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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2	u 15 calen	dar year, or tax year beginning , 2015, and	ı enain	<u>g</u>			<u>,</u>	
В	Check if app	licable	C Name of organization The Springfield Telescope Mal	kers	Inc.	D Employ	er ident	ification number	
	Addres	s change	Doing business as			22-2	2582	956	
	Name	change	Number and street (or P O box if mail is not delivered to street address)	Room/s	suite	E Telephone number			
	Initial re	etum	2)_8) 885-3779					
	Final retu	um/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amend	ed return	Springfield VT 05	5156		G Gross re	eceipts	\$ 73,373.	
	Applica	ition pending	F Name and address of principal officer		H(a) Is this	a group return	for subc	ordinates? Yes X No	
	_		David Tabor PO Box 601 Springfield VT 05	5156	H(b) Are all	subordinates attach a list (s	ncluded	? Yes No	
ī	Tax-exer	npt status	X 501(c)(3) 501(c) () (insert no)	527	11 140,	allaci a iist (:	see man	ucaons)	
J	Websit		A	•	H(c) Group	exemption nui	nber 🕨	•	
ĸ	Form of o	rganization	X Corporation Trust Association Other ► L Year o	of formation	n 192	7 Ms	tate of le	egal domicile VT	
Pa	rt I	Summar				<u> </u>			
				orga	nizati	on ope	rate	s as an	
æ			nstitution, formed to archive, teach and further knowledge in the f						
Ě			zation_also operates a museum dedicated to preserving the hi						
Ĕ	or	ganizati	on is a forum for the gathering and dissemination of kr	nowled	lge abou	t_astron	omy a	nd related fields.	
ŏ			x 🕨 🔲 if the organization discontinued its operations or disposed of				sets		
ଔ			ting members of the governing body (Part VI, line 1a)				3		
es			lependent voting members of the governing body (Part VI, line 1b)				5		
Ŷŧŧ			of individuals employed in calendar year 2015 (Part V, line 2a) of volunteers (estimate if necessary)				6	120	
Activities & Governance			d business revenue from Part VIII, column (C), line 12				7a	0.	
9			business taxable income from Form 990-T, line 34 REPENT		<u> </u>		7b	0.	
					F	rior Year		Current Year	
	8 Co	ntributions	and grants (Part VIII, line 1h)		81	15,4	23.	3,426.	
ڐۣڲ	9 Pro	ogram serv	ice revenue (Part VIII, line 2g)	16.	d g	54,6		61,338.	
~	10 Inv	estment in	come (Part VIII, column (A), lines 3, 4, and 7d) 🕮 🖟	· · ·	\mathcal{L}	1	06.	109.	
	11 Otl	ner revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					3,981.	
<u>Z</u>	12 To		– add lines 8 through 11 (must equal Part VIII, column (A) line 2)	<u> </u>		70,1	74.	68,854.	
	13 Gr		milar amounts paid (Part IX, column (A), lines 1-3)					<u> </u>	
Ĭ,	14 Be	-	to or for members (Part IX, column (A), line 4)						
જુર _ુ ે.	15 Sa	laries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) .		·				
Expenses SCANNER Booking!	16a Pro	ofessional f	undraising fees (Part IX, column (A), line 11e)		·				
ğ	b To	tal fundrais	ing expenses (Part IX, column (D), line 25) ►	0.	1			_	
Ш	17 Ot	her expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)			65,9	40.	48,532.	
	18 To	tal expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		. [65,9		48,532.	
	19 Re	venue less	expenses. Subtract line 18 from line 12		. —		34.	20,322.	
8 8					Beginni	ing of Currer	nt Year	End of Year	
Not Assets Fund Balan	20 To	tal assets (Part X, line 16)			584,7	70.	602,892.	
\$ 0 0	21 To	tal liabilitie	s (Part X, line 26)	• • • •	·	<u>7,1</u>	50.	4,950.	
ž.	22 Ne	t assets or	fund balances Subtract line 21 from line 20	<u></u>	<u>. L</u>	577,6	20.	597,942.	
Pa	art II	Signatu	re Block						
Und	er penalties o	of perjury, I de	dare that I have examined this return, including accompanying schedules and statements, and	to the be	st of my knov	vledge and bel	ef, it is t	true, correct, and	
com	piete Deciar	auon or prepar	er (other than officer) is based on all information of which preparer has any knowledge						
		Sinnet	va at affice.						
Sig	gn	Signati	re of officer			ate			
He	ere	.			Pres	<u>ident</u>			
			print name and title			 -		l Denu	
		1 "	reparer's signature Dal			Check	Χ}ď	PTIN	
Pa				0/21/	/16	self-employe	ed	565-90-0000	
	eparer	Firm's name				4			
US	e Only	Firm's addr				Firm's EIN		-3452382	
		1	CARMEL NY 10512			Phone no.	(84		
_			s return with the preparer shown above? (see instructions)	· · ·	<u> </u>	<u></u> .	<u></u>	. X Yes No	
BA	A For Pa	perwork i	Reduction Act Notice, see the separate instructions.	TEI	EA0101 10/	12/15		Form 990 (2015) ₁	

Form 990 (2015)

Form	1990 (2015) The Springfield Telescope Makers, Inc.	22-2582956	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
1	Bnefly 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 m	echanics as applies	<u>to telescopes.</u>
	See Form 990, Page 2, Part III, Line 1 (continued)		-
	Did the organization undertake any significant program services during the year which were not listed on the	prior	 -
_	Form 990 or 990-EZ?		es 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 services	i? 🗍 ۱	res 🗓 No
	If 'Yes,' describe these changes on Schedule O.		_
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to cand revenue, if any, for each program service reported	as measured by export thers, the total exper	enses. nses,
4 a		Revenue \$	64,613.)
	The organization conducts an annual forum on telescope making kn		
	as the "Stellafane Convention". It is held on the weekend neares closest to the end of July. The event features exhibits of telescon Lectures on the science and technology of telescope making are conduct competition where attendees can show their telescopes and competitive of the best optical and mechanical telescopes. Special attended to innovation in the field of telescope making.	opes made by ed for all and e for the	attendees. d an annual
		- 	
			
	The organization conducts an annual class wherein practical optical an techniques are taught with the supervision of experienced amateur and profithe purpose of these classes is to pass down the accumulated knowledge of he the next generation of telescope makers, thereby allowing them to telescopes for their own purposes as well as preserving and extended about practical fabrication of precision optics and mechanics.	essional teles and crafted tel o make usabl	scope makers lescopes to e
			-
4.0	:(Code) (Expenses \$ 1,311. including grants of \$ 0.)(I	Revenue \$	0.)
	The organization operates a museum of amateur telescope making in Springfield VT. The museum preserves and displays to the general publi objects that are of historical significance.	n_a_facility	
		- 	
			
4 0	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
BAA	e Total program service expenses ► 14,553. TEEA0102 10/12/15		Form 990 (2015)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		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		Х
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	<u>_</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a 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	
İ	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
•	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		Х
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If Yes,' complete Schedule D, Part X	11f		Х
12	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
I	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 Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u> _
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If Yes, 'complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		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

Part IV: Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H 2**∩**a Х b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Х 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 Χ Schedule I 23 Х 24a b 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 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II X 26 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 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) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L. Part IV. 28b 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 Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II . . . Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Χ 34 Х 35a 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 Х 36 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

BAA

38 | X | Form 990 (2015)

Form 990 (2015) The Springfield Telescope Makers, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u>. 11</u>
	5		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 8	a 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			
ı	o 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)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
ı	olf 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(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 solicit any contributions that were not tax deductible as charitable contributions?	6a		х
1	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7 a		- <u>-</u> -
,	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		<u> </u>
		, ,		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If Yes, indicate the number of Forms 8282 filed during the year			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ā	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 Ь		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	or Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
á	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		<u> </u>
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		L

Form 990 (2015) The Springfield Telescope Makers, Inc. 22-2582956 Page 6 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. Section 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 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 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 3 Х Did the organization make any significant changes to its governing documents X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body?............. Х **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10 a 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?............... 10 b 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Χ 14 Did the organization have a written document retention and destruction policy? 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? 15 a Х 15b X 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 16 a X 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? 16 t Section C. Disclosure 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 Other (explain in Schedule O) Another's website Upon request Own website Describe in Schedule O 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. 20 Francis J. O'Reilly, Esq. 1961 Route 6 1512 (845) 225-5800 Carmel

Form 990 (2015) The Springfield Telescope Makers, Inc.	22-2582956	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
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 Compensation	ated Employees	
1 a Complete this table for all persons required to be listed Report compensation for the calendar year endir organization's tax year	ng with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	regardless of amount of	
• List all of the organization's current key employees, if any. See instructions for definition of 'key employees,	oyee '	

- 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 nor any related organization compensated any current officer, director, or trustee

	(C)									
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)				persor and a e)	י	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	l week	Individual trustee or director	Institutional trustee	Officer	Former Highest compensated employee Key employee		Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) David Tabor President	8.00	Х		Х				0.	0.	0.
(2) Kenneth Slater Vice President	<u>8.</u> 00	х		Х				0.	0.	0.
(3) Carl Malikowski Secretary	_8.00	Х		х				0.	0.	0.
_(4) Alfred Monkowski Treasurer	8.00	х		Х				0.	0.	0.
	8.00	х						0.	0.	0.
	_8.00	Х						0.	0.	0.
(7) Gary_Cislak Director	_ 8 .00	х						0.	0.	0.
(8)	- -									-
<u></u>								-		
(10)										<u>-</u>
(11)										
(12)										
<u>(13)</u>										
(14)										

Form 990 (2015) The Springfield Telesco	pe Mak	ers K ov	, En	Inc	<u>. </u>	-06	<u> </u>	d Highest Con	22-25829	56	Page 8
Trail VIII, Section A. Omicers, Directors, 110	(B)	Tey	CII	(0	2)	es,	alli	u nighest Con	npensated En	ipioye	es (continued)
(A) Name and title	Average hours	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both	an	(D) Reportable	(E) Reportable		(F) Estimated
	per week (list any hours for related organiza - tions below dotted line)					Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	or a	ount of other mensation from the ganization nd related ganizations
(15)						-				-	
(16)			_								
(17)											
(18)											
(19)		<u> </u>									
(20)											
(21)									_		
(22)											
(23)											-
(24)											
(25)											
1 b Sub-total	n A						* * *	0.	0		0.
2 Total number of individuals (including but not limited from the organization ►							ive				
Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc.	or trustee	e, key	em	ploy	ee, (or hig	hes	st compensated em	nployee		Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	nan \$150,	000?	If 'Y	es' c	com	olete	Sch	mpensation from nedule J for		4	- X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If Yes, 'co	ompensati omplete S	on fre	om a ule .	any u <i>I for</i>	unre suc	lated h per	org s <i>on</i>	anization or individ	fual	5	Х
Section B. Independent Contractors 1 Complete this table for your five highest compensation compensation from the organization. Report compensation from the organization from the organization.	ed indepe	nden	t cor	ntrac	tors	that	rece	eived more than \$1	100,000 of	vear.	
(A) Name and business addre	. ,				,		3	(B) Description o			(C) ensation
	-										
Total number of independent contractors (including to \$100,000 of compensation from the organization)	out not lim	nited	to th	ose	liste	d abo	ove) who received mo	re than	_	

		Check if Schedule O contain	ns a respo	nse or note to any lin	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					_	exempt function revenue	business revenue	excluded from tax under sections 512-514
its ts	1 a	Federated campaigns	. 1a					
ran	b	Membership dues	. 1b	2,000.				
2 E	С	Fundraising events	. 1c					
iifts ar A		Related organizations						
7, E		Government grants (contributions)						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, a similar amounts not included above.	nd . 1 f	11.120.0				
ntr d C	g	Noncash contributions included in line	es 1a-1f 💲					
So an	h	Total. Add lines 1a-1f			3,426.			
ще				Business Code				
₹	2 a	Convention		1.13.7.22	56,113.	56,113.	0.	_0.
Re		Telescope Class		1.13.7.22	2,754.	2,754.	0.	0.
/ice	С	Meetings		1.13.722	2,471.	2,471.	0.	0.
Program Service Revenue	d e							
gra	f	All other program service revei						
Pro	g	Total. Add lines 2a-2f			61,338.			
	3	Investment income (including of other similar amounts)	dıvıdends,	interest and	109.	109.	0.	0.
!	4	Income from investment of tax	exempt b	ond proceeds				
	5	Royalties						
			(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)				i		
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	Securities	(II) Other				
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss)			į			
		Net gain or (loss)	· · · · ·					· · · · · · · · · · · · · · · · · · ·
Other Revenue		Gross income from fundraising (not including \$						
Ver		of contributions reported on lin	e 1c).		ļ			1
Re		See Part IV, line 18		a				
ē	ь	Less direct expenses						
Ŧ		Net income or (loss) from fund						
)		Gross income from gaming act See Part IV, line 19	tivities.					
	h	Less direct expenses		ъ́				}
		Net income or (loss) from gam		-				
		Gross sales of inventory, less						
		and allowances		0,000.				
		Net income or (loss) from sales						
		Miscellaneous Revenue	3 OI 111VE(11	Business Code	3,981.	3,981.	0.	0.
	11 a			Business Code		-		
	ııa b			 				
	-	_ 		 				
	د د	All other revenue	- -	-				
		All other revenue						
		Total. Add lines 11a-11d		}				
	12	Total revenue. See instruction	ıs		68,854.	65,428.	0.	l0.

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	Т

	not include amounts reported on lines rb, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 · · · · · · ·				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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)			`	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes	 			
11	Fees for services (non-employees)				
а	Management				
b	Legal		,		
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,230.	1,230.	0.	0.
13	Office expenses	10,540.	10,540.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy	23,795.	23,795.	0.	0.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,967.	12,967.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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 O)				
а					
b					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	48,532.	48,532.	0.	0.
26	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)				

		Check if Schedule O contains a response or note to any line in this Part X			· · <u>· · · · · ·</u> · ·
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	4,689.	1	28,404.
	2	Savings and temporary cash investments	92,320.	2	86,727.
	3	Pledges and grants receivable, net		3	<u> </u>
	4	Accounts receivable, net	-	4	
-	5	Loans and other receivables from current and former officers, directors,			
ı	•	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		La contraction de la		5	
	6	Loans and other receivables from other disqualified persons (as defined under 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	
ا ي	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	4,000.	8	4,000.
3	9	Prepaid expenses and deferred charges	•	9	
٦	_	1 1	2.	-	_2.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	_	Complete Part VI of Schedule D	400.000	40.0	400 000
		Investments — publicly traded securities	482,299.	10 c	482,299.
	11	Investments — other securities. See Part IV, line 11		11	
	12			12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
ı	15	Other assets See Part IV, line 11	1,460.	15	1,460.
\dashv	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u>584,770.</u>	16	602,892.
	17	Grants payable		17 18	
	18 19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	 	20	
ွှ		Escrow or custodial account liability Complete Part IV of Schedule D			
Ę.	21	· · ·		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
۵	22	Secured mortgages and notes payable to unrelated third parties	7.150	-	4 050
	23	Unsecured notes and loans payable to unrelated third parties	7,150.	23	4,950.
	24	Other liabilities (including federal income tax, payables to related third parties,	<u></u>	24	
	25	and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	7,150.	26	4,950.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
잍	27	Unrestricted net assets	577,620.	27	597,942.
믕	28	Temporarily restricted net assets	377,020.	28	3311342.
9	29	Permanently restricted net assets		29	
Ĭ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			· · · · · · · · · · · · · · · · · · ·
Ŀ		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	- -	30	
É	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or other funds		32	
t e	33	Total net assets or fund balances	577,620.	33	597,942.
z	34	Total liabilities and net assets/fund balances	584,770.	34	602,892.
		-	303,110.		004,004.

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Form 990 (2015)

Form 990 (2015) The Springfield Telescope Makers, Inc.	22-	2582956		Page 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			<u></u> . 🗍
1 Total revenue (must equal Part VIII, column (A), line 12)		1	6	8,854.
2 Total expenses (must equal Part IX, column (A), line 25)		2	4	8,532.
3 Revenue less expenses. Subtract line 2 from line 1		3	2	0,322.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	57	7,620.
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 3				
column (B))	· · · · · · · · ·	10	59	7,942.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				□
			Y	es No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other				
If the assessment as abased to mathe define equation from a property of the local of Other I purple				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain Schedule O	i1			
2 a Were the organization's financial statements compiled or reviewed by an independent accountar	nt?		2 a	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compile	ed or reviewed on a			
separate basis, consolidated basis, or both.	A OF TOVICATED OFF B			
Separate basis Consolidated basis Both consolidated and separate basis	3		1	
b 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	l on a separate			
basis, consolidated basis, or both	•			
Separate basis Consolidated basis Both consolidated and separate basis	S		<u> </u>	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oversight of the audi	t,		
review, or compilation of its financial statements and selection of an independent accountant? .			2 c	\rightarrow
If the organization changed either its oversight process or selection process during the tax year, in Schedule O.	•			
3 a As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in the Single		<u> </u>	x
Audit Act and OMB Circular A-133?			3 a	- ^ -
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not und	•			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b	1

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Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Públic.

Employer identification number

The	Springfield Telescop	oe Makers, Inc	· .			22-258295	6				
Part	Reason for Public Cha	arity Status (All or	rganizations must co	omplete	this p	oart.) See instruction	is.				
The o	rganization is not a private foundat	tion because it is: (For	lines 1 through 11, checl	conly on	e box.)	_					
1	A church, convention of church	hes, or association of o	churches described in se	ction 17	0(b)(1)(A)(i).					
2	A school described in section	170(b)(1)(A)(ii). (Atta	ch Schedule E (Form 990	or 990-	EZ))						
3	A hospital or a cooperative ho	spital service organıza	tion described in sectio r	170(b)(1)(A)(iii).					
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's										
	name, city, and state										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6	A federal, state, or local gover	_		•		•					
7	An organization that normally in section 170(b)(1)(A)(vi).		part of its support from a	governm	nental u	nit or from the general pu	iblic described				
8	A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II)								
9	X An organization that normally from activities related to its exinvestment income and unrela June 30, 1975 See section 5	empt functions – subje ted business taxable ii	ect to certain exceptions, nome (less section 511	and (2) r	no more	than 33-1/3% of its supp	port from gross				
10	An organization organized and	d operated exclusively	to test for public safety \$	See sect	ion 509	(a)(4).					
11	An organization organized and or more publicly supported organizes 11a through 11d that des	janizations described i	n section 509(a)(1) or se	ection 50)9(a)(2).	. See section 509(a)(3).					
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or elec-	sed, or controlled by its si ct a majority of the director	upported ors or tru:	organiz stees of	cation(s), typically by giving the supporting organization.	ng the supported tion You must				
b	Type II. A supporting organiza management of the supporting must complete Part IV, Section 11.	organization vested ii	strolled in connection with In the same persons that	ıts supp control o	orted or r manaç	ganization(s), by having ge the supported organiza	control or ation(s) You				
С	Type III functionally integrat organization(s) (see instruction	ed. A supporting organ	nization operated in connecte Part IV, Sections A,	ection wi	ith, and	functionally integrated w	ith, its supported				
d	Type III non-functionally inte functionally integrated. The or instructions). You must comp	ganization generally m	ust satisfy a distribution i	connecti requirem	on with ent and	its supported organizatio an attentiveness require	n(s) that is not ment (see				
е	Check this box if the organization integrated, or Type III non-fund	tion received a written	determination from the If	RS that it	ıs а Тур	oe I, Type II, Type III fund	ctionally				
f	Enter the number of supported or	, , ,									
g	Provide the following information :	about the supported or	rganızatıon(s)				<u> </u>				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) is organizatio in your go docum	n listed verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
					-		<u></u> .				
(A)											
(B)		_									
(C)											
7=/											
<u>(D)</u>											
<u>(E)</u>											
Total											

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

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

Sec	ction A. Public Support									
	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')									
2	Tax revenues levied for the 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)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support		-							
	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on						-			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activiti	es, etc. (see instru	ctions)			12				
13	First five years. If the Form 990 is organization, check this box and s									
	tion C. Computation of Pu									
	Public support percentage for 201						<u>%</u>			
	Public support percentage from 20						%_			
16:	a 33-1/3% support test — 2015. If and stop here. The organization of									
ı	o 33-1/3% support test — 2014. If to and stop here. The organization of	he organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/	3% or more, check	this box			
17 8	17 a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
	o 10%-facts-and-circumstances to or more, and if the organization mo organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' te t The organization	st, check this box a n qualifies as a pul	and stop here. Exp blicly supported org	plain in Part VI how anization	the			
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ns ▶ [
RAA					Cal	adula A (Form 990	ar 000 EZ\ 2015			

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.)

	tion A. Public Support	,							
Calend	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions and membership fees			:					
	received. (Do not include any 'unusual grants.').	12,244.	20,725.	15,020.	14,385.	1,426.	63,800.		
2	Gross receipts from admis-	12,244.	20,723.	13,020.	14,505.	1,420.	03,800.		
	sions, merchandise sold or services performed, or facilities								
	furnished in any activity that is								
	related to the organization's tax-exempt purpose	40 000	64 060	E 4 11E	E0 207	EC 112	272 204		
3	Gross receipts from activities	48,000.	64,869.	54,115.	50,287.	56,113.	273,384.		
	that are not an unrelated trade or business under section 513 .								
4	Tax revenues levied for the organization's benefit and								
	either paid to or expended on	į							
5	Its behalf								
Ŭ	facilities furnished by a								
	governmental unit to the organization without charge								
6	Total. Add lines 1 through 5 .	60,244.	85,594.	69,135.	64,672.	57,539.	337,184.		
7 a	Amounts included on lines 1,		·	·	-	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,		
	2, and 3 received from disqualified persons								
b	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								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)					-	337,184.		
Sect	tion B. Total Support	<u>.</u>	·				1 337,101.		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 6	60,244.	85,594.	69,135.	64,672.	57,539.	337,184.		
	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from								
.	similar sources	<u> </u>	2,908.	-5,253.	106.	109.	-353.		
Ü	income (less section 511								
	taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b	1,777.	2,908.	-5,253.	106.	109.	-353.		
11	Net income from unrelated business			0,2001					
	activities not included in line 10b, whether or not the business is								
	regularly carried on				_				
12	Other income. Do not include gain or loss from the sale of								
	čapital assets (Explain in								
13	Part VI.)								
	10c, 11, and 12)	62,021.	88,502.	63,882.	64,778.	57,648.	336,831.		
14	First five years. If the Form 990 is organization, check this box and st						- □		
Sec	tion C. Computation of Pul								
	Public support percentage for 2015			, column (f))		15	100.10 %		
	Public support percentage from 20		· ·			 -	99.87 %		
Sec	tion D. Computation of Inv	estment Incon	ne Percentage	.					
17	Investment income percentage for	2015 (line 10c, col	umn (f) divided by	line 13, column (f))	17	-0.10 %		
18	Investment income percentage from	m 2014 Schedule A	A, Part III, line 17			18	0.13 %		
19 a	33-1/3% support tests - 2015. If is not more than 33-1/3%, check the								
b	33-1/3% support tests - 2014. If	the organization di	d not check a box	on line 14 or line 1	19a, and line 16 is i	more than 33-1/3	%, and		
	line 18 is not more than 33-1/3%, of	check this box and	stop here. The or	ganızatıon qualıfie	s as a publicly sup	ported organization	on ▶ 📘		
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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
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	1		
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	2		
	described in section 509(a)(1) or (2)	- 4		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	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	3b	-	
	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	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	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	4b		
	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	4c	_	
5	a 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)	5a		
	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 chantable 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	6		
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)	7		
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)	8		
9	a 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	9a	_	
	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	 9b		
	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	9с		
10	a 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	10a		
	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)	10b		

Pa	rt IV_	Supporting Organizations (continued)			
11	Has t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A pen	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	44.5		
	3-	ning body of a supported organization?	11a 11b		
		6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	110		
		B. Type I Supporting Organizations			
				Yes	No
1	or ele Part \ If the direct	directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year	1		
2	• •	' '	<u> </u>		
2	that o benef	ne organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2	<u></u>	
Sec	ction (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
		ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion [D. All Type III Supporting Organizations			
			_	Yes	No
1	organ	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	- 3	, , , , , , , , , , , , , , , , , , , ,			
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at les during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played regard	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a ∐ ™	he organization satisfied the Activities Test. Complete line 2 below			
	ь 📙 т	he organization is the parent of each of its supported organizations. Complete line 3 below			
	c T	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ons).		
2	Activit	ties Test Answer (a) and (b) below.		Yes	No
	suppo orgar respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was insive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities.	2a		
	the or the or	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for ganization's position that its supported organization(s) would have engaged in these activities but for the ization's involvement	2b	-	
3	Paren	nt of Supported Organizations. Answer (a) and (b) below.			
	a Did th each	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a_		
	b Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its order organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		-

Schedule A (Form 990 or 990-EZ) 2015 The Springfield Telescope Makers, Inc.

22-2582956

Page 5

Sche	edule A (Form 990 or 990-EZ) 2015 The Springfield Telescope Maker	s, I	nc. 22-25	82956	Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.	lovemb tions A	oer 20, 1970. See instru hthrough E.	ctions. All	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	ent Year onal)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			_
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7		1	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sec	tion B Minimum Asset Amount		(A) Pnor Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)				
a	Average monthly value of securities	1 a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1 c			
	d Total (add lines 1a, 1b, and 1c)	1 d			
	Discount claimed for blockage or other factors (explain in detail in Part VI).				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6		<u> </u>	
7	Recoveries of prior-year distributions	7		ļ	
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>	
Sec	ction C - Distributable Amount			Curren	t Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· <u>-</u>	<u> </u>	
_4	Enter greater of line 2 or line 3	4	· · · · · · · · · · · · · · · · · · ·	ļ	
_5	Income tax imposed in prior year	5		<u> </u>	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Type	e III supporting organizat	ion	

Schedule A (Form 990 or 990-EZ) 2015

BAA

Sche	dule A (Form 990 or 990-EZ) 2015 The Springfield Tele	scope Makers,	Inc. 22-258	32956 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	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 organization Part VI) See instructions	e details		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015			-
а				
b		, ,		
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount		_	
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		•	
4	Distributions for 2015 from Section D, line 7. \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
_	Excess from 2015			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

The Springfield Telescope Makers, Inc.	22-2582956
Part I Organizations Maintaining Donor Advised Funds or Other Similar	r Funds or Accounts.
Complete if the organization answered 'Yes' on Form 990, Part IV, line	· · · · · · · · · · · · · · · · · · ·
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in doi are the organization's property, subject to the organization's exclusive legal control?	nor advised funds
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	s can be used only purpose conferring Yes No
Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line	e 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	tion of a historically important land area
	tion of a certified historic structure
Preservation of open space	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	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	
b Total acreage restricted by conservation easements	
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 histor structure listed in the National Register	ric 2 d
3 Number of conservation easements modified, transferred, released, extinguished, or terminat tax year ►	ted by the organization during the
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, han and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce ▶	cing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing o ▶ \$	conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of set and section 170(h)(4)(B)(ii)?	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that de conservation easements	
Part III Organizations Maintaining Collections of Art, Historical Treasures Complete if the organization answered 'Yes' on Form 990, Part IV, line	s, or Other Similar Assets.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reven art, historical treasures, or other similar assets held for public exhibition, education, or researc in Part XIII, the text of the footnote to its financial statements that describes these items.	nue statement and balance sheet works of ch in furtherance of public service, provide,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue shistorical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	statement and balance sheet works of art, n furtherance of public service, provide the
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets fo amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

Schedule D (Form 990) 2015 The	Springfie	ld Te	lescope Ma	akers	s, Inc.		22-258	2956		Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orical	Treasures, o	r Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply)	n, accession, a	nd othei	records, check	any of	the following that	are a sigr	nificant use of its	collect	ion	
a Public exhibition			-	or exch	ange programs					
b Scholarly research			e Other							
c Preservation for future genera										
4 Provide a description of the organ Part XIII.			•	•	_					
5 During the year, did the organizati to be sold to raise funds rather that	ın to be maıntaı	ned as p	part of the organ	zation'	s collection?			Yes	[X No
Part IV Escrow and Custodia	al Arrangem Imount on Fo	i ents. orm 99	Complete if ti 0, Part X, line	ne oro e 21.	ganization ans	wered "	Yes' on Form	1 990,	Part IV	/ ,
1 a Is the organization an agent, trust on Form 990, Part X?					itions or other ass			Yes	Γ	No
b If 'Yes,' explain the arrangement in	n Part XIII and o	complete	the following ta	ble:		r	·			
. D holono							 	Amount	<u> </u>	
c Beginning balance d Additions during the year					• • • • • • • • • • • • • • • • • • • •		 			
e Distributions during the year							 			
f Ending balance							 	<u>-</u>		
2 a Did the organization include an an								Yes		No
b If 'Yes,' explain the arrangement in							· L		H	-
bili res, explain the arrangement i	Trait Aill Che	CKTIETE	п пе ехрапацог	i iias D	een provided on r	-art Alli			· · · L	_
Part V Endowment Funds.	Complete if the	ne ora:	anization ans	Were	d 'Yes' on Form	n 990 F	Part IV line 1	n		
if art v Endowment i dilus.	(a) Current y		(b) Prior year		(c) Two years back		Three years back	1	our years	hack
1 a Beginning of year balance	(a) currently	Cai	(b) i noi year		(c) Two years back	(4)	rince years back	(6)	our years	Duck
b Contributions										
								<u> </u>		
c Net investment earnings, gains, and losses										
d Grants or scholarships									-	
e Other expenditures for facilities							_			
and programs								ļ		
f Administrative expenses								ļ		
g End of year balance										
2 Provide the estimated percentage	of the current y	ear end	balance (line 1g	g, colur	nn (a)) held as [.]					
a Board designated or quasi-endow	ment 🟲		^{&}							
b Permanent endowment ►	용									
c Temporarily restricted endowment	· •		_ ⁹ 0							
The percentages on lines 2a, 2b,	and 2c should e	qual 10	0%							
3 a Are there endowment funds not in	the possession	of the	organization that	are he	eld and administer	ed for the				
organization by.	•		_						Yes	No
(i) unrelated organizations								. 3a(i)		L
(ii) related organizations								. 3a(ii)		<u> </u>
b If 'Yes' on line 3a(ii), are the relate	d organizations	s listed a	is required on So	chedule	₽R?			. 3b		<u> </u>
4 Describe in Part XIII the intended	-		n's endowment f	unds				_		
Part VI Land, Buildings, and										
Complete if the organi	zation answe	ered 'Y	es' on Form	990, I	Part IV, line 11	a. See	Form 990, Pa	art X, I	ine 10	
Description of property			or other basis restment)		Cost or other pasis (other)		ccumulated preciation	(d)	Book va	lue
1 a Land			83,992.						83,	,992.
b Buildings	[290,401.							,401.
c Leasehold improvements	<i>.</i> [
d Equipment			107,406.						107	,406.
e Other	<u></u>		500.							500.
Total. Add lines 1a through 1e (Column	n (d) must equa	l Form 9	90, Part X, colui	mn (B),	line 10c.)		. ,		482,	,299.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

Schedule D (Form 990) 2015 The Springfield Telescope Makers, Inc.	22-2582956	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
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		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses	i	
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		
c Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide	, Part V, any additional information.	
The organization's collection consists of amat preserving them provides a means to educate the Pt III, Line 4 as to the methods of making telescopes that we	e telescope making	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

The Springfield Telescope Makers, Inc.

Employer identification number 22-2582956

Form 990 is reviewed by all officers and directors for completeness and accuracy before submitting to the Internal Revenue Service. Pt VI, Line 11b