Internal Revenue Service

03 90509

2949332809214

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for Instructions and the latest Information.

Open to Public Inspection

<u>~</u>	For t	ne 2017	calendar year, or tax year beginning , 2017, and ending			, 20			
D			C Name of organization			tion number			
Ь_	Check II	applicable	GEOPATH, INC.	13-1	13-1394480				
		dress inge	Doing business as						
[2	7	me change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephon	e number				
r		al return	561 7TH AVENUE 12TH FLOOR	(212)	972-8	075			
┢	— -	alreturn/	City or town, state or province, country, and ZIP or foreign postal code						
ァ⊦		minated ended	NEW YORK, NY 10018-1800	G Gross red	ainte C	10,823,	934		
ˈ ├ -	ret	urn plication	F Name and address of principal officer LAWRENCE HENNESSY	H(a) Is this			X No		
L		nding		(cubordi	nates?	— 	-		
_			561 7TH AVENUE 12TH FLOOR NEW YORK, NY 10018-1800				No		
<u>_</u>		exempt st		7 If 'N	o," attach a	list (see instructions)			
7	Web	site: 🕨	GEOPATH.ORG	H(c) Group					
<u>K</u>	Form	of organ	ization Corporation Trust X Association Other ▶ L Year o	f formation 1931	M State	of legal domicile	NY		
F	Part I	Su	mmary	_					
	1	Briefly	describe the organization's mission or most significant activities PRODUCT RATIN	IGS FOR THE	OUT-0	OF-HOME			
9	ן אַ		ERTISING INDUSTRY.						
Ì	{								
٤	2	Check	this box I if the organization discontinued its operations or disposed of more the	an 25% of its net a	ente				
2018	3		er of voting members of the governing body (Part VI, line 1a)		1 1		35.		
٥	8 8						30.		
8	s 🖺		er of independent voting members of the governing body (Part VI, line 1b)				17.		
	5 5		number of individuals employed in calendar year 2017 (Part V, line 2a)						
E	3 6		number of volunteers (estimate if necessary)						
7	7		unrelated business revenue from Part VIII, column (C), line 12				0.		
<u>_</u>		b Net ur	nrelated business taxable income from Form 990-T, line 34						
2	ł			Prior Yea	r	Current Ye	ar		
ب	, 8	Contri	butions and grants (Part VIII, line 1h)		0.		0.		
ᆚ	∄ 9		am service revenue (Part VIII, line 2g)		250.	10,823,	934.		
	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		0.		0.		
\Box_0	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		0.		
П	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		250.	10,823,	934		
5	42			 	0.	10,020,	0.		
ş	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		$-\frac{0}{0}$				
•	14		its paid to or for members (Part IX, column (A), line 4)			2 440			
WCANNE	្ឋ 15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			2,449,			
5	2 16 ₪	a Profes	ssional fundraising fees (Part IX, column (A), line 11e)		0.		0.		
	:	b Total	fundraising expenses (Part IX, column (D), line 25) ▶0.			 			
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			8,362,			
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,754	340.	10,811,	878.		
	19		ue less expenses Subtract line 18 from line 12.	30	910.	12,	056.		
6	sec			Beginning of Curr	ent Year	End of Year	 -		
ets	20 21 22	Total	assets (Part X, line 16)	1,097	384.	3,279,	101.		
Ass					743.	2,449,			
ĕ			sets or fund balances Subtract line 21 from (Fe 20.		641.		700.		
	art II				0.12.0				
				manta and to the he	nt of mu l	roudedee and he	lief it is		
tr	naer p ue, cor	enaities c rect, and	of perjury, I declare that I have examined this return, including accompanying schedules and states complete. Declaration of preparer (other than officer) is based on all information of which preparer has	ments, and to the be as any knowledge	st or my i	knowledge and be	ilei, it is		
. —		T			<u> </u>				
e:			denner Henry		<u>/09/2</u>	018			
	gn		Signature of officer	Date					
п	ere		LAWRENCE HENNESSY EXECUTIVE VP						
			Type or print name and title		-				
_		Print/	Type preparer's name Preparer's signature Date	Check	ıf F	PTIN			
Pa	id	ROB	ERT L ZMUDA 11/09	/2018 self-em	<u> </u>	P0151158	1		
Pr	epare	r	TIMELY WORDS CONTRACTOR			2055204			
Us	e Onl		address ▶10405 MONTGOMERY AVENUE KENSINGTON, MD 20895			949-2490			
VA.	0) 4 4 5 -		request this seture with the property shows shows? (see instructions)	Phone no	301-	-			
VI (ay the			<u></u>	• • • •	. X Yes	No.		
= -	r Dan	anuark	Peduction Act Notice, see the congrete instructions			Fam 990	(2017)		

	m 990 (2017)	Page 2
Pa	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission	
	GEOPATH, INC.'S PRIMARY MISSION IS TO ACT AS AN INDEPENDENT THIRD	
	PARTY PROVIDER OF STANDARDIZED RATING AND OTHER MEASUREMENT METRICS	
	FOR THE OUT OFHOME INDUSTRY.	
_	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ? Yes [Yes," describe these new services on Schedule O	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$including grants of \$) (Revenue \$)	
	DEVELOPING RATINGS AND OTHER MEASUREMENT METRICS FOR MEMBERS OUT	
	OF HOME ADVERTISING STRUCTURES.	
		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$ `)	
	THE IMPROVEMENT OF THE MEASUREMENT SYSTEM INCLUDING IMPROVED	
	MEASUREMENT OF TRANSIT AND DIGITAL ADVERTISING.	
_		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
		
		 -
	-	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	



Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.	ĺ		5
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	<u>L</u> _	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>L</u>	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		Х
			000	10047

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
240	\$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 25a	24a		х
.	· · · · · · · · · · · · · · · · · · ·	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	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		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		İ
36	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_ _		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	 _		<u> </u>
JU	19? Note . All Form 990 filers are required to complete Schedule O.	38		х
	10 Motor 7 in 1 of the obol motor and required to domplete defined to .	<u> </u>		ــــــــــــــــــــــــــــــــــــــ

<u>P</u> ar				\Box
	Check if Schedule O contains a response or note to any line in this Part V	<u>····</u>	Yes	No
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	-10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<u>4</u> a		_ <u>x</u>
b	If "Yes," enter the name of the foreign country ▶]		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
e -	(FBAR).	5a		$\overline{\mathbf{x}}$
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	<u></u>		_
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	_8_		
	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders]		
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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Part	, , , , , , , , , , , , , , , , , , , ,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	· · ·	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 35		[1
	If there are material differences in voting rights among members of the governing body, or]
	of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Í	Í	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	l		
а	The governing body?	8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X_
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		ł
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		Х
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>	<u> </u>]
a	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			<u> </u>
	with a taxable entity during the year?	16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	(,,-,-	/
	Own website Another's website X Upon request Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records FKYM FRANK 561 7TH AVENUE 12TH FLOOR NEW YORK, NY 10018

financial statements available to the public during the tax year

19

20

_	-
Page	- 1

Form 990 (2017)

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

	_
Check if Schedule O contains a response or note to any line in this Part VII	1 7

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)DONALD R. ALLMAN	0.									
DIRECTOR	0.	х						0.	0.	0.
(2)FRANCOIS DE GASPE BEAUBIEN	0.									
DIRECTOR	0.	х						0.	0.	0.
(3)NORM CHAIT	0.									
DIRECTOR	0.	х						0.	0.	0.
(4)MIKE COOPER	0.									
DIRECTOR	0.	Х						0.	0.	0.
(5)JEAN LUC DECAUX	0.								 -	
DIRECTOR	0.	Х						0.	0.	0.
(6)NANCY FLETCHER	0.									
EX-OFFICIO	0.	Х				_		0.	0.	0.
(7)KEVIN GLEASON	0.									_
DIRECTOR	0.	X						0.	0.	0.
(8)HOWARD GREINER	0.									
DIRECTOR	0.	X_						0.	0.	0.
(9)MATTHEW P. LEIBLE	0.									
DIRECTOR	0.	X						0.	0.	0.
(10)ANDREA MACDONALD	0.				l	ŀ	l			
CHAIRMAN	0.	X						0.	0.	0.
(11)JILL NICKERSON	0.									
DIRECTOR	0.	Х						0.	0.	0.
(12)ELLEN POLITI	0.									
VICE CHAIRMAN	0.	Х						0.	0.	0.
(13)JODI SENESE	0.									_
VICE CHAIRMAN	0.	Х						0.	0.	0.
(14)JACK SULLIVAN	0.									
CHAIRMAN EMERITUS	0.	Х						0.	0.	0.

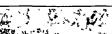
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	Higi	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) ANTHONY P. MARTINEZ DIRECTOR	0.	X						0.	0.	0.
16) DAN LEVI DIRECTOR	0.	Х						0.	0.	0.
17) DAVID KRUPP DIRECTOR	0.	х						0.	0.	0.
18) JOANNE COLEMAN DIRECTOR	0.	х						0.	0.	0.
19) PAUL LENHART DIRECTOR	0.	х						0.	0.	0.
20) RUDY FERRER DIRECTOR	0.	х						0.	0.	0.
21) STEVEN GORLECHEN DIRECTOR	0.	х		,				0.	0.	0.
22) TOMMY TEEPELL TREASURY	0.	х					_	0.	0.	0.
23) WILLIAM K. REAGAN DIRECTOR	0.	х						0.	0.	0.
24) WILLIAM SCHWARTZ DIRECTOR	0.	х						0.	0.	0.
25) BILL TUCKER EX-OFFICIO	0.	х						0.	0.	%
1b Sub-total c Total from continuation sheets to Part VII, S			• •				>	0. 1,211,682.	0.	0. 216,254.
d Total (add lines 1b and 1c)	<u></u>			<u> </u>			► o re	1,211,682.	0. \$100.000 of	216,254.
reportable compensation from the organization			5		501					Yés' No
3 Did the organization list any former office employee on line 1a? If "Yes," complete School										3 X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15 	50,0) If 	"Yes	s,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·		_
 Complete this table for your five highest con compensation from the organization Report year. 										

(A)
Name and business address

Description of services

Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 5



Part VII Section A. Officers, Directors, Tr		у Еп	ipio			and r	ııgı			es (0	
、 (A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	ـ ـ ـ ـ ر		Pos				Reportable	Reportable		Estimated amount of
`	hours per week (list any					e than o is both		compensation from	compensation related	110111	other
	hours for	office	er and	d a d	lirect	or/trust	ee)	the	organization	ns	compensation
	related	위	ins	Officer	ē	emp Higi	Former	organization	(W-2/1099-M		from the
	organizations below dotted	Individual trustee or director	institutional	Ger .	Key employee	nest	Ter	(W-2/1099-MISC)			organization and related
	line)	학교	<u>Sa</u>		ploy	မ င္ခ					organizations
		uste	trust		ee) per					
		ő	tee			Highest compensated employee				i	
			\sqcup			ä	_				
26) RYAN LAUL	0.	,,								0.	0.
DIRECTOR	0.	Х			_			0.			
27) PATRICK O'DONNELL	0.							0.		0.	0.
DIRECTOR	0.	Х				<u> </u>	•	0.			<u> </u>
28) BOB LIODICE	ļ <u>0</u> .							0.		0.	0.
DIRECTOR	0.	Х	\vdash		<u> </u>			0.			<u> </u>
29) JOEL BRASWELL	0.	.,						0.		0.	0
DIRECTOR	0.	X	Н		-			- 0.		-0.	0.
30) RICK NEWCOMER	0.	ļ ,,								0.	0.
DIRECTOR	0.	Х	_		<u> </u>			0.			<u> </u>
31) LAWRENCE HENNESSEY	40.00	ļ		ι,	ł			171 050		0.	17 450
EXECUTIVE VICE PRESIDENT	0.			Х	ļ		<u> </u>	171,950.		٠.	17,450.
32) SEAN MCCARTHY	40.00	ļ		١,,	l			242.760		_	E2 655
EXECUTIVE VICE PRESIDENT	0.		<u> </u>	X	_		<u> </u>	243,768.		0.	52,655.
33) KYM FRANK	40.00			١				446 010		ا ہ	E4 007
PRESIDENT	0.	_		Х	↓_		<u> </u>	446,819.		0.	54,897.
34) DYLAN MABIN	40.00			١	İ			151 460		ا ہ	42 447
SENIOR VICE PRESIDENT	0.			Х	↓ _		<u> </u>	151,460.		0.	43,447.
35) SCOTT FIASCHETTI	40.00			l				107.605			47 005
SENIOR VICE PRESIDENT	0.		_	Х	<u> </u>	<u> </u>	ļ	197,685		0.	47,805.
	- 						į		,		
1b Sub-total											
c Total from continuation sheets to Part VII,	Section A						▶				
d Total (add lines 1b and 1c)	<u> </u>						<u> </u>	<u> </u>			
2 Total number of individuals (including but no	limited to t						o re	eceived more than	\$100,000 of		
reportable compensation from the organization	on ▶		5								
											Yes No
3 Did the organization list any former offi	cer, directo	or, or	r tru	uste	e,	key e	emp	oloyee, or highes	t compensat	ted	
employee on line 1a? If "Yes," complete Schee	dule J for su	ch ınd	livid	ual							3 X
4 For any individual listed on line 1a, is the	sum of rea	oortab	ole d	com	nper	nsatio	n a	nd other compen	sation from t	he	ŀ
organization and related organizations g	reater than	\$15	50,0	007	2 11	"Yes	s, "	complete Schedu	ile J for su	ıch	
individual											4 X
5 Did any person listed on line 1a receive o	accrue co	mper	ısatı	on	fror	n any	un un	related organizati	on or individ	ual	
for services rendered to the organization? If "	es," comple	te Sci	hedu	ıle .	J foi	such	per	rson			5 X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	npensated i	ndep	ende	ent	con	tracto	ors 1	that received more	e than \$100,0	000 c	of
compensation from the organization Report	compensat	on fo	r the	ca	alen	dar ye	ear e	ending with or wit	hin the organ	ıızatıo	n's tax
year									···		
(A)			_					(B)			(C)
Name and business ac	ldress							Description of s	ervices		Compensation
							Ш.				.
		_					- 1		1		

		Check if Schedule O contains a respo	noc of note to di	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns		9.			
<u> </u>	<u>h</u>	Total, Add lines 1a-11	Business Code			-	
je	2-	MEMBERSHIP DUES	200111030 0000	10,810,447.	10,810,447.		-
Š	2a	NEW MEMBER ASSESSMENTS		2,750.	2,750.		
<u>8</u>	b		-	10,000.	10,000.		
Service Revenue	c	SPONSORSHIPS OTHER DIES		737.	737.		
SE	d	OTHER DUES	 	131.	131.		
Ja	е				+		
Program	f	All other program service revenue Total. Add lines 2a-2f		10,823,934.	<u></u>	<u></u>	<u> </u>
-	9_			10,823,934.			
}	3	Investment income (including divide		0.			1
		and other similar amounts)	. [0.			<u> </u>
	4 5	Income from investment of tax-exempt bond		0.			†
	•	Royalties	(II) Personal				<u> </u>
	_		(1)				
	6a	Gross rents	 				
1	b	Less rental expenses	 				
	С	Rental income or (loss)					
	_d	Net rental income or (loss)	(II) Other	0.		-	
	7a	Gross amount from sales of	(ii) Other		i		
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses	 				
	c	Gain or (loss)			 -		-
	d	Net gain or (loss)	······	0.		· · · · · · · · · · · · · · · · · · ·	
e l	8a	Gross income from fundraising					
Other Revenue		events (not including \$					
8		of contributions reported on line 1c)	ĺ		ļ		
her		See Part IV, line 18 a					
ŏ	þ	Less direct expenses		0.	-	······································	
	С	Net income or (loss) from fundraising events	· · · · · · · · · · · · · · · · · · ·				
	9a	Gross income from gaming activities					
- }		See Part IV, line 19 a	1 1		1		
1	b	Less direct expenses b			 -	· · · · · · · · · · · · · · · · · · ·	-
	С	Net income or (loss) from gaming activities	· · · · · · · • • · · · • • · · · • • · · · • • · · · • • · · · • · • · · • · • · · • · · • · · · • · · · • · · • · · · • · · · • · · · · • · · · · • · · · · • · · · · • · · · · • · · · · · · • · · · · · • · · · · · · • ·	0.			
	10a	Gross sales of inventory, less				•	
l		returns and allowances a	1 1				
	b	Less cost of goods sold b					
ŀ	<u>c</u>	Net income or (loss) from sales of inventory.					
ŀ		Miscellaneous Revenue	Business Code				-
	11a						+
	b				 +		
	С						
1	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0.			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respo				
Do	not include amounts reported on lines 6b, 7b,	(A)		(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations			general expenses	<u> </u>
•	and domestic governments See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	1,427,939.	1,427,939.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	601 077		
7	Other salaries and wages	681,277.	681,277.		-
8	Pension plan accruals and contributions (include	62 055	62 055		
	section 401(k) and 403(b) employer contributions)	63,855.	63,855.		
	Other employee benefits	121,562.	121,562.		
	Payroll taxes	121,302.	121,302.		
	Fees for services (non-employees)	0.			
	Management	56,060.	56,060.		
	Legal	104,184.	104,184.		
	Accounting	0.			
	Professional fundraising services See Part IV, line 17.	0.			
	Investment management fees	0.			
	Other (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	43,264.	43,264.		
	Office expenses	112,859.	112,859.		
	Information technology	64,328.	64,328.		
	Royalties	0.			
	Occupancy	201,548.	201,548.		
	Travel	31,683.	31,683.		
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0.		_	
	Conferences, conventions, and meetings	12,462.	12,462.		
	Interest	0.			
	Payments to affiliates	0.	20 520		
	Depreciation, depletion, and amortization	29,530. 36,022.	29,530. 36,022.		-
	Insurance ATCH 5	30,022.	30,022.		
۷4	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				•
	(A) amount, list line 24e expenses on Schedule O)				
2	ADMIN TEMP PERSONNEL	7,425.	7,425.		
_	BAD DEBT	396,498.	396,498.		
	BANK FEES	20,985.	20,985.		
_	DUES & SUBSCRIPTIONS	11,130.	11,130.		-
_	All other expenses ATCH 2	7,234,063.	7,234,063.		
	Total functional expenses. Add lines 1 through 24e	10,811,878.	10,811,878.		
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here (if				
	following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Part)				
	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
1	Cash - non-interact hearing	562,777.	1	2,679,138.
'2		0.	2	0.
3			3	0.
- 1 .	, 1229-1		4	288,528.
4		2007700.	-	2007320:
5				
	trustees, key employees, and highest compensated employees	 0.	5	0.
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ιχ	organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
Assets 8			7	0.
A S	Inventories for sale or use	0.	8	<u> </u>
9		22,201.	9	117,319.
10	a Land, buildings, and equipment: cost or		}	
	other basis. Complete Part VI of Schedule D 10a 893, 931.			
1	b Less: accumulated depreciation	63,265.	10c	33,735.
11	Investments - publicly traded securities	<u> </u>	11	0.
12		0.	12	0.
13	Investments - program-related See Part IV, line 11		13	0.
14	Intangible assets	0.	14	0.
15	Other assets. See Part IV, line 11	160,381.		160,381.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,097,384.		3,279,101.
17	Accounts payable and accrued expenses	265,575.	17	1,634,494.
18	Grants payable		18	0.
19	Deferred revenue		19	605,928.
20	Tax-exempt bond liabilities	0.	20	0.
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
ဖ္ထု 22	Loans and other payables to current and, former officers, directors,]
Liabilities	trustees, key employees, highest compensated employees, and			
<u>a</u>	disqualified persons. Complete Part II of Schedule L	0.	22	0.
⊐ ₂₃	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
24	Unsecured notes and loans payable to unrelated third parties,	0.	24	0.
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	14,168.	25	208,979.
26		279,743.	26	2,449,401.
ces	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
<u>E</u> 27	Unrestricted net assets		27	
E 28	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
<u>ي</u> 30	Capital stock or trust principal, or current funds	Ō.	30	0.
စ္တို 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
₹ 32		817,641.	32	829,700.
E 33		817,641.	33	829,700.
34	Total liabilities and net assets/fund balances		34	3,279,101.

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Х

Form 990 (2017)

2c

3a

3b

Schedule O

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

•	Section 501(c)(4), (5), or (6) orga	nizations Complete Part III			
	e of organization			Employer ide	ntification number
GEO	PATH, INC.			13-139	4480
Par	t I-A Complete if the o	rganization is exempt unde	r section 501(c) or	is a section 527 orgar	nization.
1		organization's direct and indirect			
2		φenditures (see instructions)		▶ \$	
3		campaign activities (see instructi			
_		rganization is exempt under			
1		ise tax incurred by the organizat			
2		ise tax incurred by organization		· · · · · · · · · · · · · · · · · · ·	
3	If the organization incurred a	a section 4955 tax, did it file Forn	n 4720 for this year?		Yes No
	If "Yes," describe in Part IV				
Par	t I-C Complete if the o	rganization is exempt unde	r section 501(c), ex	ccept section 501(c)(3).
1	Enter the amount directly e	xpended by the filing organizati	on for section 527 e	xempt function ▶\$	
2	Enter the amount of the filir	ng organization's funds contribute	ed to other organizati	ions for section	
3	line 17b	enditures Add lines 1 and 2 E		▶\$	
5	Enter the names, addresses organization made payment the amount of political continuous	e Form 1120-POL for this year? . and employer identification num s. For each organization listed, e ributions received that were pro- id or a political action committee	ber (EIN) of all section enter the amount pair mptly and directly de	on 527 political organiza d from the filing organiza elivered to a separate po	ations to which the filing cation's funds. Also enter plitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)			-		
(4)					
(5)					
(6)	-				

3011	ledule C (Form 990 0						
Pa	secti	plete if the organization 501(h)).					····
A	Check ▶,ıf	the filing organization be ddress, EIN, expenses,	elongs to an a	affiliated group (and excess lobbying expe	d list in Part IV ea enditures)	ich affiliated group mem	ber's name,
В	Check ▶ if	the filing organization ch	ecked box A	and "limited contro	ol" provisions app	ly	
	(The	Limits on Lob term "expenditures" m)	(a) Filing organization's totals	(b) Affiliated group totals
12		expenditures to influence					
		expenditures to influence	•				
		expenditures (add lines	-				
		ourpose expenditures					
		urpose expenditures (ad					
		axable amount Enter th					
	columns						
	If the amount on	line 1e, column (a) or (b) is	: The lobbying	nontaxable amount	is:		
	Not over \$500,0			mount on line 1e			
	Over \$500,000 b	out not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1,000,000	but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000	but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	over \$1,500,000		
	Over \$17,000,00	00	\$1,000,000				
		ntaxable amount (enter 2					<u>_</u> _
		g from line 1a. If zero or			T I		·
		f from line 1c. If zero or l					
j		amount other than zero					— —
	reporting section	on 4911 tax for this year	? <u></u>	<u> </u>		<u> </u>	Yes No
				aging Period Unde		sta all of the five column	and halann
	(Some o	rganizations that made					ins below.
		See	tne separate	e instructions for	iines za through	2 1.)	
		Lob	bying Expen	ditures During 4-Y	ear Averaging Pe	riod	
	Calendar year (beginnii	· · · · · · · · · · · · · · · · · · ·	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
28	a Lobbying nontax	able amount					
ı	b Lobbying ceiling (150% of line 2a						
•	C Total lobbying ex	xpenditures			_		
_	d Grassroots nont	axable amount					
_	e Grassroots ceilin (150% of line 2d						
1	f Grassroots lobb	ying expenditures					

	(election under section 501(h)).	l:	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		r –	<u> </u>			
des	ription of the lobbying activity	Yes	No		Amo	unt	
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.						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			ļ			
C	Media advertisements?		ļ <u>. </u>	<u> </u>			
d	Mailings to members, legislators, or the public?		<u></u>				
e	Publications, or published or broadcast statements?		<u> </u>				
f	Grants to other organizations for lobbying purposes?		 	 			
9	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?			\vdash			
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)?		<u> </u>	ļ ———			
b C	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					7	
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section			-
	501(c)(6).					_	
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from		_		3		X
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					2 io	
	answered "Yes."	OK (D) Pa	ır t ını-A,	ıme	3, 15	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou			- 			
2	political expenses for which the section 527(f) tax was paid).	IIIIS	Oi	.			
а	Current year			2a			
b	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			_
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)		<u></u>	5			(
Pai							
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated	d gro	up lis	i), Part	il-A, lii	nes 1	and
2 (SE	e instructions), and Part II-B, line 1. Also, complete this part for any additional information						
							
							•
			-				
							

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization GEOPATH.

Employer identification number 13-1394480

	PRIH, INC.		13-1394480
Pa	Organizations Maintaining Donor Adv		
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		_
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	~	1 1 1
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,	- · · · · · · · · · · · · · · · · · · ·	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<u></u>	Yes No
Pa	Conservation Easements.	1111/2211 Farm 000 Boot IV line 5	7
_	Complete if the organization answered		
1	Purpose(s) of conservation easements held by th		
	Preservation of land for public use (e.g., re		ation of a historically important land area
	Protection of natural habitat	Preserva	ation of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	ield a qualified conservation contribut	Held at the End of the Tax Year
_	easement on the last day of the tax year.		
a	Total number of conservation easements		1 k
b	Total acreage restricted by conservation easemen		• • • • • • • • • • • • • • • • • • • •
C	Number of conservation easements on a certified Number of conservation easements included in (• • •	
d	historic structure listed in the National Register		
3	Number of conservation easements modified, tra		
3		risterred, released, extiliguished, or to	erminated by the organization during the
4	tax year ▶ Number of states where property subject to cons	envation accoment is located	
5	Does the organization have a written policy re		
•	violations, and enforcement of the conservation ea	- ·	
6	Staff and volunteer hours devoted to monitoring, inspe		
		oung, manding of violations, and omoron	ig concentation edgements caring the year
7	Amount of expenses incurred in monitoring, inspec	cting handling of violations and enforce	ing conservation easements during the year
•	►\$	oung, narialing or violations, and orners	mig denser taken dasemenke dannig kile year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		·
	organization's accounting for conservation easem-		
Pa	rt III Organizations Maintaining Collection		
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 8	3
	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in	n its revenue statement and balance sheet
	works of art, historical treasures, or other simil	lar assets held for public exhibition,	education, or research in furtherance of
L	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under works of art, historical treasures, or other simi	STAD 116 (ASC 958), to report in	education or research in furtherance of
	public service, provide the following amounts rela		occount, or research in future ance of
	(i) Revenue included on Form 990, Part VIII, line	•	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under		• •
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		<u></u> ▶ \$
For I	Paperwork Reduction Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 2017

Par												
3	Using the organization's acquisition		sion, and o	other record	ds, check	k any o	f the	follow	ing that a	re a sign	ificant us	e of its
	collection items (check all that appl	y)			٦							
а	`Public exhibition			d	4	or excha	-					
b	Scholarly research			е	Other							
С	Preservation for future gener											
4	Provide a description of the organ	nization's	collections	s and expla	in how t	hey fur	ther	the or	ganızatıon's	s exempt	purpose	ın Part
	XIII				_							
5	During the year, did the organization										٦.,	—
	assets to be sold to raise funds rath			ained as pa	rt of the o	organiza	ation	s collec	ction?		Yes	No_
Par	Complete if the organizat 990, Part X, line 21.	ion answ	vered "Ye		_						t on Forn	า
1a	Is the organization an agent, truste										_	
	included on Form 990, Part X?									L	Yes	No
b	If "Yes," explain the arrangement in	n Part XII	I and comp	plete the fol	lowing tal	ole						
									Α	mount	<u>.</u>	
С	Beginning balance							_				
d	Additions during the year						1d					
е	Distributions during the year											
f	Ending balance						1f	<u> </u>				
	Did the organization include an am										Yes	No
	If "Yes," explain the arrangement in	n Part XII	I. Check h	ere if the ex	φlanation	has be	en pr	ovided	on Part XIII			<u> </u>
Par			.c.ad "Va	o" on Form	. 000 B	a-+ I\ / I		10				
	Complete if the organizat		rrent year	(b) Prio		(c) Tw			(d) Three y	oare back	(e) Four y	name back
		(a) Cui	rrent year	(6) P110	i yeai	(0) 1	o yea	15 Dack	(u) Tillee y	ears back	(e) roury	cais back
1 a	Beginning of year balance											
b	Contributions										<u> </u>	
С	Net investment earnings, gains,								ł			
	and losses					 		_				
d	Grants or scholarships			 		<u> </u>				_		
е	Other expenditures for facilities											
_	and programs			 				-				
f	Administrative expenses			 		1						
g	End of year balance			l,	- // 4		. (-11	<u></u>				
2 a	Provide the estimated percentage Board designated or quasi-endown	of the cu	rrent year	end balance	e (line 1g,	, columi	1 (a))	neid as	·			
	Permanent endowment	·····		_'`								
	Temporarily restricted endowment	<u> </u>	%									
	The percentages on lines 2a, 2b, a			100%.								
3a	Are there endowment funds not in				tion that	are hel	d an	d admii	nistered for	the		
	organization by	·		•							Y	es No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organi	zations liste	ed as require	ed on Sch	nedule R	₹?				3b	
4	Describe in Part XIII the intended i		e organiza	ation's endo	wment fu	nds						
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	word "Ve	e" on Forr	m aan E	Part IV	line	11a S	See Form	990 Pai	t X line	10
	Description of property	lion ans		r other basis	(b) Cost				cumulated		i) Book value	
_			(inves	stment)	(0	other)		dep	reciation	•		
1a	Land						\dashv					
b	Buildings					02.2			01 747		1	0 600
C	Leasehold improvements					92,3			81,747			0,608.
d	Equipment					459,5			47,557			1,948.
<u>e</u>	Other		4	000 5: 1		342,0			30,892			1,179. 3,735.
Tota	I. Add lines 1a through 1e (Column	(a) musi	equal For	m 990, Part	A, colum	וו (B), III	1 0 70	<i>ic)</i>	<u>, . ▶</u>			J, 133.

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	al derivatives		
	r-held equity interests		
· · -			
(A)			
<u>(B)</u>			
(C)			
(D)			<u> </u>
(E)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(F) (G)			
((() (H)			
	in (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII			
rait VIII		"Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
_(3)			
_(4)			
(5)			
(6)			
_(7)			
(8)			
<u>(9)</u>			
	n (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>
Part IX	Other Assets.	l"Vas" on Form 000) Bort IV line 11d See Form 000 Bort V line 15
			O, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
<u>(1)</u> <u>(2)</u>			
(3)			
			
(4)			
<u>(6)</u> (6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15)	•
Part X	Other Liabilities.		
art A	Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book val	IIA .
	ral income taxes	(b) book val	
	RRED RENT PAYABLE		
<u> </u>	OIT CARD PAYABLE	33.	242.
	ION PAYABLE	174,	
	SYSTEM PAYABLE		676.
(6)			
(7)			
(8)			
_(~)			
(9)		i	
(9)	nn (b) must equal Form 990, Part X, col (B) line 25)	208,	979.

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII)		
	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	⊣ 1	
b	Other (Describe in Part XIII.)	 -	
_	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		 -
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	· 1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
	Donated services and use of facilities	-	
	Prior year adjustments	-	
	Other losses	-	
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	3	
	Subtract line 2e from line 1		
	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII)	7	
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	Supplemental Information.		
2, Part	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info		4, Part X, line
_			
	•		
	······································		
			_

Part XIII Supplemental Information (continued)

PART X, LINE 2

GEOPATH HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2015 IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 (INCOME TAXES), WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. GEOPATH IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011.

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization GEOPATH, INC.

Department of the Treasury

Internal Revenuè Service

Employer Identification number 13-1394480

Pan	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4.		
_	explain	1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	ا ۾ ا		
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study]
	Form 990 of other organizations X Approval by the board or compensation committee			, •
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		-
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.	1		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of	<u> </u>		
а	The organization?	6a		ļ
b	Any related organization?	6b		ļ
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		
	Regulations section 53.4958-6(c)?	9		l

Schedule J (Form 990) 2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

ilidividual.		ì						
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(ı)(g)	in column (B) reported as deferred on pnor Form 990
LAWRENCE HENNESSEY	Θ	171,950.	0	0	0	17,450.	189,400.	
EXECUTIVE VICE PRESIDENT	: (E	0	0	0				
SEAN MCCARTHY	Ξ	243,768.	0	0	0	52,655.	296,423.	
EXECUTIVE VICE PRESIDENT	(E)	0	0	0				
KYM FRANK	€	446,819.	0	0	0	54,897.	501,716.	
3 PRESIDENT	(E)	o	0	0				
DYLAN MABIN	ε	151,460.	0	0	0.	43,447.	194,907.	
SENIOR VICE PRESIDENT	€		0	0				
SCOTT FIASCHETTI	(2)	197,685.	0	0	0	47,805.	245,490.	
SENIOR VICE PRESIDENT	€	0	0	0				
	€							
9	€							
	€							
2	€							
	€							
∞	€							
	€							
6	€							
	ε							
10	€							
	€							
11	(ii)							i.
	(E)							
12	(ii)							
	ε							
13	(<u>ii</u>)							
	(3)							
14	€							
	Ξ							
15	<u>(ii)</u>							
	Ξ							
16	(ii)			:				
							Sch	Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs gov/form990.

Employer identification number 13-1394480

GEOPATH, INC.

FORM 990 PART VI LINE 6

THE ORGANIZATION HAS MEMBERS.

FORM 990 PART VI LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990 PART VI LINE11B

THE FORM 990 IS REVIEWED BY THE OFFICERS AND A NUMBER OF BOARD MEMBERS BEFORE FILING. IT IS AVAILABLE TO ALL BOARD MEMBERS UPON REQUEST.

FORM 990 PART VI LINE 15 A&B

COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD.

FORM 990 PART VI LINE 7A & B

THE BOARD HAS THE POWER TO APPOINT THE PRESIDENT. MEMBERS VOTE ON CHANGES TO ARTICLES OF INCORPORATION AND ARE INVOLVED IN APPROVAL OF THE BUDGET.

FORM 990 PART VI LINE 12C

THE ORGANIZATION MONITORS CONFLICT OF INTEREST THROUGH INTERVIEWS AND DISCUSSIONS WITH MEMBERS.

FORM 990 PART XI LINE 9

ROUNDING

Name of the organization GEOPATH, INC.

Employer identification number 13-1394480

ATTACHMENT 1

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
5 W PUBLIC RELATIONS 230 PARK AVE 32ND FL NEW YORK, NY 10169	PUBLIC RELATIONS	120,843.
CAMBRIDGE SYSTEMATICS 100 CAMBRIDGE PARK DR, SU 400 CAMBRIDGE, MA 02140	RESEARCH	248,700.
ENVIRONMENT SYSTEMS RESEARCH FILE 54630 LOS ANGELES, CA 90074	RESEARCH	366,994.
PRYOR CASHMAN LP 7 TIMES SQUARE NEW YORK, NY 10036	LEGAL	189,794.
SHEPPARD MULLIN 333 SOUTH HOPE ST 43RD FL LOS ANGELES, CA 90071	CONSULTING	107,865.

FORM 990, PART IX - OTHER EXPENSES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) (D) MANAGEMENT FUNDRAISING AND GENERAL EXPENSES
GEOPATH RATINGS DEVELOPMENT	68,334.	68,334.	
TRANSIT MEASUREMENT STUDY	138,011.	138,011.	
ADS DEVELOPMENT	82,901.	82,901.	
NEW MEASUREMENT PROJECT	6,768,125.	6,768,125.	
OOH PLAN LICENSE/ENHANCEMENTS	117,895.	117,895.	
TELEPHONE & COMMUNICATIONS	37,188.	37,188.	
POSTAGE	5,159.	5,159.	
MEALS & ENTERTAINMENT	9,700.	9,700.	
WEB DEVELOPMENT	6,750.	6,750.	,

Name of the organization GEOPATH, INC.

Employer identification number 13-1394480

ATTACHMENT 2 (CONT'D)

MANAGEMENT FUNDRAISING

FORM 990, PART IX - OTHER EXPENSES

(A) TOTAL (B) PROGRAM (C)

(D)

DESCRIPTION

TOTAL EXPENSES

SERVICE EXP.

AND GENERAL

EXPENSES

TOTALS

7,234,063.

7,234,063.

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES
DESCRIPTION

PREPAID EXPENSES

PREPAID CONFERENCE EXPENSES

PREPAID INSURANCE

TOTALS

ATTACHMENT 4

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

ENDING BOOK VALUE

DEFERED REVENUE

594,155.

DEFERRED RENT

11,773.

TOTALS

605,928.