
FORM 990- EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 400				

990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990-	DESCRIPTION ROYALTIES - CAGIS JOURNAL AMOUNT 37,701 DESCRIPTION OTHER INCOME AMOUNT 375 TOTAL
EZ, PART I,	TO FORM 990-EZ, LINE 8 38,076
LINE 8 -	
OTHER	
REVENUE	

Return
Reference

Explanation

Explanation

CODM 900

ACTIVITY CLASSIFICATION SCHOLARSHIPS TRAVEL STIPPINGS CRANTEE NAME INDIVIDUALS CRANTEE

990 Schedule O, Supplemental Information

FURIVI 990-	ACTIVITY CLASSIFICATION SCHOLARSHIPS, TRAVEL STIPENDS GRANTEE NAME INDIVIDUALS GRANTEE
EZ, PART I,	RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 4,305
LINE 10 -	
GRANTS	
AND	
SIMILAR	
AMOUNTS	
PAID	

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990-	DESCRIPTION TRAVEL AMOUNT 6,405 DESCRIPTION CONFERENCES AMOUNT 83,106 DESCRIPTION
EZ, PART I,	AFFILIATIONS AMOUNT 2,753 DESCRIPTION OTHER ADMINISTRATIVE COSTS AMOUNT 3,062 DESC
LINE 16 -	RIPTION DEPRECIATION AMOUNT 3,600 TOTAL TO FORM 990-EZ, LINE 16 98,926
OTHER	
EXPENSES	

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-	DESCRIPTION_WRITEOFF OF A/R, DEFERRED REVENUE BALANCES_AMOUNT14,850
EZ, PART I,	
LINE 20 -	
OTHER	
CHANGES	
IN NET	
ASSETS	

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990-	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 16,849 END OF YEAR AMOUNT 0 DESC
EZ, PART II,	RIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 3,600 END OF YEAR AMOUNT 0
LINE 24 -	
OTHER	
ASSETS	

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-EZ, PART II, LINE 26 -OTHER LIABILITIES