

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning Jan 1, 2006, and ending Dec 31, 20 06

| | | | |
|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization Amateur Radio Safety Foundation Inc. | D Employer identification number 20 : 5586920 |
| | | Number and street (or P O box, if mail is not delivered to street address) Room/suite 6143 Anchor Lane | E Telephone number (321) 634-5818 |
| | | City or town, state or country, and ZIP + 4 Rockledge, FL 32955 | F Group Exemption Number : ▶ |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.arsfi.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 2180

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

| | | | | |
|------------|--|--|------|------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 1550 |
| | 2 | Program service revenue including government fees and contracts | 2 | 00 |
| | 3 | Membership dues and assessments | 3 | 100 |
| | 4 | Investment income | 4 | 00 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | 530 |
| | 5b | Less: cost or other basis and sales expenses | 5b | 125 |
| | 5c | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule). | 5c | 405 |
| | 6 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 00 |
| 6b | Less: direct expenses other than fundraising expenses | 6b | 00 | |
| 6c | Net income or (loss) from special events and activities (line 6a less line 6b) | 6c | 00 | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | 00 | |
| 7b | Less: cost of goods sold | 7b | 00 | |
| 7c | Gross profit or (loss) from sales of inventory (line 7a less line 7b) | 7c | 00 | |
| 8 | Other revenue (describe ▶ _____) | 8 | | |
| 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 2055 | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | 00 |
| | 11 | Benefits paid to or for members | 11 | 454 |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 00 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 00 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 00 |
| | 15 | Printing, publications, postage, and shipping | 15 | 43 |
| | 16 | Other expenses (describe ▶ Software licenses, computer equipment, Internet registration) | 16 | 1120 |
| 17 | Total expenses (add lines 10 through 16) | 17 | 1617 | |
| Net Assets | 18 | Excess or (deficit) for the year (line 9 less line 17) | 18 | 438 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 730 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | 00 |
| | 21 | Net assets or fund balances at end of year (combine lines 18 through 20) | 21 | 1168 |

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

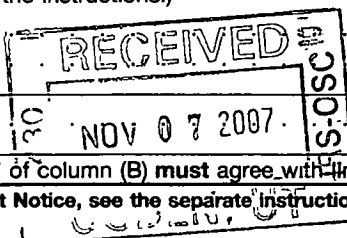
| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 730 | 22 1168 |
| 23 Land and buildings | 00 | 23 00 |
| 24 Other assets (describe ▶ _____) | 00 | 24 00 |
| 25 Total assets | 730 | 25 1168 |
| 26 Total liabilities (describe ▶ _____) | 00 | 26 00 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 730 | 27 1168 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2006)

SCANNED NOV 21 2007



6-11-07

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 00 ; section 4912 ▶ 00 ; section 4955 ▶ 00
- b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation .
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 00
- d Enter amount of tax on line 40c reimbursed by the organization ▶ 00
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

| | Yes | No |
|-----|-----|----|
| 40b | | ✓ |
| 40c | | |
| 40d | | |
| 40e | | ✓ |

41 List the states with which a copy of this return is filed. ▶ Florida

42a The books are in care of ▶ Gerald F. Muething, Jr. Telephone no. ▶ (321) 634-5818
 Located at ▶ 6143 Anchor Lane Rockledge, FL ZIP + 4 ▶ 32955

b 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)?

| | Yes | No |
|-----|-----|----|
| 42b | | ✓ |
| 42c | | ✓ |

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

Please Sign Here

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.

▶ Gerald F. Muething, Jr. Signature of officer Date Nov 2, 2007
 ▶ Gerald F. Muething, Jr. Director, Secretary Treasurer
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed ▶ Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____
 Phone no. ▶ () _____