

Return of Organization Exempt From Income Tax

2003

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

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.

A For the 2003 calendar year, or tax year beginning **2003**, and ending **20**

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization, number and street, city, town, street, and ZIP code
 Please use IRS label or print or type. See Specific Instructions.
 National Space Society
 1620 I Street NW Suite 615
 Washington DC 20006-

D Employer identification number: 23-7417411

E Telephone number: 202-429-1600

F Acctg. method: Cash Accrual Other (specify) ▶

G Website: ▶ www.nss.org

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 960,415.

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

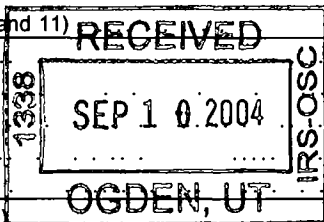
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ 3352

M Check if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

| | | | | |
|------------|--|--|-----------|------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | |
| | a | Direct public support | 1a | 296,807. |
| | b | Indirect public support | 1b | 22,967. |
| | c | Government contributions (grants) | 1c | |
| | d | Total (add lines 1a through 1c) (cash \$ 319,774. noncash \$) | 1d | 319,774. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 36,599. |
| | 3 | Membership dues and assessments | 3 | 559,773. |
| | 4 | Interest on savings and temporary cash investments | 4 | 5,014. |
| | 5 | Dividends and interest from securities | 5 | |
| | 6a | Gross rents | 6a | |
| | b | Less: rental expenses | 6b | |
| | c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | |
| 7 | Other investment income (describe ▶) | 7 | | |
| 8a | Gross amount from sales of assets other than inventory | (A) Securities | (B) Other | |
| | | 8a | | |
| | | 8b | | |
| | | 8c | 30,740. | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8d | 30,740. | |
| 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | |
| a | Gross revenue (not including \$ of contributions reported on line 1a) | 9a | | |
| b | Less: direct expenses other than fundraising expenses | 9b | | |
| c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | 382. | |
| b | Less: cost of goods sold | 10b | | |
| c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | 382. | |
| 11 | Other revenue (from Part VII, line 103) | 11 | 8,133. | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | 960,415. | |
| Expenses | 13 | Program services (from line 44, column (B)) | 13 | 933,740. |
| | 14 | Management and general (from line 44, column (C)) | 14 | 87,835. |
| | 15 | Fundraising (from line 44, column (D)) | 15 | 14,983. |
| | 16 | Payments to affiliates (attach schedule) | 16 | |
| | 17 | Total expenses (add lines 16 and 44, column (A)) | 17 | 1,036,558. |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | (76,143.) |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 153,491. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | 77,348. |



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising | |
|--|--|-----------|----------------------|----------------------------|-----------------|--------|
| 22 | Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) | 22 | | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25 | Compensation of officers, directors, etc . . . | 25 | 115000. | 79899. | 32214. | |
| 26 | Other salaries and wages | 26 | 131139. | 91112. | 36735. | |
| 27 | Pension plan contributions | 27 | | | | |
| 28 | Other employee benefits | 28 | | | | |
| 29 | Payroll taxes | 29 | | | | |
| 30 | Professional fundraising fees | 30 | 5315. | | 5315. | |
| 31 | Accounting fees | 31 | | | | |
| 32 | Legal fees | 32 | | | | |
| 33 | Supplies | 33 | 34228. | 28507. | 5445. | |
| 34 | Telephone | 34 | 6047. | 4106. | 1753. | |
| 35 | Postage and shipping | 35 | 64509. | 53904. | 10605. | |
| 36 | Occupancy | 36 | 37709. | 27560. | 9370. | |
| 37 | Equipment rental and maintenance | 37 | 10467. | 6342. | 4125. | |
| 38 | Printing and publications | 38 | 292984. | 291867. | 699. | |
| 39 | Travel | 39 | 9760. | 4709. | 5051. | |
| 40 | Conferences, conventions, and meetings. | 40 | 34322. | 33714. | 608. | |
| 41 | Interest | 41 | 404. | | 404. | |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 | 8467. | 4175. | 4292. | |
| 43 | Other expenses not covered above (itemize) a SEE STMT | 43a | 286207. | 307845. | -23466. | |
| | b | 43b | | | | |
| | c | 43c | | | | |
| | d | 43d | | | | |
| | e | 43e | | | | |
| 44 | Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 44 | 1036558. | 933740. | 87835. | 14983. |

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

| What is the organization's primary exempt purpose? Education - Outer Space | | Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others) |
|--|---|--|
| a | Education and Communication See Attached (Grants and allocations \$ _____) | 621630. |
| b | Policy and Research See Attached (Grants and allocations \$ _____) | 312110. |
| c | (Grants and allocations \$ _____) | |
| d | (Grants and allocations \$ _____) | |
| e | Other program services (attach schedule) (Grants and allocations \$ _____) | |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 933740. |

Part IV Balance Sheets (See the instructions.)

| | | (A) | | (B) |
|---|--|-------------------|-------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 45 Cash - non-interest-bearing | 13,673. | 45 | 14,297. |
| | 46 Savings and temporary cash investments | 12,221. | 46 | 12,302. |
| | 47 a Accounts receivable | | | |
| | b Less: allowance for doubtful accounts | | 47 c | |
| | 47 b | | | |
| | 48 a Pledges receivable | | | |
| | b Less: allowance for doubtful accounts | 26,334. | 48 c | 22,967. |
| | 48 b | | | |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51 a Other notes and loans receivable (attach schedule) | | | |
| | b Less: allowance for doubtful accounts | | 51 c | |
| | 51 b | | | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | 4,886. | 53 | 5,297. |
| 54 Investments - securities (attach schedule) | <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 54 | 153,109. | |
| 274,831. | | | | |
| 55 a Investments - land, buildings, and equipment: basis | 48,686. | | | |
| b Less: accumulated depreciation (attach schedule) | 40,217. | 16,936. | 55 c | |
| 55 b | | | 8,469. | |
| 56 Investments - other (attach schedule) | | 56 | | |
| 57 a Land, buildings, and equipment basis | | | | |
| b Less accumulated depreciation (attach schedule) | | 57 c | | |
| 57 b | | | | |
| 58 Other assets (describe | | 58 | | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 348,881. | 59 | 216,441. | |
| Liabilities | 60 Accounts payable and accrued expenses | 38,191. | 60 | 33,417. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | 157,199. | 62 | 96,639. |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64 a Tax-exempt bond liabilities (attach schedule) | | 64 a | |
| | b Mortgages and other notes payable (attach schedule) | | 64 b | 9,037. |
| | 64 b | | | |
| 65 Other liabilities (describe | | 65 | | |
| 66 Total liabilities (add lines 60 through 65) | 195,390. | 66 | 139,093. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 114,936. | 67 | 42,079. |
| | 68 Temporarily restricted | 38,555. | 68 | 35,269. |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21) | 153,491. | 73 | 77,348. |
| | 74 Total liabilities and net assets/fund balances (add lines 66 and 73) | 348,881. | 74 | 216,441. |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

| | | | | | |
|--|---|--|---|---|---|
| <p>a Total revenue, gains, and other support per audited financial statements . . . ▶</p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services & use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify):</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) . . . ▶</p> <p>c Line a minus line b . . . ▶</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify):</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) . . . ▶</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) . . . ▶</p> | <p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p> | <p>960415.</p> <p></p> <p>960415.</p> <p></p> <p>960415.</p> | <p>a Total expenses and losses per audited financial statements ▶</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services & use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify):</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) . . . ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify):</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) . . . ▶</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) . . . ▶</p> | <p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p> | <p>1036558.</p> <p></p> <p>1036558.</p> <p></p> <p>1036558.</p> |
|--|---|--|---|---|---|

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred comp | (E) Expense account and other allowances |
|--|--|--|---|--|
| Brian E. Chase 6823 Ericka Ave Falls Church VA 22310 | Exec Dir 50 | 115,000. | | |
| | | 0 | | |
| Board of Directors See Attached List | Volunteer | 0 | | |
| Executive Committee See Attached List | Volunteer | 0 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ... Yes No
If "Yes," attach schedule - see the instructions.

Part VI Other Information (See the instructions.)

| | | Yes | No |
|------|---|------|----------|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity..... | 76 | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS?..... If "Yes," attach a conformed copy of the changes. | 77 | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?..... | 78 a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year?..... | 78 b | X |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement..... | 79 | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?..... | 80 a | X |
| b | If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt. | | |
| 81 a | Enter direct or indirect political expenditures. See line 81 instructions..... | 81 a | |
| b | Did the organization file Form 1120-POL for this year?..... | 81 b | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?..... | 82 a | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)..... | 82 b | 151,620. |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications?..... | 83 a | X |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?..... | 83 b | X |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible?..... | 84 a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... | 84 b | |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?..... | 85 a | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less?..... If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | 85 b | |
| c | Dues, assessments, and similar amounts from members..... | 85 c | |
| d | Section 162(e) lobbying and political expenditures..... | 85 d | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices..... | 85 e | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e)..... | 85 f | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?..... | 85 g | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?..... | 85 h | |
| 86 | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12..... | 86 a | |
| b | Gross receipts, included on line 12, for public use of club facilities..... | 86 b | |
| 87 | 501(c)(12) orgs. Enter: a Gross income from members or shareholders..... | 87 a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... | 87 b | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX..... | 88 | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____ | | |
| b | 501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction..... | 89 b | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ _____ | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ _____ | | |
| 90 a | List the states with which a copy of this return is filed ▶ DC | | |
| b | Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)..... | 90 b | 3 |
| 91 | The books are in care of ▶ Treasurer Telephone no. ▶ 202-429-1600 Located at ▶ 1620 I St. NW, No 615, Wash, DC 20006 ZIP + 4 ▶ 20006- | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ 92 | | |

Part VII Analysis of Income-Producing Activities (See the instructions.)

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| Note: Enter gross amounts unless otherwise indicated. | | | | | |
| 93 Program service revenue: | | | | | |
| a Conference | | | | | 36,599. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from govt. agencies | | | | | |
| 94 Membership dues & assessments | | | | | 559,773. |
| 95 Interest on savings and temporary cash investments | | | 514 | 5,014. | |
| 96 Dividends & interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 514 | 30,740. | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | 382. |
| 103 Other revenue: a | | | | | |
| b Royalties | | | 515 | 8,133. | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)). | | | | 43,887. | 596,754. |
| 105 Total (add line 104, columns (B), (D), and (E)). | | | | | 640,641. |

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|------------------|--|
| 93A&B | Conferences & events for futherance of members education to promote space exploration. |
| 94 | Publication of magazine to educate & disseminate information & data about outer space. |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership int. | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|-------------------------------------|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

- (a) Did the organization, during year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

[Signature] Date **19-2-04**

Executive Director

Date *[Signature]* Check if self Preparer's SSN or PTIN (See Gen Inst W)

| Part III Statements About Activities (See instructions.) | | Yes | No |
|---|---|-----------|----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | X |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a | Sale, exchange, or leasing of property? | 2a | X |
| b | Lending of money or other extension of credit? | 2b | X |
| c | Furnishing of goods, services, or facilities? | 2c | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X |
| e | Transfer of any part of its income or assets? | 2e | X |
| 3a | Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) | 3a | X |
| 3b | Do you have a section 403(b) annuity plan for your employees? | 3b | X |
| 4 | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | 4 | X |

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6** A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |

- 14** An organization organized and operated to test for public safety Section 509(a)(4). (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2002 | (b) 2001 | (c) 2000 | (d) 1999 | (e) Total |
|---|--------------|--------------|--------------|--------------|--------------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | 319774 | 329133 | 1036821 | 361935 | 2047663 |
| 16 Membership fees received | 559773 | 584200 | 657482 | 809126 | 2610581 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 36599 | 44250 | 297945 | 168025 | 546819 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 5014 | 29597 | 16435 | 27093 | 78139 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | | | | | |
| 23 Total of lines 15 through 22 | 921160 | 987180 | 2008683 | 1366179 | 5283202 |
| 24 Line 23 minus line 17 | 884561 | 942930 | 1710738 | 1198154 | 4736383 |
| 25 Enter 1% of line 23 | 9212 | 9872 | 20087 | 13662 | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 2. | | | | | 26a 94728 |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amount | | | | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 4736383 |
| d Add: Amounts from column (e) for lines: 18 <u>78139</u> 19 _____ | | | | | 26d 78139 |
| 22 _____ 26b _____ | | | | | 26e 4658244 |
| e Public support (line 26c minus line 26d total) | | | | | 26f 98.35 % |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year | (2002) _____ | (2001) _____ | (2000) _____ | (1999) _____ | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these difference (the excess amounts) for the year: | (2002) _____ | (2001) _____ | (2000) _____ | (1999) _____ | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ | | | | | 27c |
| 17 _____ 20 _____ 21 _____ | | | | | 27d |
| d Add Line 27a total _____ and line 27b total _____ | | | | | 27e |
| e Public support (line 27c total minus line 27d total) | | | | | 27f |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | | | | | 27g % |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27h % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15 | | | | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | 1,036,558. |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | 1,036,558. |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table - | | |
| | If the amount on line 40 is - | | |
| | The lobbying nontaxable amount is - | | |
| | Not over \$500,000 20% of the amount on line 40. | | |
| | Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000 | 41 | 178,656. |
| | Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 \$1,000,000 | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | 44,664. |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4- Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See instructions for lines 45 through 50.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4- Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | |
| 47 | Total lobbying expenditures | | | | |
| 48 | Grassroots nontaxable amount | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | |
| 50 | Grassroots lobbying expenditures | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public | | X | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| i Total lobbying expenditures (Add lines c through h) | | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

M4

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension** complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension of a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension- check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

| | | |
|--|---|---|
| Type or print | Name of Exempt Organization National Space Society | Employer identification number 23-7417411 |
| File by the due date for filing your return See instructions | Number, street, and room or suite no. If a P.O. box, see instructions. 1620 I Street NW Suite 615 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington DC 20006- | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for **Group Return**, enter the organization's four digit Group Exemption Number (GEN) 3352. If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUG 15, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year 20 or
 - ▶ tax year beginning , 20 and ending , 20
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ *D. Gray Lighter* Title ▶ CPA Date ▶ 5/12/04

For Paperwork Reduction Act Notice, see Instructions. Form **8868** (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

| | | |
|---|---|---|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization National Space Society | Employer identification number 23-7417411 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1620 I Street NW Suite 615 | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington DC 20006- | |

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) 3352. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until NOV 15, 2004
- 5 For calendar year 2003 or other tax year beginning _____, 20____ and ending _____, 20____
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension The annual audit of the organizations financial records is in process but not complete. Additional time is

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *D. Ray J. J. J.* Title ► CPA Date ► 8/6/04

Notice to Applicant-To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

By: _____ Date _____
Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

| | |
|---------------|---|
| Type or print | Name |
| | Number, street (include suite, room, or apt. no.) Or a P.O. box number |
| | City or town, province or state, and country (including postal or ZIP code) |

| US 990 | Other Functional Expenses: Page 2, Line 43 | | | 2003 |
|--------------------------|--|------------------|------------------------|-------------|
| Description of the Asset | Total | Program Services | Management and General | Fundraising |
| Bank charges | 471. | | 471. | |
| Computer services | 92,898. | 82,363. | 10,535. | |
| Contract services | 29,135. | 28,682. | 453. | |
| Courier | 3,588. | 3,013. | 575. | |
| Credit card fees | 4,970. | | 4,970. | |
| Data entry | 36,889. | 36,626. | 225. | 38. |
| Dues and subscription | 5,176. | 2,572. | 2,604. | |
| Education & training | 12,165. | 9,141. | 3,024. | |
| Insurance | 3,720. | 2,033. | 1,687. | |
| Mailing services | 49,029. | 48,938. | | 91. |
| Management services | 48,166. | 44,667. | 3,499. | |
| Gen&admin allocation | | 49,810. | (51,509.) | 1,699. |
| | 286,207. | 307,845. | (23,466.) | 1,828. |

NATIONAL SPACE SOCIETY

#23-7417411

Form 990

Page 2, Part III - Description of exempt purpose activities:

a. Education and Communication:

Space related education and communication for the approximately 25,000 members through regional meetings, topical workshops, and publications of magazine (ADASTRA).

b. Research Policy:

Space related research and policy dissemination to approximately 25,000 members and the general public through seminars, publications and the media.

**National Space Society
July 2004**

| Officers | Compensation |
|---|---------------------|
| Hugh Downs Chair, Board of Governors 7993 N. Ridgeview Dr. Paradise Valley, AZ 85253-3088 | -0- |
| Kirby Ikin President and Chair of Board Of Directors 1 Tregenna Close St. Ives NSW 2075 Australia | -0- |
| Greg Allison Acting Chair, Executive Committee PMB 168, 1019 Old Monrovia Rd Huntsville AL 35806 | -0- |
| Cliff McMurray Executive Vice President 1206 Classen Norman OK 73071 | -0- |
| Jeffrey Liss Senior Vice President 1364 Edgewood Lane Winnetka IL 60093-1412 | -0- |
| Greg Rucker Vice President For Projects 5901 West Behrend Dr. #1143 Glendale AZ 85308 | -0- |
| Jay Wittner Vice President For Membership 902 136 th Street E Bradenton, FL 34212 | -0- |

| | Compensation |
|---|---------------------|
| Frank Braun Vice President For Public Affairs 1140 Highland Ave. # 105 Manhattan Beach, CA 90266 | -0- |
| Jim Plaxco Vice President For Chapters 700 Cape Lane Schaumburg, IL 60193 | -0- |
| Mark Hopkins Secretary 2439 25 th Street Santa Monica, CA 90405-1818 | -0- |
| Joe Redfield Treasurer 609 Ridgeview San Antonio TX 78253 | -0- |
| Harry Reed Assistant Secretary 163 Harrison Rd Benton KY 42025 | -0- |
| Bob Goetz Assistant Treasurer 5103 Dahlgreen Place Burke VA 22015 | -0- |
| Keil Ritterpusch, Esq. General Counsel Pierson, Burnett & Ritterpusch, LLP 517 S. Washington St. Alexandria VA 22314-4143 | -0- |
| Non Officer Voting BOD Members | |
| Laurence Ahearn 610 West 47 th Place Chicargo IL 60609 | -0- |
| David Baxter 378 I Street Salt Lake City, UT 84103 | -0- |

Compensation

| | |
|--|-----|
| Richard Beers 22525 39 th Ave SE. Brothell, WA 98021 | -0- |
| Marianne Dyson 15443 Runswick Drive Houston TX 77062-3310 | -0- |
| Robby Gaines 1814 West Runyan Ave Artesia NM 88210 | -0- |
| Rich Godwin 955 Amberwood Circle Naperville IL 60563 | -0- |
| Francis Govers 3835 Cocina Lane Palmdale CA 93551 | -0- |
| Dana Johnson 4396 Eaton Place Alexandria VA 22310 | -0- |
| Alan Ladwig 6108 Beachway Drive Falls Church VA 22041 | -0- |
| Ronnie Lajoie 162 Kirby Lane Madison AL 35757 | -0- |
| Bruce Mackenzie 102 Sanborn Lane Reading MA 01867-1009 | -0- |
| Ken Money 12 Audubon Court North York Ontario, Canada M2N 1T9 | -0- |

Compensation

| | |
|--|-----|
| Stewart Nozette 141 Grafton St. Chevy Chase MD 20815 | -0- |
| Robert Pearlman 1024 N Utah St. Apt. # 920 Arlington VA 22201 | -0- |
| Seth Potter 320 The Village Apt. #207 Redondo Beach CA 90277 | -0- |
| Josh Powers 12101-G Maple Forrest Court Fairfax VA 22030 | -0- |
| Peter Vajk 57 Oakdene Court Walnut Creek CA 94596 | -0- |
| Charles Walker Boeing 1200 Wilson Blvd Arlington VA 22209 | -0- |
| Elaine Walker 1051 West Paseo Way Tempe AZ 85283 | -0- |
| Alan Wasser 404 Riverside Drive Apt #3N New York NY 10025 | -0- |
| Wayne White 2950 Bixby Avenue Unit # E205 Boulder CO 80303 | -0- |
| Phillip Young 158 Murray Farm Road Becroft NSW 2119 Australia | -0- |