Department of the Treasury Internal Revenue Service

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.
 Information about Form 990 and its instructions is at www.us.gov/form990.

Open to Public Inspection

OMB No 1545-0047

<u>A</u>	For the	e 2016 calendar year, or tax year beginning and	ending			
В	Check if applicable	C Name of organization		D Employer identifi	cation number	
	Addre chang	RADIO AMATEUR SATELLITE CORP. (AMSAT)				
Ļ	chang	Doing business as		888529		
	return Final return	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 27	E Telephone number 3015896062			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	712,946.		
	Amen	WASHINGTON, DC 20044		H(a) Is this a group re		
L	Applic tion pendii	F Name and address of principal officer: DALKI DAINES	for subordinates			
_		SAME AS C ABOVE	-2	H(b) Are all subordinates in		
		empt status X 501(c)(3) 501(c) ()	or <u>U</u> 527	1	list (see instructions)	
		organization X Corporation Trust Association Other	I Voor	of formation: 1969	M State of legal domicile: DC	
P	art I	Summary	L Teal	or tormation, 1505	VI State of legal doffliche. DC	
_	\Box		PART I	II, LINE 1		
Activities & Governance						
` ē	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets	
, ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	7	
Œ es	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7	
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	1	
. i	6	Total number of volunteers (estimate if necessary)		6	1 020	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,920. -3,029.	
	l D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h) RECEIVED		601,210.	397,489.	
	9		ا اد	8,641.	17,042.	
šVe	10	Investment income (Part VIII, column (A), lines 3, And 70 EC 1 2017	48 -050	22,084.	-12,425.	
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,894.	25,624.	
		Total revenue - add lines 8 through 11 (must equal Part //lil/column(A), lines[2]	= -	656,829.	427,730.	
		Grants and similar amounts paid (Part IX, column (A), lines 13)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		92,564.	83,104.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ă	. b	Total fundraising expenses (Part IX, column (D), line 25)	14.	440.400	(A) A 4 E 6	
Ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	 -	413,408.	430,476.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		505,972.	513,580.	
		Revenue less expenses. Subtract line 18 from line 12		150,857.	-85,850.	
Assets or		Total cocata (Dayt V. line 10)	Re	ginning of Current Year 814,625.	End of Year 748,071.	
Asse	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	<u> </u>	59,654.	17,861.	
Net	4	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	754,971.	730,210.	
_	art II	Signature Block				
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepare <u>r</u>	has any knowledge		
		My Da				
Sig	n	Signature of Officer		Date	160	
Hei	e e	BARRY BAINES, PRESIDENT		102	18c17	
		Type or print name and title	- 1r	Data / A labort D	DTIN	
n.·		Print/Type preparer's name Print/Type preparer's signature CD2	-1A-	Date Check C	PTIN	
Paid		DAVID FLINCHUM, CPA Firm's name BERLIN RAMOS & COMPANY, P.A.		sen-employ	P00054429 52-1367749	
	parer Only	Firm's address 1200 ROCKVILLE PIKE, #400		Firm's EIN	J4-1J0//4J	
J36	Jiiiy	NORTH BETHESDA, MD 20852		Phone no 30	1-589-9000	
Ma'	the IF	RS discuss this return with the preparer shown above? (see instructions)		Li none no. 3 0	X Yes No	
	01 11-1		ns.	· · · · · ·	Form 990 (2016)	

For	n 990 (2016) RADIO AMATEUR SATELLITE CORP. (AMSAT) 52-0888529 Page 2 Int III Statement of Program Service Accomplishments
LPS	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	TO DESIGN AND BUILD SATELLITES FOR AMATEUR RADIO COMMUNICATION, AND
	PROMOTE RELATED SKILLS AND INTEREST IN POTENTIAL USERS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 162,258. including grants of \$) (Revenue \$)
	SATELLITE DEVELOPMENT - DESIGN, CONSTRUCT, AND LAUNCH SATELLITES
	FOR AMATEUR RADIO COMMUNICATION.
4b	(Code) (Expenses \$120, 783. including grants of \$) (Revenue \$)
	INFORMATION AND SYMPOSIA - PROVIDED ELECTRONIC INFORMATION
	SERVICES TO SERVE THE NEEDS OF OVER 700,000 STUDENTS, LICENSED
	AMATEUR RADIO OPERATORS, AND EDUCATORS.
_	100 007
4c	(Code) (Expenses \$102,097. including grants of \$) (Revenue \$)
	SATELLITE OPERATIONS - TO OPERATE SATELLITES FOR AMATEUR RADIO
	COMMUNICATION.
	Ottom was a series of the seri
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 83,493. including grants of \$) (Revenue \$ 17,097.)
<u>4e</u>	Total program service expenses ► 468,631.
	Form 990 (2016)

Yes No

1	ls 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	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		X
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	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,	_		v
	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	_		x
	Schedule D, Part III	8	_	
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?			x
40	If "Yes," complete Schedule D, Part IV	9		 ^
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	30.55.c	.5	
11	as applicable		,	,
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	73.5		 ^
ŭ	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		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 167 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
е	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			l
	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	ŀ		,,
	Schedule D, Parts XI and XII	12a		X
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	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
		14b		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV 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		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	17		Х
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? # "Yes,"			
	complete Schedule G. Part III	19	L	X

Form 990 (2016) RADIO AMATEUR SATELLITE CORP. (AMSAT) 52-0888529 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> X</u>
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	}		۱
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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			٠,,
	Schedule J	23		<u> </u>
24a	5			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K If "No", go to line 25a	24a		X
	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		├
	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			- v
L	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	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			İ
		26		х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		Migraphic is	* } *
	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		Х
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		Х
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		Х
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		Х
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		<u> </u>
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 ((2016)

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Form 990 (2016) RADIO AMATEUR SATELLITE CORP. (AMSAT)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule 0 contains a response or note to any line in this Part V			\Box
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b	4 1	ı,	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?	1c	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4.	
Za	filed for the calendar year ending with or within the year covered by this return 2a 1			
h	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)			$\neg \neg$
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			$\neg \neg$
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1	,	x3.
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?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Do the second se			
-	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	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).	·Ç.	* \$	61 48 57684
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		_X_
ď	If "Yes," indicate the number of Forms 8282 filed during the year		814	a."
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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	\$20,000 \$4,000 \$7,000	18	· -#
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	of the state of th	,	****
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1		3.
а	Initiation fees and capital contributions included on Part VIII, line 12	4		3
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	↓ . '		make of some and which
11	Section 501(c)(12) organizations. Enter:		1300 A. A.	
а	Gross income from members or shareholders	.		1.5
b	Gross income from other sources (Do not net amounts due or paid to other sources against	*	*6,*88*.6*	4
	amounts due or received from them.)	<u> </u>	, ž	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u>.</u> ,		,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	,
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļļ	ļ ₁
	Note. See the instructions for additional information the organization must report on Schedule O	, 3°	, ,	^,
b	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	+		┝╤┙
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	000	(2016)
		LOLL	コンフリ	(ZU Ib)

52-0888529 Page 6 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 Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 7 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 Х Section 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 Х b 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule 0 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 with a X taxable entity during the year? 16a b 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records:

MD

20895

THE CORPORATION - 301-822-4376

10605 CONCORD ST., SUITE 304, KENSINGTON,

F 000 (0010)	DXDTO	AMATEUR
Form 990 (2016)	KWDIO	WINTEOU

RADIO AMATEUR SATELLITE CORP. (AMSAT)

52-0888529

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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 n	or any related o	orga	nıza	tıon	con	npen	sate	ed any current officer, di	rector, or trustee	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(40	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless per		s person is both an			compensation	compensation	amount of	
	week	\vdash	-		nd a director/trustee)			from	from related	other
	(list any	recto						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(VV-2/1099-WII3C)	organization
	organizations	truste	l trus		yee	mpen		(** 2, 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	<u>.</u>	Key employee	stco	19			organizations
	line)	휼	ırştı	Officer	Key e	Highest compensated employee	Former			
(1) THOMAS CLARK	0.50									
DIRECTOR		X						0.	0.	0.
(2) BARRY BAINES	25.00									
PRESIDENT		X		Х	<u>L</u> _			0.	0.	0.
(3) CLAYTON COLEMAN	0.50]								
DIRECTOR		X						0.	0.	0.
(4) BRUCE PAIGE	2.50	ļ					,			
DIRECTOR		X			$oxed{oxed}$	<u> </u>		0.	0.	0.
(5) JERRY BUXTON	10.00									
VP ENGINEERING		Х	<u> </u>	Х	<u> </u>			0.	0.	0.
(6) DREW GLASBRENNER	2.50									_
VP OPERATIONS		X	_	Х	<u> </u>			0.	0.	0.
(7) MARK HAMMOND	8.00							_		_
DIRECTOR		X			$ldsymbol{ld}}}}}}$			0.	0.	0.
(8) KEITH BAKER	0.80							_		_
TREASURER		_		Х	L			0.	0.	0.
(9) PAUL STOETZER	15.00			l						
SECRETARY		_	_	Х	<u> </u>	_		0.	0.	0.
(10) JOE SPIER	2.50	-		l						
VP EDUCATION	0.50	_	_	Х	├	<u> </u>		0.	0.	0.
(11) FRANK BAUER	2.50	ł							0	0
VP HUMAN SPACEFLIGHT		_	_	Х	 -	 		0.	0.	0.
		}								
		-	_	┝	├			<u> </u>		
		{								
	-	_	-	<u> </u>	├	-				
		ł								
	 	-	-	 -	├	 			<u></u>	
		ł								
		\vdash	\vdash		├	├				
		ł								
	 	\vdash	\vdash		\vdash	\vdash				
		1								
	l	L	ı	I	L	1		l		

Form 990 (2016)		AMATEUR SA		_				_		<u>5</u> 2-088	8529 Page 8
Part VII Sec	tion A. Officers, Directors, T	T-	oloye	ees,			hest	C	ompensated Employee	s (continued)	
•	(A) Name and title	(B) Average hours per week	box,	(C) Positi (do not check mo box, unless perso officer and a dire			both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Olficer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
								-			
					1						
	n continuation sheets to Par	t VII, Section A					}	> >	0. 0.	0 0 0	. 0.
2 Total numi	ber of individuals (including button from the organization	ut not limited to the	ose l	listed	da t	ove)	who	re			0
	ganization list any former office	cer director, or tru	ister	- ke	en en	nlov	ree (nr þ	nighest compensated en	nnlovee on	Yes No
line 1a? If	"Yes," complete Schedule J for dividual listed on line 1a, is the	or such individual									3 X
and related	d organizations greater than \$ erson listed on line 1a receive	3150,000? If "Yes,"	" coi	mple	te S	chec	dule	J fo	or such individual		4 X
rendered to	o the organization? If "Yes." cependent Contractors								, organization of molvic		5 X
1 Complete	this table for your five highest zation. Report compensation	-									sation from
trie Organiz	(A) Name and busine			ONE		<u> </u>	i will	Ĭ	(B) Description of s		(C) Compensation
								+	·		<u></u>
								1			
								1			
								1			
								1			
	ber of independent contractor	-	ot lur	nited	to t	hose	e liste	ed a	above) who received mo	ore than	* * * * * * * * * * * * * * * * * * *

			Check if Schedule O con	tains a response i	or note to any lin	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
. ب	2	1 a	Federated campaigns	1a					
, Grants	3		Membership dues	1b	79,910.				
Ō	8		Fundraising events	1c					
Gifts	2		Related organizations	1d					
	爿		Government grants (contribu	1-1-					
Ę.	ᅒ		All other contributions, gifts, gra						
<u> </u>	ğ		similar amounts not included abo		317,579.				
Ę	5	a	Noncash contributions included in lines						
Contributions,		h	Total. Add lines 1a-1f			397,489.			
					Business Code				
Ф	:	2 a	PUBLICATIONS		511190	17,042.	17,042.		
<u>Ş</u> .		b							
Sel	ä	С							
Ë	Š	ď							
Program Service	٩	е							
ď		f	All other program service rev	enue					
		д	Total. Add lines 2a-2f		•	17,042.	\$ car \$ / ~		v į žr÷
	1	3	Investment income (including	dividends, intere	st, and				
			other similar amounts)		•	14,805.			14,805.
	4	1	Income from investment of ta	x-exempt bond p	roceeds				
	4	5	Royalties		<u> </u>				
				(i) Real	(ii) Personal		3 6g 3 7g 7m 7	ims	s marulára)
	6	a a	Gross rents				,		
		b	Less. rental expenses				. AAA		\$ \$.• " ·
		С	Rental income or (loss)			4	. (1984-) (198	\$ \$ 000 Y	
		d	Net rental income or (loss)		> _				
	7	7 a	Gross amount from sales of	(i) Securities	(iı) Other				
			assets other than inventory	234,575.		```	**		
		b	Less cost or other basis						} ``
			and sales expenses	261,805.				8.4 V \$5.7	
			Gain or (loss)	-27,230.		, , , , ,		*	
	İ		Net gain or (loss)			-27,230.	~		-27,230.
<u> </u>	8	3 a	Gross income from fundraisir	-					
enu			including \$	of					
ě			contributions reported on line	e 1c) See		*		* * *	
er F			Part IV, line 18	а		-			
Other Revenue			Less. direct expenses	b		II.		; «	<u> </u>
9			Net income or (loss) from fun	-	<u> </u>	, 4		್ರೇ ಎ	<u> </u>
	9) a	Gross income from gaming a	ctivities See		·			
			Part IV, line 19	a		1	• •	* *	
			Less direct expenses	b		3		, `	× .*. *
	1		Net income or (loss) from gan			· · · · · · · · · · · · · · · · · · ·		!	
	10) a	Gross sales of inventory, less		47 000				
			and allowances	a		<i>*</i>			* * * * * * * * * * * * * * * * * * * *
			Less cost of goods sold	b	23,411.	23,649.	23,649.		
	\vdash	С	Net income or (loss) from sale		Pusin : : : 2		43,049.		7.
	-		Miscellaneous Revenu ADVERTISING	ie .	Business Code 541800	1,920.	*, 57 /200	1,920.	<u>, ()</u>
	'		ANNUAL GENERAL	MEETING	561000	55.	55.	1,920.	
			TEMMOND GEMEKAN	DILLLING	201000	J	J J •		
		q	All other revenue						
		d e	Total. Add lines 11a-11d			1,975.			
	12		Total revenue See instructions.			427,730.	40,746.	1,920.	-12,425.
						,	,,,		

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 ĪΧΠ (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general 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 3 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 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 71,915. 66,162. 2,157. 3,596. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,265. 6,684. 218. 363. 9 Other employee benefits 3,924. 3,610. 118. 10 Payroll taxes 196. 11 Fees for services (non-employees): Management b Legal 9,395. Accounting 9,395. C Lobbying Professional fundraising services. See Part IV. line 17 *****..... Investment management fees Other (If line 11g amount exceeds 10% of line 25, 106,009. 106,009. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 18,238. 16,614. 13 Office expenses 1,357. 267. Information technology 14 Royalties 680. 680. 15 26,028. 16 24,196. 687. 1,145. Occupancy 27,339. 20,851. 6,488. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,353. 4,353. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 $1,\overline{477}$. 1,477. 22 Depreciation, depletion, and amortization 6,446. 23 Insurance 5.931. 193. 322. 24 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 0.) a SATELLITE TESTING 91,800. 91,800. COMPONENTS & HARDWARE 43,938. 41,056. 2,882. POSTAGE & PREP 42,063. 34,559. 3,276. 4,228. d PRINTING & XEROX $38,\overline{141}$ 36,142. 409. 1,590. 14,569. 8,507. 5,725. e All other expenses 337. 513,580. 25 Total functional expenses Add lines 1 through 24e 468,631. 24,635. 20,314. 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)

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X	·	1	
	· .				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		71,812.	1	25,217.	
	2	Savings and temporary cash investments			65,268.	2	3,438.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer offi	cers, directors,	· · .		*
		trustees, key employees, and highest compensations			``		,
		Part II of Schedule L		•		5	
	6	Loans and other receivables from other disquali	ified pers	ons (as defined under	*	1	
	1	section 4958(f)(1)), persons described in section	14958(c)(3)(B), and contributing	, ,,		
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary	*		,
G	İ	employees' beneficiary organizations (see instr)		•		6	
Assets	7	Notes and loans receivable, net	•			7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	1 1		D. 122 (91).	4 27.7	
		basis Complete Part VI of Schedule D	10a	97,018.		1	
	ь	Less: accumulated depreciation	10b	94,656.	1,878.	10c	2,362.
	11	Investments - publicly traded securities			672,667.	11	714,054.
	12	Investments - other securities. See Part IV, line		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	ial line 34	.)	814,625.	16	748,071.
	17	Accounts payable and accrued expenses			59,654.	17	17,861.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV of	f Schedule D		21	
s	22	Loans and other payables to current and former	r officers,	directors, trustees,			
itie		key employees, highest compensated employee	es, and di	squalified persons		100g	
Liabilities		Complete Part II of Schedule L				22	
ב	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	related third			
		parties, and other liabilities not included on lines	s 17-24)	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			59,654.	26	17,861.
į		Organizations that follow SFAS 117 (ASC 958	3), check	here X and		3,000	
S		complete lines 27 through 29, and lines 33 and	ıd 34.			***	
Š	27	Unrestricted net assets			723,261.	27	699,690.
ala	28	Temporarily restricted net assets			31,710.	28	30,520.
9	29	Permanently restricted net assets				29	
Fun		Organizations that do not follow SFAS 117 (A	SC 958),	check here		150	
P		and complete lines 30 through 34.				33.	***
ets	30	Capital stock or trust principal, or current funds				30	<u> </u>
488	31	Paid-in or capital surplus, or land, building, or ed				31	<u></u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
z	33	Total net assets or fund balances			754,971.	33	730,210.
	34	Total liabilities and net assets/fund balances			814,625.	34	748,071.

Form	990 (2016) RADIO AMATEUR SATELLITE CORP. (AMSAT)	52-	-0888529	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		7 , 7 :	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,58	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,8!	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		l,9'	
5	Net unrealized gains (losses) on investments	5	33	3,8	59.
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	27	7,23	30.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	730),2	10.
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	0			*57 %,2
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	jaj.	.`	
	separate basis, consolidated basis, or both:			, '	
	X Separate basis Consolidated basis Both consolidated and separate basis			(Š	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			3.
	consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis		i.		`%``
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		{ ·	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	. []	. 8	
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 Auc	dit <u>; </u>		rwiik
	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	ed aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

.* Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2016

Open to Public Inspection

Name of the organization

RADIO AMATEUR SATELLITE CORP. (AMSAT)

Employer identification number

		RADI	O AMATEUR	SATELLITE CO	RP. (2	AMSAT)	5	2-0888529
Pa	ırt I	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part) S	e instructions		
The	organ	zation is not a private found							^
1		A church, convention of ch	urches, or association	on of churches described	In section	n 170(b)(1)(A)(i).	`	9
2		A school described in sect						J	1
3		A hospital or a cooperative		· · · · · · · · · · · · · · · · · · ·			ii).		
4	一	A medical research organiz						(iii). Enter	the hospital's name.
•		city, and state:		. , a. , a. , a. , a. , a. , a. , a. ,		55544	(-)(.)()	(,.	,
5		An organization operated for	or the benefit of a col	llege or university owner	l or operat	ed by a go	vernmental ur	ut describe	ed in
•		section 170(b)(1)(A)(iv). (0		nege or armyeratly owner	or operar	cu by a go	overrimental di	in accomb	5 4 III
6				acatal unit decembed in	aaatian 1	70/LV4VA	6.3		
7	\vdash	A federal, state, or local go							
′		An organization that norma	•	ntial part of its support to	rom a gove	ernmentai	unit or from th	e generai į	public described in
_		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9	ш	An agricultural research org				•		-	-
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of t	the college	or
	-	university							
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its	s support f	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anızatıon a	ifter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See	section 5	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2)	See section 5	09(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anızatıon(s), ty	pically by	giving
		the supported organization	•	· ·	•	_			
		organization. You must o			• •				0
b		Type II. A supporting org	· ·		ion with its	s supporte	ed organization	n(s), by hay	vina .
		control or management o							
		organization(s) You mus			arrio poroo	110 11101 00	into or manag	o the supp	Sortod
_	<u> </u>	Type III functionally inte			ın connect	tion with	and functional	vuntoarata	ed with
٠		its supported organization	-					y ii ilegiale	a with,
		1		·		•	-		-at-an/a)
d	L	Type III non-functionally					• •	•	` '
		that is not functionally int	-		•		•	an attentiv	/eness
		requirement (see instructi	•						
е	_	Check this box if the orga		•			Type I, Type I	i, Type III	
	- .	functionally integrated, or		nally integrated supporti	ng organiz	ation			
Ť		r the number of supported of	-						
g		ide the following information Name of supported	about the supporte	d organization(s) (iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of	monotan/	(vi) Amount of other
	,,	organization	(11) (2.11)	(described on lines 1 10	ın your governi	ng document?	support (see in:	-	support (see instructions)
				above (see instructions))	Yes	No			
									
		- · · · · · · · · · · · · · · · · · · ·							
Tota	 al			* *		,			

	edule A (Form 990 or 990-EZ) 2016 R	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	•	
	(Complete only if you checke fails to qualify under the tests			_	n failed to qualify u	ınder Part III If the o	rganization
Sec	ction A. Public Support	, p.o.		,			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(6) 2013	(6) 2014	(u) 2013	(e) 2010	(i) rotai
'	membership fees received (Do not]		
	include any "unusual grants")	1	ļ		ļ		
_		·				/	
2	Tax revenues levied for the organ- ization's benefit and either paid to	ĺ			/	ľ	
	or expended on its behalf					\	
_	•						
3	The value of services or facilities				p.*		
	furnished by a governmental unit to	}			I	}	
	the organization without charge			<u> </u>	/		
	Total. Add lines 1 through 3				<i>y</i>		
5	The portion of total contributions	\$	<u>)</u>	. /		, , , , , , , , , , , , , , , , , , , ,	
	by each person (other than a		í (L				
	governmental unit or publicly	24					
	supported organization) included		,			**	
	on line 1 that exceeds 2% of the	3 3	, · · · ·				
	amount shown on line 11,		,		Kira ki		
	column (f)	55° x		Z	, , , , , , , , , , , , , , , , , , ,	. Ay, 13	
	Public support. Subtract line 5 from line 4	, 9 <u>\$</u>	18. 20 A	The state of the s	251		
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013∕	(c) 2014	(d) 2015	(e) 2016	(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		<i>y</i>			1	
	activities, whether or not the		1				
	business is regularly carried on	1					
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	10 / 3%	A Section 1	r y _á .	\$ 10		
	Gross receipts from related activities,			· **	* <u>- i</u>	12	
	First five years. If the Form 990 is for	` #	,	d, fourth, or fifth ta	ix vear as a section		
	organization, check this box and stop			,	,		ightharpoons
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	%
	Public support percentage from 2015	<i>B</i>		.,,		15	%
	33 1/3% support test - 2016. If the c	7		n line 13, and line	14 ıs 33 1/3% or m		
	stop here. The organization qualifies	T .		,		0.0, 0.000.	▶□
h	33 1/3% support test - 2015. If the	, , , , , , , , , , , , , , , , , , , ,	-	ine 13 or 16a and	line 15 is 33 1/3%	or more, check this	box
_	and stop here. The organization qual	_				or more, erreen and	▶□
17:	10% -facts-and-circumstances test				13 16a or 16b a	and line 14 is 10% or	more
· · · a	and if the organization meets the fac	-					
	-					it viriow the organiz	.auon
	meets the "facts-and-circumstances"	_			-	17a and line 45 in 40	W or
b	10% -facts-and-circumstances test	_			•		170 OF
	more, and if the organization meets the						▶ ┌──
4-	organization meets the "facts and-circ			-			₹ -
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b			
	1				Sche	edule A (Form 990 o	r 990-EZ) 2016

(Complete only if you checked the box on line 10 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	qualify under the tests listed below, please complete Part II) Section A. Public Support								
_	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Gifts, grants, contributions, and	(4) 2012	(6) 2010	(0) 2014	(4) 2013	(e) 2010	(i) iolai		
•	membership fees received (Do not						<u> </u>		
	include any "unusual grants ")	266,238.	210,575.	281,313.	601,210.	397,489.	1756825.		
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	23,658.	25,582.	37,223.	53,329.	64,101.	203,893.		
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								
	Total. Add lines 1 through 5	289,896.	236,157.	318,536.	654,539.	461,590.	1960718.		
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that	53,566.	56,837.	62,750.	345,046.	125,500.	643,699.		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	İ					0.		
c	Add lines 7a and 7b	53,566.	56,837.	62,750.	345,046.	125,500.	643,699.		
	Public support. (Subtract line 7c from line 6)	er (a		årc'∵	SW 2. 1	1	1317019.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
9	Amounts from line 6	289,896.	236,157.	318,536.	654,539.	461,590.	1960718.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,542.	11,276.	41,967.	27,236.	14,805.	107,826.		
b	Unrelated business taxable income						,		
	(less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b	12,542.	11,276.	41,967.	27,236.	14,805.	107,826.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is			_					
40	regularly carried on	1,650.	2,140.	1,620.	1,740.	1,920.	9,070.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	204 000	0.40 550	050 400					
	Total support (Add lines 9, 10c, 11, and 12)	304,088.	249,573.	362,123.	683,515.	478,315.	2077614.		
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3) organiza	tion,		
<u></u>	check this box and stop here		<u>-</u>		_ ·		<u> </u>		
	tion C. Computation of Publi					··			
	Public support percentage for 2016 (li		•	olumn (f))		15	63.39 %		
16	Public support percentage from 2015	Schedule A, Part I	II, line 15	·		16	63.38 %		
	tion D. Computation of Inves					T			
	Investment income percentage for 20			e 13, column (f))		17	5.19 %		
	Investment income percentage from 2		•		l	18	5.52 %		
	33 1/3% support tests - 2016. If the								
b	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
							▶∐		
	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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.)

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Has the organization accepted a gift or contribution from any of the following persons? A person who directly or incredectly contributed from any of the following persons? A person who directly or incredectly contributed from allowing persons? A person who directly or incredectly contributed from allowing the persons described in (b) and (c) below, the governagl body of a supported organization? In Ital A family member of a person described in (a) or (b) above? A family member of a person described in (a) or (b) above? A family member of a person described in (a) or (b) above? A family member of a person described in (a) or (b) above? A family member of a person described in (a) or (b) above? In Ital Did the directors, finistices, or membership of one or more supported organizations have the power to regularly appoint or effect at I class ta majority of the organizations directions or trustees at all times during the tax year if I'm, 0, disorable in Part IV in the supported organizations directions or trustees at all times during the tax years organizations and what conditions or restrictions. If any, applied to such powers during the tax year organization, disorable how the powers to appoint and/or remove directions or trustees were allocated among the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the organization of the organization supported organizations. I Wee a majority of the organizations derived organizations or the supported organization or the provided comments of each of this supported organization or the provided organization or supported organization is the very five organization is supported organization and supported organization is the organization is the organization is the org		nedule A (Form 990 or 990-EZ) 2016 RADIO AMATEUR SATELLITE CORP. (AMSAT) 52-08	8852	9 P	age 5
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a A person who directly or indirectly corrors, either alone or together with persons described in (t) and (c) below, the governo plots of or supported organization? b A family mentor of a person described in (t) above? c A 39% controlled entity of a person described in (t) above? 7 A 39% controlled entity of a person described in (t) above? 1 Did the directors, frustrees, or membership of one or more supported organizations have the power to regularly appoint or effect at least a majority of the organization's directors or trustees at all times during the tax year? If "No" diseache in Part VI how the supported organization's directors or trustees of all times during the tax year and the properties of the organization and times that one supported organization, diseache how the powers to appoint and/or remove directions or trustees were allocated among the supported organization, diseache how the powers to appoint and/or remove directions or trustees were allocated among the supported organization organization of the three supported organization of the supported organization or the supported organization or the supported organization organization organization or the country of the organization or supported organization or the country of the organization or supported organization or the supported organiz				Yes	No
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b A family member of a person described in (a) above? If "yes" to a, b, or c, provide detail in Part V. Section B. Type I Supporting Organizations 1 Did the directors, instices, or membership of one or more supported organizations have the power to regularly exponent or elect at least a majority of the organization's circuities at all times during the tax year? If "No," describe the Part V In what the supported organization's personation or controlled the organization's activities. If the organization is directors or frustees at all times during the tax year? If "No," describe the Part V In what the supported organization of exercision and the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization's and what conditions or restrictions, if any, applied to such powers during the supported organization's but any provided guard for the benefit of any supported organization of it is supported organization's the organization's directors or trustees of the supported organization's the organization's directors or trustees during the tax year also a majority of the directors or trustees of seach of the organization's supported organizations? If "No," describe in Part V In ow control or management of the supporting organizations. 1 Were a majority of the organization's supported organizations, by the last day of the fifth month of the organization recommends are supported organizations. It is supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported	,		<u> </u>		ļ
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trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			"		1
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	c	-	32		\vdash
	ŀ		, Ja		\vdash
			3h		

	dule A (Form 990 or 990-EZ) 2016 RADIO AMATEUR SATELLITE			MSAI	')	52-0	8885	29 p	age 6
Pa	Type III toll Tullottollarly integrated ocota/(e) cupper tills					D-41"			
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must core					rart VI) See in	structio	ons. A
Sect	ion A - Adjusted Net Income	- picto c		A) Prior			(B) Curre		r
1	Net short-term capital gain	1				1			
2	Recovenes 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	Ì				1			
	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) Curre (opti	_	ſ
1	Aggregate fair market value of all non-exempt-use assets (see	1	*0		\$, \ 3\k	ì.		7.7	
_	instructions for short tax year or assets held for part of year)		W		. Ne	* 10 kg		<u> 1.</u>	, jo,
а	Average monthly value of securities	1a							_
b	Average monthly cash balances	1b						_	
C	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	200	4677	<u>-</u>	SEC.	ξ'n.	Ş	, à	100
	factors (explain in detail in Part VI)		3.60	, Via	(T = 1	78°	(4)	14.	<u> </u>
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
_3	Subtract line 2 from line 1d	3	1						
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							
	Recoveries of prior-year distributions	7	<u> </u>						
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Ma			Currer	t Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	- 785 	, , , , , , ,	**				
2	Enter 85% of line 1	2	\$ 35 50 %		741				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	K.	12.	#5 ¹ >			-	
4	Enter greater of line 2 or line 3	4	* 12.	* * * * * * * * * * * * * * * * * * * *					
_5	Income tax imposed in prior year	5	1873	, N ₂	,				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			, , , , ,		1			
	emergency temporary reduction (see instructions)	6		13					
7	Check here if the current year is the organization's first as a non-functionally		ited Type	e III supp			n (see		
	instructions)		- '				•		

Schedule A (Form 990 or 990-EZ) 2016

	edule A (Form 990 or 990-EZ) 2016 RADIO AMATEUR rt V Type III Non-Functionally Integrated 509	SATELLITE COR	P. (AMSAT) 5	52-0888529 Page 7
	tion D - Distributions	(a)(a) Supporting Orga	anizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	emot purposes		- Cuitent Teal
2	Amounts paid to perform activity that directly furthers exemp	 		
<u></u>	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	is		
4	Amounts paid to acquire exempt-use assets	м.		
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 responsive		
	(provide details in Part VI) See instructions	<u> </u>		<u></u> _
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(iı)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	OHE - DISTIDUTION MIOCATIONS (See INSURCTIONS)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		, , , , , , , , , , , , , , , , , , , ,	
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016:	* "\" \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· · · · · · · · · · · · · · · · · · ·	1.4.
<u>a</u>		frage 15	m A R	
b			130 0 124	\$5,500 -15 3 1 .
				** ** · · · · · · · · · · · · · · · · ·
	From 2014		with the state of	10.18
	From 2015		\$ 160 h	4 3
	Total of lines 3a through e	Nakim.	Ma Ya.	74,69 ₀₀
	Applied to underdistributions of prior years	" · · · · · · · · · · · · · · · · · · ·		
	Applied to 2016 distributable amount			
<u> i </u>	,		, W	
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f	****		
4	Distributions for 2016 from Section D,			
	line 7 \$			3,61
	Applied to underdistributions of prior years	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	200	AND AND
	Applied to 2016 distributable amount		7.	200 2
	Remainder. Subtract lines 4a and 4b from 4	values y , r	***	1 / 3 //
5	Remaining underdistributions for years prior to 2016, if		,	
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions	3.2		
	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
		(fak) ka	00'00	y 35 /5 , .
7	Excess distributions carryover to 2017. Add lines 3j		The state of the s	
	and 4c	18 , 7		, , , , , , , , , , , , , , , , , , , ,
	breakdown of line /	", ,	/ <u>\`</u>	
<u>a</u>	<u> </u>	` ½,	\$5.5	
	Excess from 2013	3.7	· · · · · · · · · · · · · · · · · · ·	
	Excess from 2014		, (*)	
	Excess from 2015	() 95°	· · · · · · · · · · · · · · · · · · ·	· /\ .
<u>е</u>	Excess from 2016	.} .>?	*	Ĩ•

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-E	Z) 2016	RADIO	AMATEUR	SATELLITE	CORP.	(AMSAT)	52-0888529 Page 8
Part VI	Part IV, Section A line 1; Part IV, Sec Section D, lines 5,	inform lines 1, ction D, I 6, and 8	nation. 2, 3b, 3c, ines 2 and	Provide the explain 4b, 4c, 5a, 6, 9a 13. Part IV. Section	anations required by , 9b, 9c, 11a, 11b, a on E. lines 1c, 2a, 2l	Part II, line 1 and 11c; Part b. 3a. and 3b	I0, Part II, line 17a or IV. Section B, lines 1	17b, Part III, line 12; and 2, Part IV, Section C, , Section B, line 1e, Part V,
	(See instructions.)							
								
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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.us.gov/form990.

h Open to Public Inspection

OMB No 1545-0047

Name of the organization

RADIO AMATEUR SATELLITE CORP. (AMSAT) **Employer identification number**

Schedule D (Form 990) 2016

52-0888529 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (dunng year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II. Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		MATEUR SAT								Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	asures, o	r Othe	r Simila	r Assets	S (continu	ied)
3										
	(check all that apply)									
а	Public exhibition	•		Loan or exc						
b	Scholarly research		е 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII	
5	During the year, did the organization solicit of					er sımılar	assets		٦	<u> </u>
Dai	to be sold to raise funds rather than to be ma					45.4 11			Yes	No
Га	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
					46					
та	Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermed	lary for	contributions	s or otner as	sets not i	inciuaea		7 v	
.	,	and complete the fe	llounes +	oblo			•	<u> </u>	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the ic	mowing t	abie					Amount	
С	Beginning balance						1c		Amount	
ď	Additions during the year		•				1d			
e	Distributions during the year	•					1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	istodial acco	unt liabili			Yes	No
	If "Yes," explain the arrangement in Part XIII						,			
	t V _a Endowment Funds. Complete						10			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses	<u> </u>	<u> </u>							
đ	Grants or scholarships .				<u></u>					
е	Other expenditures for facilities		Į			Į			ļ	
	and programs									
f	Administrative expenses									
g	End of year balance	<u> </u>	<u> </u>		L				<u> </u>	
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c short									
3a	Are there endowment funds not in the posse.	ssion of the organiza	ation tha	t are held an	id administei	red for th	e organiza	ation	Г.	
	by								r	es No
	(i) unrelated organizations		-					• .	3a(i)	
	(ii) related organizations	tions listed as result	rad an C	-b-d-l- D0				•	3a(ii)	
4	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the	•							3b	
Par			Willell I	uiius						
<u> </u>	Complete if the organization answered). Part IV	/. line 11a Se	ee Form 990	. Part X.	line 10.			
	Description of property	(a) Cost or o		(b) Cost			ccumulate	ed	(d) Book	value
	- c	basis (investi		basis (oreciation	1	,_,,	
1a	Land						4 (#,		
	Buildings				 -					
	Leasehold improvements									
	Equipment				3,273.		91,5	36.	1	,737.
<u>e</u>	Other				3,745.		3,1	20.		625.
Total	Add lines 1a through 1e (Column (d) must e	aual Form 990. Part	X. colum	n (B). line 10	Oc.)				2	,362.

2,362. Schedule D (Form 990) 2016

Complete if the organization answered "Yes	s" on Form 990, Part IV, II	ne 11b. See Forn	n 990, Part X, line 12.		
(a) Description of security or category (including name of security	(b) Book value		od of valuation Cost		t value
Financial derivatives					
Closely-held equity interests					
Other			_		
(A)					
(B)					
(C)					
(D)					
(E)					-
(F)				· · · · · · · · · · · · · · · · · · ·	
(G)			 -		
(H)					
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		1 1 5/ 1/6	22 A	,
art VIII Investments - Program Related.	<u></u>	, ,,,, ,,	*	<u> </u>	
Complete if the organization answered "Yes		ne 11c See Form	1990, Part X, line 13		
(a) Description of investment	(b) Book value		od of valuation Cost	or end-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			·		
(9)					
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•	Mit.			-
art IX Other Assets.	····				
Complete if the organization answered "Yes	" on Form 990, Part IV, Iir	ne 11d See Form	990. Part X. line 15		
Complete if the organization answered "Yes	" on Form 990, Part IV, III	ne 11d See Form	990, Part X, line 15	(b) Book	value
		ne 11d See Form	990, Part X, line 15	(b) Book	value
(1)		ne 11d See Form	990, Part X, line 15	(b) Book	value
(1) (2)		ne 11d See Form	990, Part X, line 15	(b) Book	value
(a) (a) (a) (a) (a) (b) (a) (b) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		ne 11d See Form	990, Part X, line 15	(b) Book	value
(a) (a) (b) (c) (a) (d) (d) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		ne 11d See Form	990, Part X, line 15	(b) Book	value
(a) (2) (3) (4) (5)		ne 11d See Form	990, Part X, line 15	(b) Book	value
(a) (a) (b) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		ne 11d See Form	990, Part X, line 15	(b) Book	value
(a) (b) (c) (c) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		ne 11d See Form	990, Part X, line 15	(b) Book	value
(a) (b) (c) (c) (d) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		ne 11d See Form	990, Part X, line 15	(b) Book	value
(a) (b) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	a) Description >	ne 11d See Form	990, Part X, line 15	(b) Book	value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) lin	a) Description >	ne 11d See Form	990, Part X, line 15	(b) Book	value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.	n) Description >				value
(a) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) Imart X Other Liabilities. Complete if the organization answered "Yes	n) Description >	e 11e or 11f Sec	e Form 990, Part X, Iır		value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	n) Description >		e Form 990, Part X, Iır		value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) In art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes	n) Description >	e 11e or 11f Sec	e Form 990, Part X, Iır		value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2)	n) Description >	e 11e or 11f Sec	e Form 990, Part X, Iır		value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) lin art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3)	n) Description >	e 11e or 11f Sec	e Form 990, Part X, Iır	ne 25	value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2)	n) Description >	e 11e or 11f Sec	e Form 990, Part X, IIr	ne 25	value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) lin art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3)	n) Description >	e 11e or 11f Sec	e Form 990, Part X, IIr		value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) Imart X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4)	n) Description >	e 11e or 11f Sec	e Form 990, Part X, Iir	ne 25	value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) In art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n) Description >	e 11e or 11f Sec	e Form 990, Part X, IIr	ne 25	value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) In art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n) Description >	e 11e or 11f Sec	e Form 990, Part X, Iir	ne 25	value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n) Description >	e 11e or 11f Sec	e Form 990, Part X, Iir	▶ ne 25	value

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 RADIO AMATEUR SATELLITE C	ORP. (AMSAT)	52-0888529 Page 4
	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	
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		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	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	
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	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	
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	1 1	,
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5 Dec	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) TXIII Supplemental Information.		5
			I - 4 P - 4 V I 0 P - 4 VI
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		line 4, Part X, line 2, Part XI
intes	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any a	uditional information	_
			····
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	- Marie	 	

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Schedule D (Form 990) 2016

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization (AMSAT) RADIO AMATEUR SATELLITE CORP.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 52-0888529

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLICATIONS AND SOFTWARE - DEVELOP, PUBLISH, PRINT, AND
DISTRIBUTE EDUCATIONAL MATERIALS RELATED TO COMMUNICATION
SATELLITES, AMATEUR RADIO, AND SCIENTIFIC, EDUCATIONAL, AND
TECHNICAL PROGRAMS. THERE WERE SIX JOURNALS PUBLISHED DURING THE
CURRENT YEAR.
EXPENSES \$ 83,493. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,097.
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 11B:
THE FORM 990 IS REVIEWED BY THE PRESIDENT AND THE TREASURER 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 IX, LINE 11G, OTHER FEES:
CONTRACT SPECIALISTS:
PROGRAM SERVICE EXPENSES 106,009.
MANAGEMENT AND GENERAL EXPENSES 0.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Employer identification number
RADIO AMATEUR SATELLITE CORP. (AMSAT)	52-0888529
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	106,009.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	106,009.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK TO TAX DIFFERENCE ON REALIZED GAINS	27,230.