Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change RADIO AMATEUR SATELLITE CORP. (AMSAT) Name change 52-0888529 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated PO BOX 27 3015896062 798,761. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20044 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BARRY BAINES for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)4947(a)(1) or) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.AMSAT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > L Year of formation: 1969 M State of legal domicile: DC Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE \overline{PART} III, LINE 1 **Activities & Governance** Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 1,740. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7b -407.**Prior Year Current Year** 281,313. 601,210. Contributions and grants (Part VIII, line 1h) 8 Revenue 15,329. 8,641.Program service revenue (Part VIII, line 2g) 135,497. 22,084. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,257. 24,894. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 438,396. 656,829. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 85,876. 92,564. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 207,095. 413,408. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 292,971. 505,972. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 145,425. 150,857. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 20, 692,532. 814,625. 20 Total assets (Part X, line 16) 30,204. 59,654. 21 Total liabilities (Part X, line 26) ₽E 662,328. 754,971 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BARRY BAINES, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature DAVID FLINCHUM, CPA P00054429 Paid self-employed Firm's name BERLIN RAMOS & COMPANY, P.A. Firm's EIN 52-1367749 Preparer Firm's address 11200 ROCKVILLE PIKE, #400 Use Only Phone no. 301-589-9000 ROCKVILLE, MD 20852 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

455,495.

Total program service expenses

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		х
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	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		₩.
	Schedule D, Part III	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
•	the organization's separate of consolidated infancial 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		х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' ' ' 		
ıZd		10-		Х
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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

Form 990 (2015) RADIO AMATEUR SATELLITE CORP. (AMSAT) Part IV 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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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 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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	X	
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015) RADIO AMATEUR SATELLITE CORP. (AMSAT) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming							
	(gambling) winnings to prize winners?		1c	X					
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 1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	3?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	X					
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other au								
financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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 Acc	counts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5b		X				
С	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								
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			1				
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	tract?	7e		<u> </u>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		<u> </u>				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the							
			8						
9	Sponsoring organizations maintaining donor advised funds.								
			9a		<u> </u>				
			9b						
10	Section 501(c)(7) organizations. Enter:								
	· · · · · · · · · · · · · · · · · · ·	10a	-						
		10b							
11	Section 501(c)(12) organizations. Enter:	ا . ب							
		11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against	441.							
40-	· · · · · · · · · · · · · · · · · · ·	11b	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a						
	,	12b	1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
L	Note. See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b							
_		13c							
		•	140		Х				
		······	14a 14b						
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<i>J</i>	וייו						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion 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										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	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 any other										
	officer, director, trustee, or key employee?	2		Х							
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	6 Did the organization have members or stockholders?										
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	Х								
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		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
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		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	This occion b requests information about policies not required by the internal nevertide code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
_	in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		Х							
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?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
	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).	100									
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
···u		16a		Х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104									
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
		16b									
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100	l								
17		railah!									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	raliaDI6	5								
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)										
40		fin -	ial								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınanc	ıaı								
00	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	THE CORPORATION - 301-822-4376 10605 CONCORD ST., SUITE 304, KENSINGTON, MD 20895										
	10605 CONCORD ST., SUITE 304, KENSINGTON, MD 20895										

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

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.

X Check this box if neither the organization		orga	niza			nper	sate			Г
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week (list any	\vdash					Ĺ	from the	from related organizations	other compensation
	hours for	direct				٦		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	Je	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) THOMAS CLARK	0.50								_	_
DIRECTOR		X				_		0.	0.	0.
(2) BARRY BAINES	25.00								_	_
PRESIDENT		X		Х		╙		0.	0.	0.
(3) LOU MCFADIN	0.50									
DIRECTOR		X				╙		0.	0.	0.
(4) JOANNE MAENPAA	2.50									
DIRECTOR		X				╙		0.	0.	0.
(5) JERRY BUXTON	10.00									
VP ENGINEERING		X		X				0.	0.	0.
(6) DREW GLASBRENNER	2.50									
VP OPERATIONS		X		X				0.	0.	0.
(7) MARK HAMMOND	8.00									
DIRECTOR		X						0.	0.	0.
(8) KEITH BAKER	0.80									
TREASURER				X		╙		0.	0.	0.
(9) PAUL STOETZER	15.00									
SECRETARY				Х		╙		0.	0.	0.
(10) MIKE MCCARDEL	2.50									
VP EDUCATION				Х		╙		0.	0.	0.
(11) FRANK BAUER	2.50									
VP HUMAN SPACEFLIGHT				Х		╙		0.	0.	0.
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		1								
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I ai	Section A. Officers, Directors, Trus	tees, Key Em	<u>oloy</u> (ees,	anc	<u>JHi</u>	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	on		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	าร	fr org an	pensa rom the anizati d relate anizatio	e ion ed
				=	0	<u>×</u>	Ξ θ							
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е			0
	compensation from the organization												Yes	0 N o
3	Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or l	highest compensated er	mployee on	١			
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
	and related organizations greater than \$150	•							•	•		4		Х
5	Did any person listed on line 1a receive or a											5		X
Sec	rendered to the organization? If "Yes." comtion B. Independent Contractors	<u>ipietė Scrieduli</u>	<u> </u>	or st	JCN Į	oers	on .							21
1	Complete this table for your five highest co the organization. Report compensation for	=	-								pensa	tion fro	om	
	(A) Name and business			ONI					(B) Description of s		C	(Compe	C) nsatio	n
				2141										-
								+						
								\dashv						
2	Total number of independent contractors (i		ot lin	nited	d to	_		ted	above) who received me	ore than				
	\$100,000 of compensation from the organia	zation 🕨				(J							

Form 990 (2015) RADIO A
Part VIII Statement of Revenue

		Check if Schedule O contain	s a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
လ လ	1 a	Federated campaigns	1a					
ran		Membership dues	1 1	79,501.				
₽, E	С	Fundraising events						
ifts ar A		Related organizations						
s, G		Government grants (contribution						
Sil		All other contributions, gifts, grants,	· —					
outi		similar amounts not included above		521,709.				
i di	g	Noncash contributions included in lines 1a-	,					
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			601,210.			
				Business Code				
ø	2 a	PUBLICATIONS		511190	8,641.	8,641.		
Ş	b							
Program Service Revenue	С							
am	d							
ogr B	е							
Ā	f	All other program service revenu	e					
	g	Total. Add lines 2a-2f			8,641.			
	3	Investment income (including div	vidends, intere	est, and		,		
		other similar amounts)			26,939.			26,939.
	4	Income from investment of tax-e	xempt bond p	roceeds				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a		(i) Securities	(ii) Other				
		assets other than inventory $\frac{1}{2}$	15,542.					
	b	Less: cost or other basis		J I				
		and sales expenses1	<u> 20,397.</u>					
	С	Gain or (loss)	<u>-4,855.</u>		4 0 = =			4 0
	d	Net gain or (loss)			-4,855.			-4,855.
<u>o</u>	8 a	Gross income from fundraising e	vents (not					
enc		including \$						
ev.		contributions reported on line 1c	•					
Other Reven		Part IV, line 18						
됩		Less: direct expenses						
		Net income or (loss) from fundra						
	9 a	Gross income from gaming activ						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming						
	10 a	Gross sales of inventory, less ret		11 680				
		and allowances		44,689.				
		Less: cost of goods sold		41,333.	23,154.	23,154.		
ŀ	С	Net income or (loss) from sales of	i inventory	Puoinese Ossi	43,134.	43,134.		
ŀ	11 -	Miscellaneous Revenue ADVERTISING		Business Code 541800	1,740.		1,740.	
	11 a			241000	1,/10		1,/10•	
	C							
		All other revenue						
		Total. Add lines 11a-11d			1,740.			
	12	Total revenue. See instructions			656,829.	31,795.	1,740.	22,084.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 79,725. 68,306. 7,613. 3,806. 7 Pension plan accruals and contributions (include 7,122. 6,054. 712. 356. section 401(k) and 403(b) employer contributions) Other employee benefits 9 5,717. 4,859. 572. 286. 10 Payroll taxes 11 Fees for services (non-employees): Management Legal 16,965. 16,965. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 14,190. 14,100. 90. 13 Office expenses Information technology 14 1,020. 1,020. Royalties 15 1,018. 23,332. 20,276. 2,038. 16 Occupancy 29,876. 24,708. 5,168. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,973. 1,170. 803. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,329. 1,302. 20. 7. Depreciation, depletion, and amortization 22 6,076. 5,165. 607. 304. 23 Other expenses. Itemize expenses not covered 24 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 0.) 190,840. 190,840. LAUNCH $41,\overline{219}$ COMPONENTS & HARDWARE 41,219. 30,065. 3,369. 34,656. 1,222. POSTAGE PREP 28,191. 1,518. 26,673. d PRINTING & XEROX 0. 23,741.19,738. 192. 3,811. e All other expenses 505,972. 455,495. 35,199. 15,278. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2015) Part X Balance Sheet

Pai	ιΛ	balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			52,494.	1	71,812.
	2	Savings and temporary cash investments			355.	2	65,268.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
S		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B			90,000.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	95,057			
	b	Less: accumulated depreciation	10b	93,179.	3,208.	10c	1,878.
	11	Investments - publicly traded securities			543,475.	11	1,878. 672,667.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,000.	15	3,000.	
	16	Total assets. Add lines 1 through 15 (must equ	692,532.	16	814,625.		
	17	Accounts payable and accrued expenses	1	30,204.	17	59,654.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ý	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
abil		Complete Part II of Schedule L				22	
ت	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			30,204.	26	59,654.
		Organizations that follow SFAS 117 (ASC 958), checl	k here 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
nce	27	Unrestricted net assets			630,618.	27	723,261.
ala	28	Temporarily restricted net assets			31,710.	28	31,710.
D B	29			<u></u> .		29	
필		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔛			
ᅙ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
\SS(31	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			662,328.	33	754,971.
	34	Total liabilities and net assets/fund balances .			692,532.	34	814,625.

52-	08	88529	Pag
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Form	1990 (2015) RADIO AMATEUR SATELLITE CORP. (AMSAT)	52-088	8529	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	656	, 8	29.
2	Total expenses (must equal Part IX, column (A), line 25)	2	505	5,9°	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	150	, 8.	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			28.
5	Net unrealized gains (losses) on investments	5	-65	, 4	89 .
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7	7,2	75 🏅
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	754	۱ , 9'	<u>71.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

52-0888529

Open to Public Inspection

Name of the organization

RADIO AMATEUR SATELLITE CORP. (AMSAT)

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 RADIO AMATEUR SATELLITE CORP. (AMSAT) 52-0888529 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					>
	tion C. Computation of Publi						
	Public support percentage for 2015 (li	, ,,	•	***		14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the c						\
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-			-	•	t VI how the organ	ization
	meets the "facts-and-circumstances"	-		*	•		
b	10% -facts-and-circumstances test						
	more, and if the organization meets th				-		
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	>

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, picase comp	ioto i art ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	237,611.	266,238.	210,575.	281,313.	601,210.	1596947.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27,721.	23,658.	25,582.	37,223.	53,329.	167,513.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	265,332.	289,896.	236,157.	318,536.	654,539.	1764460.
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons	54,046.	53,566.	56,837.	62,750.	345,046.	572,245.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	54,046.	53,566.	56,837.	62,750.	345,046.	572,245.
8	Public support. (Subtract line 7c from line 6.)						1192215.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	265,332.	289,896.	236,157.	318,536.	654,539.	1764460.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,804.	12,542.	11,276.	41,967.	27,236.	103,825.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	10,804.	12,542.	11,276.	41,967.	27,236.	103,825.
	Net income from unrelated business activities not included in line 10b, whether or not the business is	-	·			-	-
12	regularly carried on Other income. Do not include gain or loss from the sale of capital	5,550.	1,650.	2,140.	1,620.	1,740.	12,700.
40	assets (Explain in Part VI.)	201 606	204 000	240 572	262 122	602 E1E	1000005
	Total support. (Add lines 9, 10c, 11, and 12.)	281,686.			362,123.		
14	First five years. If the Form 990 is for check this box and stop here						. .
Se	ction C. Computation of Publi						
	Public support percentage for 2015 (li			olumn (fl)		15	63.38 %
	Public support percentage from 2014					16	75.71 %
	ction D. Computation of Inves						,,
17	Investment income percentage for 20	15 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	5.52 %
	Investment income percentage from 2					18	5.78 %
198	a 33 1/3% support tests - 2015. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	d stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶ X
k	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, chec			•		•	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	ructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI*.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No	
1	
1	
2	
3a	_
3b	
3c	
40	
4a	
4b	
4c	
5a	
- Gu	
5b	
5c	
6	
7	
8	
9a	
9b	
90	
9c	
10a	
10b	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	dule A (Form 990 or 990-EZ) 2015 RADIO AMATEUR SATELLITE			52-0888529 Page 6
Pa	Type in their tangenous, integration coefu,(c) cupper integration			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	integra	ted Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

	dule A (Form 990 or 990-EZ) 2015 RADIO AMATEUR			52-0888529 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janizations _{(continued})
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsi	/e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
	Excess from 2013			
d	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015 RA	DIO AMATEUR	R SATELLITE	CORP. (AMS	AT) 52-088852	29 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and (See instructions.)	On. Provide the exp , 3c, 4b, 4c, 5a, 6, 9a 2 and 3; Part IV, Sect	lanations required by a, 9b, 9c, 11a, 11b, a ion E, lines 1c, 2a, 2t	Part II, line 10; Part II, nd 11c; Part IV, Sectio o, 3a and 3b; Part V, lir	line 17a or 17b; Part III, line 12 n B, lines 1 and 2; Part IV, Sec e 1; Part V, Section B, line 1e;	ction C,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

RADIO AMATEUR SATELLITE CORP. (AMSAT)

Employer identification number 52-0888529

Part	t I Organizations Maintaining Donor	Advised Funds or Other	Similar Funds of	r Accounts. Complete if the
	organization answered "Yes" on Form 990, F			
		(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
	Did the organization inform all donors and donor ad	_		
	are the organization's property, subject to the organization	ization's exclusive legal control	?	Yes No
6	Did the organization inform all grantees, donors, an	d donor advisors in writing that g	grant funds can be us	ed only
	for charitable purposes and not for the benefit of th	e donor or donor advisor, or for	any other purpose co	nferring
David	impermissible private benefit?			
Part				rt IV, line 7.
1	Purpose(s) of conservation easements held by the o		′).	
	Preservation of land for public use (e.g., recre	· —		ically important land area
	Protection of natural habitat	L Pr	reservation of a certific	ed historic structure
	Preservation of open space			
	Complete lines 2a through 2d if the organization he	d a qualified conservation contr	ibution in the form of	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified h			
	Number of conservation easements included in (c) a	'		
	listed in the National Register			
	Number of conservation easements modified, trans	erred, released, extinguished, o	r terminated by the oi	rganization during the tax
	year -			
	Number of states where property subject to conser	•		
	Does the organization have a written policy regarding		,	□ v □ v.
	violations, and enforcement of the conservation eas		and onforcing concer	
6	Staff and volunteer hours devoted to monitoring, in:	specting, nandling of violations,	and emorcing conser	vation easements during the year
-	Associated for a second in a second in a second second in a second secon	ina bandina afrialations and		us anno anno anto alcunius attento con acco
	Amount of expenses incurred in monitoring, inspec	ing, nandling of violations, and e	emorcing conservatio	n easements during the year
	Does each conservation easement reported on line	O(d) above estisfy the requiremen	unto of acotion 170/b\/	(4)(D)(;)
	•		. , ,	
	and section 170(h)(4)(B)(ii)?			
	include, if applicable, the text of the footnote to the		•	
	conservation easements.	organization s ililanciai stateme	ints that describes the	e organization's accounting for
Part	t III Organizations Maintaining Collec	ions of Art. Historical Tr	easures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes			
1a	If the organization elected, as permitted under SFA		its revenue statemer	at and halance sheet works of art
	historical treasures, or other similar assets held for	. ,,		•
	the text of the footnote to its financial statements the			o or public service, provide, irr are xiii,
	If the organization elected, as permitted under SFA		revenue statement ar	nd halance sheet works of art historical
	treasures, or other similar assets held for public exh			
	relating to these items:	الاستان المحادث المحاد	. ia.triorarioc or public	5 55. 1.50, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, his			
	the following amounts required to be reported under			an, provide
	Revenue included on Form 990, Part VIII, line 1			•
	Assets included in Form 990, Part X			
	A COUCH A COUNTRY OF THE COURT			Ψ Ψ

Sche	dule D (Form 990) 2015 RADIO Al	MATEUR S	SATELL	TTE COR	P. (AMS	SAT)	52-	0888529	Page 2
	t III Organizations Maintaining Co								
3	Using the organization's acquisition, accession								
	(check all that apply):			•					
а	Public exhibition		d	Loan or exc	change progra	ams			
b	Scholarly research		e	_					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and	explain how	they further t	he organizatio	on's exem	pt purpose in l	Part XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. (Complete if the	ne organizatio	on answered	"Yes" on	Form 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other into	ermediary fo	r contribution	s or other as	sets not ir	ncluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete	the following	table:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance								
2 a	Did the organization include an amount on Fo	orm 990, Part	X, line 21, fo	r escrow or c	ustodial acco	unt liabilit	ty?	. Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete it	f the organizat	ion answere	d "Yes" on Fo				1	
		(a) Current y	rear (b)	Prior year	(c) Two yea	rs back	(d) Three years b	oack (e) Four	years back
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	,	•	1g, column (a	i)) held as:				
а	Board designated or quasi-endowment		%						
	Permanent endowment								
С	Temporarily restricted endowment ▶		_%						
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%	6.						
3a	Are there endowment funds not in the posses	ssion of the or	ganization th	at are held a	nd administe	red for the	e organization	_	
	by:								Yes No
	(i) unrelated organizations								
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		endowment	funds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered							T	
	Description of property	1 ' '	st or other	` ' '	t or other	1 ' '	cumulated	(d) Book	value
		<u> </u>	nvestment)	basis	(other)	dep	reciation	_	
1a	Land	1							
b	Buildings								
	Leasehold improvements			+	11 210		01 210		
	Equipment	I		1 2	1,312.		91,312.		0.
e	Other				3,745.		1,867.	<u> 1</u>	.,878.

1,878.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

а	Net unrealized gains (losses) on investments	2a		
h	Donated services and use of facilities			
0				
ا	Recoveries of prior year grants	1 4 . 1		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	itements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
4	Other (Describe in Part XIII.)	1 1		
e			2e	
3	•			
	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	3.)	5	
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

RADIO AMATEUR SATELLITE CORP. (AMSAT)

Employer identification number 52-0888529

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	
1	Art - Works of art		nternio continbuteu	T OITH GOO, I are viii, iiilo 1g			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	10,858	70,046.	AS LISTED ON	1 STOCK	E
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	zotion during	the tax year for a	antributions			
29	for which the organization completed Form 826						
	for which the organization completed form ozo	00,1 alt 10, 1	Jonee Acknowledg	gement 29		Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it	103	140
004	must hold for at least three years from the date						
	exempt purposes for the entire holding period?	_	•			30a	Х
b	If "Yes," describe the arrangement in Part II.					330	
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any non-standard contribu	tions?	31	Х
	Does the organization hire or use third parties						
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c) fo	or a type of proper	ty for which column (a) is che	ecked,		
	describe in Part II.						

Schedule M (Form 990) (2015) RADIO AMATEUR SATELLITE CORP. (AMSAT) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	52-0888529	Page 2
is reporting in Part I, column (b), the number of contributions, the number of items received, or a com this part for any additional information.	bination of both. Also comp	olete
SCHEDULE M, PART I, COLUMN (B):		
400 SH PHILLIP MORRIS INTERNATIONAL INC VALUED AT \$33,652		
10,458 SH AVON PRODUCTS INC VALUED AT \$36,394		

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 ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Internal Revenue Service Name of the organization

Inspection **Employer identification number**

RADIO AMATEUR SATELLITE CORP. (AMSAT) 52-0888529 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SATELLITE OPERATIONS - TO OPERATE SATELLITES FOR AMATEUR RADIO COMMUNICATION. EXPENSES \$ 23,234. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE GOVERNING BOARD ANNUALLY. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE PRESIDENT OF THE ORGANIZATION FOR ACCURACY AND COMPLETENESS BEFORE THE RETURN IS FILED. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY POSTING THEM TO THE AMSAT WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: BOOK TO TAX DIFFERENCE ON REALIZED GAINS 7,275.