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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements , 2012, and ending For the 2012 calendar year, or tax year beginning D Employer Identification Number C Name of organization Springfield Telescope Makers, Inc. Check if applicable 22-2582956 Address change Doing Business As Number and street (or P O box if mail is not delivered to street addr) Telephone number Name change Initial return PO Box 601 (802) 885-3779 ZIP code + 4 City, town or country Terminated G Gross receipts \$ 116.854 Amended return Springfield VT 05156 H(a) Is this a group return for affiliates? F Name and address of principal officer Yes No Application pending нь Are all affiliates included?

If 'No,' attach a list' (see instructions) Yes David Tabor PO Box 601 Springfield VT 05156 4947(a)(1) or 527 Tax-exempt status X 501(c)(3) 501(c) ((insert no) H(c) Group exemption number Website: ► www.stellafane.org L Year of Formation 1927 M State of legal domicile Form of organization X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: The organization operates as an educational institution, formed to archive, teach and further knowledge in the field of optics and mechabnics as applies to telescopes. The organization also operates a museum dedicated to preserving the history of amateur telescope making. Further, the organization is a forum for the gathering and dissemination of knowledge about astronomy and related fields Check this box ► | | If the organization discontinued its operations or disposed of more than 25% of its net assets 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) 7 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 120 7a Total unrelated business revenue from Part VIII, column (C), line 12CE!VED b Net unrelated business taxable income from Form 990-1, line 34 7a 0. 7b **Current Year Prior Year** Ş Contributions and grants (Part VIII, line 1h) 12,244 20,725. JUN 1 2 2013 Š Program service revenue (Part VIII, line 2g) 48,000 56,450. 2,908. Investment income (Part VIII, column (A), lines 3, 4, and 7d 1,801 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c, and EN. UT 6,372. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 62,045 86,455. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) ~> »,₁₀₀ \$ 478,0 7. 18 Sec. 14 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 53,051 56,120. 17 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 53,051 56,120. 8,994 30,335. Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year 569,078. 562,088. 20 Total assets (Part X, line 16) 23,345 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 538,743. 569,078. 22 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 Sign Treasurer Here Alfred W. Monkowski Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature self-employed **Paid** Preparer Firm's name Firm's EIN Use Only Firm's address Phone r No May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 03/14/13

Form 990 (2012)

	m 990 (2012) Springfield Telescope Makers, Inc.	22-2582956	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	The organization operates as an		
	educational institution, formed to archive, teach and further knowledge in the field of optics and med	chabnics as applies to	telescopes.
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on the	the prior	
	Form 990 or 990-EZ?	Yes	X No
	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 serv	ices? Yes	X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amothers, the total expenses, and revenue, if any, for each program service reported	es, as measured by ex ount of grants and alloo	penses cations to
	2 (Code)		
4 8	a (Code) (Expenses \$ 14,202. including grants of \$ 0.) (F		4,815.)
	The organization conducts an annual forum on telescope making k		-
	as the "Stellafane Convention". It is held on the weekend neare		moon
	closest to the end of July and beginning of August. The event f		
	exhibits of telescopes made by attendees, lectures on the scien		
	and technology of telescope making are conducted for all and an		-
	competition where the attendees can show their telescopes and c		
	the best optical and best mechanical telescopes. Special attent		
	to innovation in the field of telescope making.		
	b (Code) (Expenses \$ 1,609, including grants of \$ 0.) (F	Davanua Ć	1 200 \
41			1,320.)
	The organization conducts an annual class wherein practical opt		
	is taught with supervision by experienced amateur and professio	<u>nal opticians.</u>	
	The purpose of these classes is to pass down the accumulated kn		
	of hand crafted optics to the next generation of telescope make	rs,	
	of hand crafted optics to the next generation of telescope make thereby allowing them to make usable telescopes for their own p	rs, urposes	
	of hand crafted optics to the next generation of telescope make thereby allowing them to make usable telescopes for their own p as well as preserving and extending knowledge about practical f	rs, urposes	
	of hand crafted optics to the next generation of telescope make thereby allowing them to make usable telescopes for their own p	rs, urposes abrication	
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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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		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 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	,	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	; #	3	# # N
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	х	
ŀ	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	11 b	х	
•	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	11 c		Х
C	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	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		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? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) Springfield Telescope Makers, Inc.

Part IV Checklist of Required Schedules (continued)

٠			Yes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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		х
t	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
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		х
	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):		<i>}</i> ₹	
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	ļ	Х
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	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		Х
	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	o 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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 199 Note. All Form 990 filers are required to complete Schedule O	38	х	
3AA		Form	990	(2012)

Springfield Telescope Makers, Inc Page 5 22-2582956 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a n 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) x 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 4 a 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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 2 X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 h Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х Form 8282 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Х 7 f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 2 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O **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 13b

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

13 c

Х

14a

14b

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 to any question in this Part VI

	Check if Schedule O contains a response to any question in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	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	, *		A. A
b	Enter the number of voting members included in line 1a, above, who are independent 1 b			
	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	-	x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 a	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?	7 a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8 a	Х	
b	Each committee with authority to act on behalf of the governing body?	86	Х	
9	Is there any officer, director or 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	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue		
40			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
ь	olf '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		
11 a	has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			'
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
t	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 is done	12 c		
	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
	The organization's CEO, Executive Director, or top management official	15a	-	<u> </u>
b	Other officers of key employees of the organization	15b	Х	 ,
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
	of '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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		ادهدک
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed		 -	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection indicate how you make these available. Check all that apply Own website Another's website William Upon request Other (explain in Schedule O)	ulable	for pu	ıblıc
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year	ble to		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organ Francis J. O'Reilly 10 McMahon Place Mahopac NY 10541 (8			1255
ВАА				(2012)

Form 990 (2012)	Springfield	Telescope	Makers,	Inc.	22-2582956	Page :
Part VII Com	pensation of Off	ficers, Directo	rs, Truste	es, Key Employees,	Highest Compensated Employees	, and

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a 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

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

				(C)					
(A) Name and Title	(B) Average hours per week (list	one box office	r, ùnle	not check more than ess person is both and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions- below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) David Tabor	8.00				ĺ					
President		Х		Х				0.	0.	0.
(2) Kenneth Slater Vice President	24.00	х		x				0.	0.	0.
(3) Carl Malikowski	8.00									
Secretary		х		X				0.	0.	0.
(4) Alfred Monkowski	8.00									
Treasurer		Χ		Х				0.	0.	0.
	2.00									
Director		X			_			0.	0.	0.
	2.00									
Director		Х						0.	0.	0.
_(7)_Gary_Cislak	2.00									
Director		X			_			0.	0.	0.
(8)										
(10)										
(11)										
(12)										
<u>(13)</u>										
(14)										

			res	IMO	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	<u> </u>	x	-
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4		X	
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		X	_
	1' D				7

Section B. Independent Contractors

				· · · · · · · · · · · · · · · · · · ·
	compensation from the organization R	eport compensation for the calendar yea	r ending with or within th	e organization's tax year
1		t compensated independent contractors		

(A) Name and business address	(B) Description of services	(C) Compensation

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

•	Check if Schedule O contains a response to any ques	stion in this Part VIII	_		
		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f h Total. Add lines 1a-1f 2a Convention b Mirror class c Workshop d e	5. 20,725. 49,863. 1,300. 1,087.	49,863. 1,300. 1,087.	O. O.	Under sections 512, 513, or 514 0. 0.
Š	f All other program service revenue g Total. Add lines 2a-2f	4,200. 56,450.	4,200.	0.	0.
Ь	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less' rental expenses	1,821.	1,821.	0.	0.
	c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 1,087.				
OTHER REVENUE	d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events	1,087.	1,087.	0.	0.
	9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a 8,41 b Less cost of goods sold b 2,04 c Net income or (loss) from sales of inventory	laz" Z	6,372.	0.	0.
	Miscellaneous Revenue Business Code 11 a b c		w	25 87 22 2	
	d All other revenue e Total. Add lines 11a-11d	•		, *, *, *, *, *, *, *, *, *, *, *, *, *,	* * * * * * * * * * * * * * * * * * * *
	12 Total revenue. See instructions	▶ 86,455.	65,730.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (**D**) Fundraising (B) (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 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) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal c Accounting 2,795 0 2,795 0. **d** Lobbying ***** e Professional fundraising services See Part IV, line 17 f Investment management fees 569 0. 569 0. g Other (If line 11g amt exceeds 10% of line 25, col-35,261 15,594 0. 19,667 umn (A) amt, list line 11g expenses on Sch O) Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 16,547 0 0. 16.547 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 948 0 0. 948 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses 12 in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) b d e All other expenses Total functional expenses. Add lines 1 through 24e 15,594 40,526 56,120 0 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)

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 1,000. 1 1,900. 2 Savings and temporary cash investments 2 61,711 60,063. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors la: trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under ž section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 4,000. Prepaid expenses and deferred charges 9 **%)(**() 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 449,338 leea b Less accumulated depreciation 10 b 10 c 447,665 449,338. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 51, 712 53,776. Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 562,088 569,078 Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23,345 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 26 23,345 0. Organizations that follow SFAS 117 (ASC 958), check here ► 🔣 and complete lines 27 through 29, and lines 33 and 34. 10 * Unrestricted net assets 27 27 38,743 569,078 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. FUND 4.0 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 538,743 569,078. Total liabilities and net assets/fund balances 34 34 562,088 569,078.

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Form 990 (2012)

Forn	1990 (2012) Springfield Telescope Makers, Inc.	<u> 22-2582956</u>	2	Pa	ige 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		86,4	155.
2	Total expenses (must equal Part IX, column (A), line 25)	2		56,1	120.
3	Revenue less expenses Subtract line 2 from line 1	3		30,3	335.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	38,7	743.
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-	co (770
Pai	t XII Financial Statements and Reporting			69,0	<u>) / 0 .</u>
<u> </u>	•				
	Check if Schedule O contains a response to any question in this Part XII	<u>-</u> .			لليا
1	Accounting method used to even use the Ferm 000. ELCock Account			Yes	No
'	Accounting method used to prepare the Form 990 x Cash Accrual Other		. 4	8	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		****	*,	*
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both	ewed on a			* 1
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	were the organization's financial statements audited by an independent accountant?		2 b		x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate	# ~ <i>i</i>	7000	`
	Separate basis Consolidated basis Both consolidated and separate basis				
	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the audit	ددن	% . A	2
	review, or compilation of its financial statements and selection of an independent accountant?	or the addit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		* 🍇	ı ` %	* * *
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	he Single	3 a		Х
!	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the ror audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3 b		
BAA			Form	990	(2012)

TEEA0112 08/09/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

			ope Makers, I							58295 <u></u>			
Par	<u>t I </u>	Reason for Pub	lic Charity Status	(All organizations	must d	comple	te this	part.)) See ı	nstruct	ions.		
The c	rga	nization is not a priva	ite foundation because	it is: (For lines 1 through	gh 11, cl	heck onl	y one bo	ox)					
1	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).												
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research of	organization operated	in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A)	(iii) Ente	er the hospi	tal's	
		name, city, and state	е										
5		An organization oper 170(b)(1)(A)(iv). (Co		a college or university	owned o	r operat	ed by a	govern	nental u	ınıt desci	ribed in sec	tion	
6		· ·		vernmental unit describ									
7		ın section 170(b)(1)(A)(vi). (Complete Part	•	•	•	ernment	al unit d	or from t	the gene	ral public de	escrib	ed
8		=		0(b)(1)(A)(vi). (Complete		•							
9	X	An organization that no related to its exempt to unrelated business tax (Complete Part III)	ormally receives (1) mo functions — subject to c xable income (less section	re than 33-1/3% of its sup ertain exceptions, and (2 on 511 tax) from business	port from 2) no mor ses acqui	contribure than 3 red by th	itions, mi 3-1/3% c e organiz	embersh of its sup zation af	nip fees, a port fror ter June	and gross n gross ii 30, 1975	receipts fro nvestment ii See sectioi	m activ ncome n 509(a	vities and a)(2).
10		, -	·	clusively to test for pub		-			•				
11		supported organization	nized and operated excluons described in section ion and complete lines	usively for the benefit of, to in 509(a)(1) or section 50 in 11e through 11h	o perforn 19(a)(2)	n the fund See sec	ctions of, tion 509	or carry (a)(3). (out the particle that	purposes e box tha	of one or mo t describes	ore pul the typ	olicly be of
		a ∐Type I b	Type II c	Type III - Function	nally inte	grated	c	1 [_] ·	Type III -	– Non-fu	inctionally ii	ntegra	ted
е		By checking this box other than foundation section 509(a)(2)	r, I certify that the organ in managers and other	nization is not controlle than one or more public	d directl	y or indi orted or	rectly by ganization	one or	more d cribed in	isqualifie section	ed persons 509(a)(1) o	or	
f		If the organization recheck this box	eceived a written deter	mination from the IRS t	hat is a	Type I, 1	Гуре II о	r Type	III suppo	orting org	janization,		
g		Since August 17, 20	06, has the organization	on accepted any gift or	contribu	ition fror	n any of	the foll	owing p	ersons?	1	Yes	No
			directly or indirectly co erning body of the sup	ntrols, either alone or to ported organization?	ogether	with per	sons des	scribed	ın (ıı) ar	nd (III)	11 g (i)	163	
		(ii) A family memb	per of a person describ	ed in (i) above?							11 g (ii)		
		(iii) A 35% controll	ed entity of a person of	lescribed in (i) or (ii) ab	ove?						11 g (III)		
h		Provide the following	information about the	supported organization	n(s)						119()		
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) li organiz column (i your go docur	ation in) listed in verning	(v) Did you the organiz column (i) supp	zation in of your	organiz colun organize	s the ation in nn (i) id in the S ?	(vii) Amount sup	t of mor	etary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)								į					
(C)													
							1		1	7			
(D)										<u> </u>			
·													
<u>(E)</u>	-								-	<u> </u>			
Total				*			<u> </u>						
TOTAL		_	1	1	1	1	I	I	1				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2012 Springfield Telescope Makers, Inc. 22-2582956

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

•	(Complete only if you checke organization fails to qualify u	ed the box on line 5	. 7. or 8 of Part	I or if the organiz	zation failed to quali				
Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge		-						
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,	w de f					
6	Public support. Subtract line 5	,	***	* * *		****			
500	from line 4			l					
	tion B. Total Support ndar year (or fiscal year	<u> </u>		<u> </u>	1				
	nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		,						
11	Total support. Add lines 7 through 10	* *	×	*	* * * * * * * * * * * * * * * * * * * *		* 8		
12	Gross receipts from related activ	ıtıes, etc (see ınstrı	uctions)	<u> </u>		1	2		
13	First five years. If the Form 990 organization, check this box and		ion's first, secon	d, third, fourth, o	r fifth tax year as a	section 501(c)	(3)	▶ [
Sec	tion C. Computation of Pu	blic Support Pe	ercentage					-	
	Public support percentage for 20	•		e 11, column (f))		1	4	%	
15	Public support percentage from 2	2011 Schedule A, P	art II, line 14			_ 1	5	%	
16 a	16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ■								
ŀ	33-1/3% support test — 2011. If t and stop here. The organization	he organization did qualifies as a publi	l not check a box cly supported or	on line 13 or 16 ganization	a, and line 15 is 33	-1/3% or more	, check t	this box ►	
17 a	a 10%-facts-and-circumstances to or more, and if the organization in the organization meets the 'facts	meets the 'facts-an	ď∙cırcumstances	test, check this	box and stop here.	Explain in Par	t IV how	' ► [
ı	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-an	d-cırcumstances	test, check this	box and stop here.	Explain in Par			
18	Private foundation. If the organiz		•	•		J	struction	ns 🕨	

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)

Sec	tion A. Public Support			-		-	
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants')	38,090.	75,924.	24,345.	12,244.	20,725.	171,328.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	47,317.	46,335.	50,988.	48,000.	64,869.	257,509.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	47,317.	40,333.	30,966.	48,000.	64,869.	257,509.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.			:			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	85,407.	122,259.	75,333.	60,244.	85,594.	428,837.
E	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				_		
c	: Add lines 7a and 7b					<u> </u>	
	Public support (Subtract line 7c from line 6)		, , ,	1 + 3 + 4 4	4. 1.	*	428,837.
Sec	tion B. Total Support						,
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,	85,407.	122,259.	75,333.	60,244.	85,594.	428,837.
ŀ	royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,016.	1,513.	922.	1,777.	2,908.	10,136.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	3,016.	1,513.	922.	1,777.	2,908.	10,136.
12	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)	88,423.	123,772.	76,255.	62,021.	88,502.	438,973.
14	First five years. If the Form 990 organization, check this box and						
	tion C. Computation of Pu						
	Public support percentage for 20		• •	13, column (f))		15	97.69 %
16	Public support percentage from 2	2011 Schedule A, I	Part III, line 15			16	97.55 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	;			
17	Investment income percentage for	or 2012 (line 10c, d	column (f) divided	by line 13, colum	ın (f))	17	2.31 %
18	Investment income percentage fr	om 2011 Schedule	A, Part III, line 1	7		18	2.45 %
19 a	33-1/3% support tests – 2012. If is not more than 33-1/3%, check	the organization of this box and stop	iid not check the b here. The organiz	oox on line 14, an cation qualifies as	d line 15 is more t a publicly suppor	than 33-1/3%, and ted organization	
ŧ	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	the organization of the check this box a	lid not check a boomed stop here. The	x on line 14 or lin organization qua	e 19a, and line 16 lifies as a publicly	is more than 33- supported organi	1/3%, and
20	Private foundation. If the organiz	zation did not ched	ck a box on line 14	1, 19a, or 19b, ch	eck this box and s	ee instructions	▶

Schedule A	(Form 990	or 990-E2	Z) 2012	Spring	field	Telesc	ope M	akers,	Inc.	22-258	32956	Page 4
Part IV	Supplen Part II, I (See ins	n ental Ir ine 17a	ı formati or 17b:	on. Com and Part	iplete ti III, line	nis part t e 12. Also	o provi	de the ellete this	explanations part for	ns required by any additional	Part II, line information.	10;
												
-	-											-
											·	
-												
	-	_ 										
											·	
		. – – – -					 					
									-			

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

22-2582956 Springfield Telescope Makers, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? No Yes 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? No Yes Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 a Total number of conservation easements 2 a 2 b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2 d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **►**\$ 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)? No Yes 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to 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) Revenues included in Form 990, Part VIII, line 1 ► Ś (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 Revenues included in Form 990, Part VIII, line 1 **►**\$ b Assets included in Form 990, Part X **►** Ś

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Part III Organizations Mainta	ining Collecti	ons of Art, Histo	orical Treasures, o	r Other Similar As	s ets (continue	:d)
3 Using the organization's acquisitilitems (check all that apply)	on, accession, ar	nd other records, che	ck any of the following t	hat are a significant us	e of its collection	
a X Public exhibition		d Loan	or exchange programs			
b X Scholarly research		e U Other				
c X Preservation for future generation of the organization of the		ons and explain how	they further the organiz	ation's exempt purpose	: in	
Part XIII 5 During the year, did the organizar	tion solicit or rece	eive donations of art,	historical treasures, or			1
to be sold to raise funds rather th				od 'Voc' to Form 990		No
Part IV Escrow and Custodial reported an amount o	n Form 990, F	Part X, line 21.	nganization answer	eu res toronnisst	r, Fartiv, iiile 9	, 01
1 a Is the organization an agent, trus on Form 990, Part X2	tee, custodian, oi	r other intermediary	for contributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII and c	omplete the followin	g table [.]			J .10
,			9		Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2a Did the organization include an a					Yes	No
b If 'Yes,' explain the arrangement	in Part XIII Chec	ck here if the explant	ion has been provided ii	n Part XIII	L.J	j
Part V Endowment Funds. C	Complete if the	e organization ar	nswered 'Yes' to Fo	rm 990. Part IV. li	ne 10.	
<u> </u>	(a) Current	(b) Prior ye	1	(d) Three years	(e) Four years	,
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the current ye	ear end balance (line	e 1g, column (a)) held a	s'		
a Board designated or quasi-endov		8				
b Permanent endowment	&					
c Temporarily restricted endowmer		 8				
The percentages in lines 2a, 2b,	and 2c should eq	ual 100%				
3 a Are there endowment funds not in organization by	n the possession	of the organization t	hat are held and admını	stered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related of	•	•			3b	
4 Describe in Part XIII the intended						
Part VI Land, Buildings, and			· · · · · · · · · · · · · · · · · · ·		1 (85)	
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book valu	ae
1 a Land			83,992.		83,	992.
b Buildings			286,360.		286,	
c Leasehold improvements						
d Equipment			78,986.		78,	986.
e Other				<u>.</u>		
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, c	olumn (B), line 10(c))		447,	
BAA				Sche	dule D (Form 990)) 2012

Total (Column (b) must equal Form 990, Part X, column (B) line 25)

^{2.} FIN 48 (ASC 740) Footnote 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

Sched	ule D (Form 990) 2012 Springfield Telescope Makers, Inc. 22	-2582956	Page 4
Part		turn	
ι :	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		
a l	Net unrealized gains on investments 2a		
b (Donated services and use of facilities 2b	s	
c l	Recoveries of prior year grants 2c		
d (Other (Describe in Part XIII)	1	
e /	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	[
a l	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	ĺ	
C /	Add lines 4a and 4b	4 c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return	
	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	,	
a l	Donated services and use of facilities 2a	(
bi	Prior year adjustments 2b		
c (Other losses 2c	* * ;	
d (Other (Describe in Part XIII)	;	
e /	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4 ,	Amounts included on Form 990, Part IX, line 25, but not on line 1:		···•
a	Investment expenses not included on Form 990, Part VIII, line 7b		
þ (Other (Describe in Part XIII)	<u></u>	
C	Add lines 4a and 4b	4 c	
-	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part	XIII Supplemental Information		
Comp line 4;	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lir Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ac	nes 1b and 2b, Pa dditional informatio	rt V, on
<u>Pt _</u>	III Line 4 _ The organization maintains a complete collection of a	ntigue	
	amateur made telescopes as well as the resources used	d_in	
	their construction as well as a complete library of r	elated	
	books, photographs, drawings, plans, diagrams and doc	cuments	
	related to the subject and culture of amateur telesco	ре	
	making. This is by far the largest and most complete	·	
	collection of these items in the world. The collection	on	
			
	furthers the purpose of the organization by preservir		
BAA	_	Schedule D (Form	990) 2012

Schedule D (Form 990) 2012 Springfield Telescope Makers, Inc. Part XIII Supplemental Information (continued)	22-2582956	Page 5
Part XIII Supplemental Information (continued)		
•		
these historical artifacts for present research	and for	
future generations to behold and understand.		
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	-	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number						
Springfield Telescope Makers, Inc.	22-2582956						
Pt VI, Line 11b The form 990 is passed through email to the dire	The form 990 is passed through email to the directors						
officers of the organization for review and comm	ment.						
Said reviews and comments are then passed to each	ch_other						
and when all issues are resolved, they are							
incorporated into the information return.							
Pt VI, Line 15a No person associated with the organization recei	ives.						
compensation							
Pt VI, Line 15b No person assoicated with the organization recei	ives						
compensation							
Pt_VI, Line 19 The organizations governing documents and finance	cial						
statements are available upon request to an off	icer						
or a director. The organization does not maintain	in_a						
written conflict of interest policy							