Department of the Treasury

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

A F	or the	2007 calendar year, or tax year beginning and ending		<u> </u>
	heck if pplicable	Please use IRS C Name of organization D Em	ployeri	dentification number
	Addres	label or NATIONAL SPACE SOCIETY 2	3-7	417411
	Name change		ephone	number
	Initial	Specific 1620 I STREET NW 615 2		429-1600
	Termin	Instruc- tions City or town, state or country, and ZIP + 4	ounting me	
	Ameno	WASHINGTON, DC 20006	Other (specify)	<u> </u>
	Applic pendir	in and tale not applicable	e to sec	ction 527 organizations
		must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return	for affilia	ates? Yes X No
		+ ► <u>WWW · NSS · ORG</u> H(b) If "Yes," enter number	of affilia	ites N/A
<u>J</u> C)rganiz	ation type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or 527 H(c) Are all affiliates include	ed?	N/A Yes No
K C	heck h	ere If the organization is not a 509(a)(3) supporting organization and its gross (If "No," attach a list.) (If "No," attach a list.) (If "No," attach a list.)	n filed t	ov an or
	-	are normally not more than \$25,000. A return is not required, but if the organization ganization covered by		
	hooses	to file a return, be sure to file a complete return.		N/A
_		· · · · · · · · · · · · · · · · · · ·	-	ition is not required to attach
		cepts: Add lines 6b, 8b, 9b, and 10b to line 12 \(\) 1, 105, 859. Sch. B (Form 990, 990)	J-EZ, or	990-PF).
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	1	Contributions, gifts, grants, and similar amounts received:		
	a		-	
	b	Direct public support (not included on line 1a) Indirect public support (not included on line 1a) 1c 25, 233		
	C د		1	
2008	d	256 004	1e	356,004.
2(2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	145,420.
80	3	Membership dues and assessments	3	521,671.
8	4	Interest on savings and temporary cash investments	4	5,315.
JUL	5	Dividends and interest from securities	5	
	6 a		$\overline{}$	
	b		1	
¥.	c	N	6c	3,115.
25	7	Other investment income (describe)	7	
SCANNED Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other		
ത്		than inventory <u>57,576 . 8a</u>	1	
	b			
	C	Gain or (loss) (attacR⊕00FIVED 3,169.8c		
	d	Net gain or (loss). Combine line Sc., columns (A) and (B) STMT 2	8d_	3,169.
	9	Special ever sand activities (attach schedule). The same amount is from gaming, check here special ever same activities (attach schedule). The same amount is from gaming, check here special ever same activities (attach schedule). The same activities (attach schedule) and activities (attach schedule). The same activities (attach schedule) are special ever special ever same activities (attach schedule). The same activities (attach schedule) are special ever		
	a			
	b	Less: direct expenses other than fundraising expenses 9b	-	
	C	Net income or (lost) (@ Special even) s Subtract line 9b from line 9a	9c	···
	10 a	· · · · · · · · · · · · · · · · · · ·	-	
	b		ا ۱۸۰	
	1 C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a Other reviews (from Part VIII line 103)	10c	16,758.
	11 12	Other revenue (from Part VII, line 103) Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	11	1,051,452.
	13	Program services (from line 44, column (B))	13	875,332.
es	14	Management and general (from line 44, column (C))	14	85,869.
ens	15	Fundraising (from line 44, column (D))	15	63,481.
Expenses	16	Payments to affiliates (attach schedule)	16	03, 101.
	17	Total expenses. Add lines 16 and 44, column (A)	17	1,024,682.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	26,770.
ets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	178,182.
Net Assets	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	5,035.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	209,987.
72300 12-27	01 7-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions		Form 990 (2007)

Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.			services	and general	
22a Grants paid from donor advised funds					
(attach schedule)	1 1				
(cash \$ 0 • noncash \$ 0	7 1				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule (cash \$ 0 • noncash \$ 0	1 1				
(cash \$ 0 noncash \$ 0	22b				
23 Specific assistance to individuals (attach	220	-			
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	107,417.	93,990.	8,056.	5,371
b Compensation of former officers, directors, key					<u> </u>
employees, etc. listed in Part V-B	25b	0.	0.	0.	0
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	4,223.	3,695.	317.	211
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a - 27	28				
29 Payroll taxes	29	8,217.	7,190.	616.	411
30 Professional fundraising fees	30	11 466	10 022	260	
31 Accounting fees	31	11,466.	10,033.	860.	573
32 Legal fees	32	F 700	2 700	2 000	
33 Supplies	33	5,708.	3,700.	2,008.	-
34 Telephone	34	6,515. 81,940.	1,985.	4,530.	10,375
35 Postage and shipping 36 Occupancy	35	38,881.	68,871. 30,356.	2,694. 6,791.	1,734
37 Equipment rental and maintenance	37	30,001.	30,330.	0,191.	1,/34
38 Printing and publications	38	322,792.	293,061.	1,597.	28,134
39 Travel	39	22,353.	16,765.	5,588.	20,134
40 Conferences, conventions, and meetings	40	124,830.	108,917.	9,820.	6,093
41 Interest	41	124,0301	100,517.	7,020.	
42 Depreciation, depletion, etc. (attach schedule)	42	100.		100.	 -
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
С	43c				
d	43d				
e	43e				
1	43f				
g SEE STATEMENT 4	43g	290,240.	236,769.	42,892.	10,579
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	1,024,682.	875,332.	85,869.	63,481
Joint Costs. Check 🕨 🔲 if you are following	SOP				
Are any joint costs from a combined educational campa					Yes X No
If "Yes," enter (i) the aggregate amount of these joint co	_		the amount allocated to F		<u>N/A</u> ;
(iii) the amount allocated to Management and general \$		N/A ; and (iv)	the amount allocated to I	Fundraising \$	N/A

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

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. What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5 Program Service **Expenses** (Required for 501(c)(3) All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of and (4) orgs., and clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) 4947(a)(1) trusts; but optional for others.) organizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others) a THE EDUCATION AND COMMUNICATION PROGRAM PROVIDES SPACE RELATED EDUCATION AND COMMUNICATION FOR APPROXIMATELY 20,000 MEMBERS THROUGH REGIONAL MEETINGS, TOPICAL WORKSHOPS AND PUBLICATION OF MAGAZINE (ADASTRA).) If this amount includes foreign grants, check here 700,350. (Grants and allocations \$ b THE POLICY AND RESEARCH PROGRAM PROVIDES SPACE RELATED RESEARCH AND POLICY DISSEMINATION TO APPROXIMATELY 20,000 MEMBERS AND THE GENERAL PUBLIC THROUGH SEMINARS, PUBLICATIONS AND THE MEDIA. 174,982. (Grants and allocations If this amount includes foreign grants, check here C (Grants and allocations If this amount includes foreign grants, check here

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization.

875,332. Form **990** (2007)

(Grants and allocations

(Grants and allocations

e Other program services (attach schedule)

\$

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

Note		ere required, attached schedules and amounts wit uid be for end-of-year amounts only	(A) Beginning of year		(B) End of year		
	45	Cash · non-interest-bearing			140,915.	45	
	46	Savings and temporary cash investments		_	<u>570.</u>	46	126,553.
			1				
	47 a	Accounts receivable	47a	80,786.	20 267	_	00 706
	b	Less allowance for doubtful accounts	47b		39,267.	47c	80,786.
	40 -	Pledges receivable	48a	6,273.			
	48 a	Less: allowance for doubtful accounts	48b	0,2/3.	6,164.	48c	6,273.
	49	Grants receivable	100	!	0,1040	49	0,275
		Receivables from current and former officers, di	rector	s. trustees. and			
	** -	key employees		,,,	5,000.	50a	
	Ь	Receivables from other disqualified persons (as	define	d under section			
ţ		4958(f)(1)) and persons described in section 49				50b	
Assets	51 a	Other notes and loans receivable	51a				
Ä	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52_	
	53	Prepaid expenses and deferred charges				53	1,227.
	54 a	Investments - publicly-traded securities		Cost FMV		54a	
	_			Cost FMV		54b	
	55 a	Investments - land, buildings, and	١	1			
		equipment basis	55a				
		Less assumulated depresenting	55b			55c	
	56	· · · · · · · · · · · · · · · · · · ·		TATEMENT 6	83,129.	56	90,724.
		Land, buildings, and equipment basis	57a	49,686.	03,123.	- 50_	30,724.
		Less accumulated depreciation STMT 7	57b	48,786.		57c	900.
	58	Other assets, including program-related investments					
		(describe ► SECURITY DEPOSITS	5,154.	58	1,000.		
	59	Total assets (must equal line 74) Add lines 45	throug	h 58	280,199.	59	307,463.
	60	Accounts payable and accrued expenses			<u>47,579.</u>	60	57,302.
	61	Grants payable				61	
G	62	Deferred revenue			<u>53,667.</u>	62	40,174.
bilities	63	Loans from officers, directors, trustees, and key	emple/	oyees		63	
abil	1	Tax-exempt bond liabilities		<u> -</u>		64a	
Lia	1	Mortgages and other notes payable		AD COMMEDIA	771.	64b	
	65	Other liabilities (describe) FC	OTHERS)	//1.	65	0.
	66	Total liabilities. Add lines 60 through 65			102,017.	66	97,476.
		anizations that follow SFAS 117, check here	X	and complete lines	102,017.	- 00	3772700
	0.90	67 through 69 and lines 73 and 74					
Ses	67	Unrestricted			147,518.	67	118,766.
lauc	68	Temporarily restricted			30,664.	68	91,221.
Ba	69	Permanently restricted				69	
pun	Orga	anizations that do not follow SFAS 117, check	here Ì	▶ ☐ and			
Ē		complete lines 70 through 74					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		<u></u>		70	
SSe	71	Paid-in or capital surplus, or land, building, and				71	
ž.	72	Retained earnings, endowment, accumulated in				72	
ž	73	Total net assets or fund balances. Add lines 67 throu			170 100		200 002
	74	(Column (A) must equal line 19 and column (B) must			178,182. 280,199.	73	209,987. 307,463.
	_ / 4	Total liabilities and net assets/fund balances	. Auu II	1163 00 4110 / 3	<u> </u>	74	

Form **990** (2007)

	1990 (2007) NATIONAL SPACE SOCIETY 23-74174			age 6
Ь	rt V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board			
	meetings			
b				
	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A,			
	Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	' i	х
		/ 30	-	
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees			
	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the			
		75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d		75d	X	
Pa	rt V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation o			
	Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described			
	the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See			
	(A) Name and address (B) Loans and Advances (If not paid, employee benefit plans & deferred) Expe	
	NONE enter -0-) compensation plans	othe	r allow	ances
		-		
		Ì		
		\vdash		
- -		ŀ		
		_		
Pai	rt VI Other Information (See the instructions)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed			
	statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Х	
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			
		80a		<u>X</u>
b	If "Yes," enter the name of the organization ► N/A			
0.4	and check whether it is exempt or nonexempt			
81 a	,	0.4.		v
		81b Eorm	990	2007)

For		<u>23-7417</u>			age 7	
P	art VI Other Information (continued)			Yes	No	
82	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at su	ubstantially			į	
	less than fair rental value?		82a		X	
- 1	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) 82b	N/A				
83	Did the organization comply with the public inspection requirements for returns and exemption applications?					
- 1	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	ļ	83b	X	<u> </u>	
84	•	N/A	84a		<u> </u>	
1	o If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
		N/A	84b		<u> </u>	
		N/A	85a			
ı		N/A	85b			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization rece	ived a				
	waiver for proxy tax owed for the prior year.					
(N/A				
(· · · · · · · · · · · · · · · · · · ·	N/A				
(N/A				
1	. •	N/A				
!		N/A	85g			
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				l	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	AT / 7	056		ĺ	
		N/A	85h		_	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	N/A				
		N/A				
		N/A				
87		N/A				
,	,	N/A				
99	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partner	-				
-	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-	-				
	If "Yes," complete Part IX		88a		х	
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning	of				
	section 512(b)(13)? If "Yes," complete Part XI		88b		х	
89	a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under					
	section 4911 ▶	0.				
1	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit				ĺ	
	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		89b		X	
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under					
	sections 4912, 4955, and 4958	0.				
(Enter. Amount of tax on line 89c, above, reimbursed by the organization	0.				
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction	on?	89e		X	
1	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X	
,	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting o	rganization,				
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	89g			
	a List the states with which a copy of this return is filed ► <u>SEE STATEMENT 9</u>					
	Number of employees employed in the pay period that includes March 12, 2007				2	
91	The books are in care of ► THE ORGANIZATION Telephone no. ►					
	Located at ► 1620 I STREET NW, WASHINGTON, DC	ZIP + 4 ▶ <u>2</u>	<u> </u>		-N-	
i	At any time during the calendar year, did the organization have an interest in or a signature or other authority ove	r		Yes		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	!	91b		X	
	If "Yes," enter the name of the foreign country N/A	!				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				1	
_	and Financial Accounts.		Ecr-	990	(2007)	
			UIII	220	(2007)	

Form 990		SPACE SOC	IETY		23-7	7417411 Page 8		
Part V	I Other Information (continue	d)				Yes No		
c At	any time during the calendar year, did t	the organization mair	ntain an office outside of	f the Unit	ed States?	91c X		
If "	If "Yes," enter the name of the foreign country N/A							
92 Se	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here							
	d enter the amount of tax-exempt intere				▶ 92	N/A		
Part V	II Analysis of Income-Produ				 			
Note: E	nter gross amounts unless otherwise		ed business income		by section 512, 513, or 514	(E)		
ındıcate	d	(A) Business	(B) Amount	(C) Exclu-	(D) Amount	Related or exempt		
	gram service revenue:	code	Amount	sion code	Amount	function income		
	ONFERENCE					124,534.		
ь <u>М</u> И	AGAZINE	<u> 541800</u>	14,233.			6,653.		
c				<u> </u>				
d				ļ .				
e				-				
f Med	dicare/Medicaid payments			ļ				
-	s and contracts from government agen	cies		<u> </u>				
94 Mer	nbership dues and assessments			 		521,671.		
95 Inter	est on savings and temporary cash investme	ents		14	5,315.			
	dends and interest from securities							
97 Net	rental income or (loss) from real estate:			l				
a deb	t-financed property							
	debt-financed property			15	3,115.			
98 Net	rental income or (loss) from personal p	roperty						
99 Oth	er investment income							
100 Gaii	or (loss) from sales of assets							
	er than inventory			18	3,169.			
	income or (loss) from special events							
102 Gro	ss profit or (loss) from sales of inventor	y		-				
	er revenue:							
_	DYALTIES			15	8,127.			
ь <u>М</u> .	ISCELLANEOUS					8,631.		
C								
d			_	ļ <u> </u>				
е			14 000		10 506	661 100		
	total (add columns (B), (D), and (E))		14,233.		19,726.	661,489.		
	al (add line 104, columns (B), (D), and (B	• •	2 Dort I		▶_	695,448.		
	e 105 plus line 1e, Part I, should equal			+ Durn	0000 (0 the restauration			
Part V	T	-	- · · · ·			· · · · · · · · · · · · · · · · · · ·		
Line No.	Explain how each activity for which incor exempt purposes (other than by providir			ımportan	ttly to the accomplishment o	r the organization's		
	SEE STATEMENT 10	ig latida for aden parpo						
	SEE STATEMENT TO	·· ····						
-	 							
-								
Part IX	Information Regarding Ta	xable Subsidiar	ies and Disregard	ed Enti	ities (See the instruction			
	(A)	(B)	(C)		(D)	(E)		
Name,	address, and EIN of corporation, Percentership, or disregarded entity owners	entage of hip interest	Nature of activities		Total income	End-of-year		
pari	mership, or disregarded entity towners	%				assets		
	N/A	%						
	N/A	%						
		/ %						
Part X	Information Regarding Tra		ted with Personal	Benefi	it Contracts (See the	instructions 1		
				· -	 			
	the organization, during the year, receive an				u penent contract?			
	the organization, during the year, pay premif "Yes" to (b), file Form 8870 and Form			onu dut		Yes X No		
14016.7	10 to to to to the rolling boro and Folling	TIZO (SEE IIISUUCUOII				Form 990 (2007)		
						101111 000 (2007)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization			Employer identif	ication number
NATIONAL SPACE SOCIETY			23 74174	
Part I Compensation of the Five Highest Paid Emp		Officers, Dire	ctors, and T	rustees
(See page 1 of the instructions. List each one. If there are none, er	iter "None.")		(d) Contributions to	(a) Evenense
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
NONE				
				
Total number of other employees paid				
over \$50,000	0			
Part II-A Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individuals			ional Service	es
(a) Name and address of each independent contractor paid more that		(b) Type of	service	(c) Compensation
		(8) 1300 01	30.1100	(c) componsation
MANAGEMENT OPTIONS, INC		DMTMT (MD 3	MT.	160 121
1620 I STREET, STE. 615 NW, WASHINGTO	N, DC 20006 A	DMINISTRA	CLI VE	169,131.
Total number of others receiving over			L	
\$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid Inde			ervices	
(List each contractor who performed services other than profession		ials or		
firms. If there are none, enter "None." See page 2 of the instruction				
(a) Name and address of each independent contractor paid more that	an \$50,000	(b) Type of	service	(c) Compensation
NONE				
	-			
				_
				. ,
Total number of other contractors receiving over				
\$50,000 for other services	0		· · · · · · · · · · · · · · · · · ·	

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

a Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

Schedule A (Form 990 or 990-EZ) 2007

N/A

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 8 of the instructio	ns.)				
l certif	v that th	ne organization is not a private foundation because it is: (Please check only ONE a	pplicable 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	X	An organization that normally receives a substantial pa	art of its support from a c	overnmental unit or from	the general	public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support							
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	•	dule in Part IV-A.)					
12		An organization that normally receives: (1) more than	•	•	ership fees, a	nd gross			
		receipts from activities related to its charitable, etc., fur							
		its support from gross investment income and unrelate				ses acquired			
		by the organization after June 30, 1975. See section 5	ou9(a)(2). (Also complete	e the Support Schedule if	Part IV-A.)				
13		An organization that is not controlled by any disqualifie	ed persons (other than fo	undation managers) and	otherwise me	ets the require	ements of section		
		509(a)(3). Check the box that describes the type of sup	pporting organization:						
		Type I Type II	Type III-Fu	nctionally Integrated		Type III-I	Other		
		Provide the following information at	bout the supported organ	nizations. (See page 8 of	the instruction	ons.)			
		4-1							
		(a)	(b)	(c)	(d)		(e)		
		(a) Name(s) of supported organization(s)	Employer	Type of organization	Is the su	pported	Amount of		
			Employer identification	Type of organization (described in lines	Is the su organization	ipported on listed in			
			Employer	Type of organization	Is the su organization the sup organiz	upported on listed in oporting zation's	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	upported on listed in oporting	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	upported on listed in oporting zation's	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		
Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in oporting zation's documents?	Amount of		

	Note: You may use the	e worksheet in the insti	ructions for converting	from the accrual to the	e cash method of ac	counting.
Caler begin	ndar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	347,143.	516,011.	263,526.	319,774	1,446,454.
16	Membership fees received	443,331.	429,154.	536,685.	559,773	
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	186,986.	143,333.	40,511.	36,981	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	39,882.	2,123.	8,418.	43,887	
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	10,738.		SEE STATEME		10,738.
23	Total of lines 15 through 22	1,028,080.	1,090,621.	849,140.	960,415	
24	Line 23 minus line 17	841,094.	947,288.	808,629.	923,434	
25	Enter 1% of line 23	10,281.	10,906.	8,491.	9,604	- +
	Organizations described on lines 10 Prepare a list for your records to sho unit or publicly supported organization Do not file this list with your return. Total support for section 509(a)(1) to	ow the name of and amou on) whose total gifts for 2 . Enter the total of all thes est: Enter line 24, column	nt contributed by each pe 2003 through 2006 exceed se excess amounts (e)	erson (other than a govern	I	40,841.
d	Add: Amounts from column (e) for l		94,310. 19			
		22	10,738. 26b	40,84	1	
е	Public support (line 26c minus line 2	•			266	
<u>f</u>	Public support percentage (line 26				▶ 26f	
27	(2006)	tal amounts received in ea N/A (2005)	ach year from, each "disq (2	ualified person. " Do not f il 004)	le this list with your re (2003)	turn. Enter the sum of
b	For any amount included in line 17 than amount received for each year, described in lines 5 through 11b, as the larger amount described in (1) of (2006)	that was more than the la well as individuals.) Do n	rger of (1) the amount or ot file this list with your ese differences (the exces	n line 25 for the year or (2) return After computing the) \$5,000. (Include in th ne difference between t	e list organizations
	Add: Amounts from column (e) for I		•	•	• • •	
·		20		21	▶ 270	N/A
d	Add; Line 27a total	an	id line 27b total		▶ 270	
e	Public support (line 27c total minus		2701014		▶ 276	
f	Total support for section 509(a)(2) t		23, column (e)	► 27f	N/A	
9	Public support percentage (line 27		• •		▶ 279	N/A %
h	Investment income percentage (lin	•	•		271	
28 L	Inusual Grants: For an organization d show, for each year, the name of the c eturn. Do not include these grants in	escribed in line 10, 11, or ontributor, the date and a line 15.	12 that received any unu mount of the grant, and a	sual grants during 2003 t	hrough 2006, prepare ature of the grant. Do r	a list for your records to
	1 12-27-07	N	ONE		Sch	edule A (Form 990 or 990-EZ) 2007

Part V Private School Questionnaire (See page 9 of the instructions.)

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a b Admissions policies? 33b Employment of faculty or administrative staff? Scholarships or other financial assistance? 33d e Educational policies? 33e Use of facilities? 33f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

	(To be completed ONLY by	an eligible organization that f	filed Form 5768)			
Check 🕨 a	if the organization belong	gs to an affiliated group.	Check ▶ b	ıf you chec	ked "a" and "limited contri	ol" provisions apply.
		Lobbying Expenditures' means amounts paid or			(a) Affiliated group totals	(b) To be completed for all electing organizations
		<u> </u>			N/A	
36 Total lob	bying expenditures to influence	public opinion (grassroots lot	bbying)	36		
37 Total lob	bying expenditures to influence	a legislative body (direct lobb)	ying)	37		
38 Total lob	bying expenditures (add lines 3)	3 and 37)		38		
39 Other ex	9 Other exempt purpose expenditures 39					1,024,682.
40 Total exe	empt purpose expenditures (add	lines 38 and 39)		40		1,024,682.
41 Lobbyin	g nontaxable amount. Enter the a	amount from the following tab	ole -	1 1		
If the an	nount on line 40 is -	The lobbying nontaxabl	le amount is -			
Not over \$	5500,000	20% of the amount on line 40	0			
Over \$500	0,000 but not over \$1,000,000	\$100,000 plus 15% of the ex-	cess over \$500,000]]		
Over \$1,00	00,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	cess over \$1,000,000	41		177,468.
Over \$1,5	00,000 but not over \$17,000,000	\$225,000 plus 5% of the exce	ess over \$1,500,000			
Over \$17,	000,000	\$1,000,000				
42 Grassro	ots nontaxable amount (enter 25	% of line 41)		42		44,367.
43 Subtract	line 42 from line 36. Enter -0- if	line 42 is more than line 36		43		

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 the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	177,468.				177,468
46 Lobbying ceiling amount (150% of line 45(e))					266,202
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount	44,367.				44,367
49 Grassroots ceiling amount (150% of line 48(e))					66,551
50 Grassroots lobbying expenditures		- -			0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations	that did not complete Part VI-A)	(See name 14 of the instructions.)
ti or reporting only by organizations	that did flot colliplete rait vi-A)	1366 Daug 14 OI HIG HISH UCHOHS.)

N/A

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:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines ${\bf c}$ through ${\bf h}$)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		-
		0

723151 12-27-07

		/ NATIONAL SPACE			<u>/41/41.</u>	<u> </u>	age /
Part '				Relationships With Noncha	ritable		
	Exempt Organiz	zations (See page 14 of the instr	uctions.)				
51 Di	d the reporting organization d	firectly or indirectly engage in any of	the following with any other	organization described in section			
50)1(c) of the Code (other than s	section 501(c)(3) organizations) or in	n section 527, relating to po	litical organizations?	_		
a Tr	ansfers from the reporting or	ganization to a noncharitable exempt	organization of:		[Yes	No
	i) Cash		•		51a(i)		X
-	i) Other assets				a(ii)		X
	her transactions:				_ ``		
		ets with a noncharitable exempt organ	nization		b(i)		<u> </u>
•	•	a noncharitable exempt organization	The control of the co		b(ii)		X
•	 Rental of facilities, equipme 	· =			b(iii)		X
•	 r) Reimbursement arrangeme 				b(iv)		X
•	 I Loans or loan guarantees 	ana			b(v)		X
•	•	membership or fundraising solicitati	ione		b(vi)		X
•	•	· · · · · · · · · · · · · · · · · · ·			C C		X
		, mailing lists, other assets, or paid er		have about the few months to the of the	LL		
			• • •	lways show the fair market value of the			
-		s given by the reporting organization.			•	AT / B	
	l -	nent, show in column (d) the value of	the goods, other assets, or			N/A	
(a) Line no.	(b) Amount involved	Name of noncharitable exe	ampt organization	(d) Description of transfers, transactions, ar	nd charing arr	anaam	onte
Lille IIU.	Amount involved	Name of nonchantable exc		Description of transfers, transactions, at	Sharing arr	anyen	161112
			 				
					, -		
•							
							
			······································			-	
52 a le	the organization directly or in	idirectly affiliated with, or related to in	one or more tay-evenint orga	anizations described in section 501(c) of the			
	ode (other than section 501(c)		mo or more tax exempt or gr		Yes	x] No
	"Yes," complete the following:			_	163		J 140
 _			(b)	(c)			
	(a) Name of or	ganization	Type of organization	Description of relatio	nship		
							
			 -				
							—
		· · · · · · · · · · · · · · · · · · ·	-				
	·						
	· · · · · · · · · · · · · · · · · · ·						
	-						

723152 12-27-07

Asset No	Description	Date Acquired	Method	Lıfe	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	* TOTAL 990 PAGE 2	VARIES		.000	16	49,686.			49,686.			100.
	DEPR					49,686.		0.	49,686.	48,686.	0.	100.
					,							
									:			
												:

FORM 990 RENTAL INCOME		STATEMENT 1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENT INCOME	1	3,115.
TOTAL TO FORM 990, PART I, LINE 6A		3,115.

FORM 990 GAIN (LOSS) FROM N	ON-PUBL	ICLY T	RADED SE	CURITI	ES	STATEMENT	2
DESCRIPTION			TE URED		TE LD		ETHOD QUIRED	
SALES OF INVESTMENTS						PUI	RCHASED	
NAME OF BUYER		GRO SALES		COST OTHER B		EXPENSE OF SALE		
		57	,576.	54,	407.	0	. 3,	169.
TOTAL TO FM 990, PART	I, LN 8	57	,576.	54,	407.	0	3,	169.
FORM 990 OTHER	CHANGES	IN NET	ASSETS	OR FUND	BALAN	ICES	STATEMENT	3
DESCRIPTION							AMOUNT	
						_		
UNREALIZED GAIN ON INV	ESTMENTS	;				_	5,	035.
						-		035. 035.
UNREALIZED GAIN ON INV						- -		
UNREALIZED GAIN ON INV		IE 20	R EXPEN	NSES		=		035.
UNREALIZED GAIN ON INV		OTHE	(I	В)	(C		5,	
UNREALIZED GAIN ON INV	T I, LIN	OTHE	(I PROC		MANAG	= C) GEMENT GENERAL	5,	035.
UNREALIZED GAIN ON INVITOTAL TO FORM 990, PAR FORM 990 DESCRIPTION ADVERTISING	T I, LIN	OTHE	(I PROC	B) GRAM	MANAG	SEMENT	STATEMENT (D) FUNDRAIS	035.
UNREALIZED GAIN ON INVITOTAL TO FORM 990, PARTORM 990 DESCRIPTION ADVERTISING ACCOMODATIONS AND MEALS MANAGEMENT FEE COMPUTER SERVICES	T I, LIN (A TOT	OTHE	(FPROCESTRICE)	B) GRAM VICES	MANAG	SEMENT	STATEMENT (D) FUNDRAIS	035.
UNREALIZED GAIN ON INVITOTAL TO FORM 990, PARTORM 990 DESCRIPTION ADVERTISING ACCOMODATIONS AND MEALS MANAGEMENT FEE COMPUTER SERVICES BANK AND CREDIT CARD FEES DESIGN AND LAYOUT	T I, LIN (A TOT 2 17 2	OTHE A) PAL 2,581. 2,308. 1,495.	(FPROCESTRICE)	B) GRAM VICES 1,121. 14,490. 47,990.	MANAG	7,818. 15,048.	STATEMENT (D) FUNDRAIS 1,	035. 4 ING 460.
UNREALIZED GAIN ON INVITOTAL TO FORM 990, PAR FORM 990 DESCRIPTION ADVERTISING ACCOMODATIONS AND MEALS MANAGEMENT FEE COMPUTER SERVICES BANK AND CREDIT CARD FEES DESIGN AND LAYOUT DUES AND SUBSCRIPTIONS REFUNDS INSURANCE	(A TOT 2 17 2	OTHE A) PAL 2,581. 2,581. 2,495. 6,284. 4,867. 3,149. 508. 7,992. 7,219.	(FPROCESTRICE)	B) GRAM VICES 1,121. 14,490. 47,990. 22,422. 7,406. 2,578. 7,992. 6,317.	MANAG	7,818. 15,048. 3,862. 7,461. 270. 508.	STATEMENT (D) FUNDRAIS 1,	035. 4 ING 460.
UNREALIZED GAIN ON INVITOTAL TO FORM 990, PARTOTAL TO FORM 990, PARTORM 990 DESCRIPTION ADVERTISING ACCOMODATIONS AND MEALS MANAGEMENT FEE COMPUTER SERVICES BANK AND CREDIT CARD FEES DESIGN AND LAYOUT DUES AND SUBSCRIPTIONS REFUNDS	T I, LIN (A TOT 2 17 2	OTHE 2,581. 2,581. 2,308. 1,495. 6,284. 4,867. 3,149. 508. 7,992.	PROC SERV	B) GRAM VICES 1,121. 14,490. 47,990. 22,422. 7,406. 2,578.	MANAG	7,818. 15,048. 3,862. 7,461. 270.	STATEMENT (D) FUNDRAIS 1,	1NG 460.

NATIONAL SPACE SOCIETY				23-7417411
CONTRACT SERVICES -PARKING -PUBLIC RELATIONS	349. 1,989. 3,020.	349. 169. 3,020.	1,820.	
TOTAL TO FM 990, LN 43	290,240.	236,769.	42,892.	10,579.
FORM 990 STATEMENT OF	ORGANIZATION'S	PRIMARY EXEMP	T PURPOSE S	STATEMENT 5

EXPLANATION

TO EDUCATE AND DISSEMINATE INFORMATION AND DATA ABOUT OUTER SPACE AND SPACE EXPLORATION AS WELL AS PROMOTING THE SOCIAL, ECONOMIC, TECHNOLOGICAL AND POLITICAL CHANGE TO ADVANCE HUMAN LIFE IN SPACE.

FORM 990	_	OTHE	RINVESTMENTS		STATEMENT 6
DESCRIPTION				VALUATION METHOD	AMOUNT
BONDS STOCKS				COST	27,244. 63,480.
TOTAL TO FORM	990, PART IV,	LINE 56	5, COLUMN B		90,724.
FORM 990	DEPRECIATION	OF ASSET	rs not held fo	OR INVESTMENT	STATEMENT 7
DESCRIPTION			COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND	EQUIPMENT	_	49,686.	48,786.	900.
TOTAL TO FORM	990, PART IV,	LN 57	49,686.	48,786.	900.

FORM 990 PART V-A - LIST OF TRUSTEES	CURRENT OFFICERS, AND KEY EMPLOYEE		STAT	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
GEORGE T WHITESIDES ALL MAY BE REACHED C/O THE	EXECUTIVE DIRE			
ORGANIZATION	30.00	55,417.	0.	0.
BREN SILCOX	ASSOCIATE DIRE 40.00	CTOR 52,000.	0.	0.
HUGH DOWNS	BOARD CHAIR 2.00	0.	0.	0.
KIRBY IKIN	PRESIDENT AND 2.00	BOARD CHAIR 0.	0.	0.
GARY BARNHARD	EXEC. COMM. CH	AIR 0.	0.	0.
GREG ALLISON	EXECUTIVE VICE 2.00	PRESIDENT 0.	0.	0.
MARK HOPKINS	SENIOR VICE PR 2.00	ESIDENT 0.	0.	0.
CANDACE PANKANIN	VICE PRESIDENT 2.00	, CHAPTERS 0.	0.	0.
ROBBY GAINES	VICE PRESIDENT 2.00	, DEVEL.	0.	0.
RONNIE LAJOIE	VICE PRESIDENT 2.00	, MEMBERSHI	P 0.	0.

NATIONAL SPACE SOCIETY			23-74	417411
JEREMY PYLE	VICE PRESIDENT, PO 2.00	UB. AFF. 0.	0.	0.
JOSH POWERS	SECRETARY 2.00	0.	0.	0.
PAT MONTOURE	ASSISTANT SECRETAI	RY 0.	0.	0.
JOE REDFIELD	TREASURER 2.00	0.	0.	0.
MARTY TRUMBORE	ASSISTANT TREASURI	ER	0.	0.
LARRY AHEARN	DIRECTOR 2.00	0.	0.	0.
CHRIS CARBERRY	DIRECTOR 2.00	0.	0.	0.
ERICH FISCHER	DIRECTOR 2.00	0.	0.	0.
AL GLOBUS	DIRECTOR 2.00	0.	0.	0.
RICHARD GODWIN	DIRECTOR 2.00	0.	0.	0.
ROBERT GOETZ	DIRECTOR 2.00	0.	0.	0.
DANA JOHNSON	DIRECTOR 2.00	0.	0.	0.
MARGARET JORDAN	DIRECTOR 2.00	0.	0.	0.

NATIONAL SPACE SOCIETY			23-74	17411
REBECCA LAUER	DIRECTOR 2.00	0.	0.	0.
JEFFREY LISS	DIRECTOR 2.00	0.	0.	0.
BRIAN LUNDQUIST	DIRECTOR 2.00	0.	0.	0.
BRUCE MACKENZIE	DIRECTOR 2.00	0.	0.	0.
KEN MONEY	DIRECTOR 2.00	0.	0.	0.
SANDRA ORELLANA	DIRECTOR 2.00	0.	0.	0.
DAREL PREBLE	DIRECTOR 2.00	0.	0.	0.
STAN ROSEN	DIRECTOR 2.00	0.	0.	0.
TERRY SAVAGE	DIRECTOR 2.00	0.	0.	0.
YVONNE SPENCER	DIRECTOR 2.00	0.	0.	0.
DENNIS WHIPPLE	DIRECTOR 2.00	0.	0.	0.
PHILIP YOUNG	DIRECTOR 2.00	0.	0.	0.
VERONICA ANN ZABALA-ALIBERTO	DIRECTOR 2.00	0.	0.	0.

NAT	TONAL SPACE SOCIETY				23-7417	411
LYNNE	ZIELINSKI	DIRECTOR 2.00		0.	0.	0.
TOTAL	s included on form	990, PART V-A	10	7,417.	0.	0.
FORM	990 LIST	OF STATES RECEIVIN		ETURN	STATEMENT	9
FORM		- RELATIONSHIP OF MPLISHMENT OF EXEME		то	STATEMENT	10
LINE		LATIONSHIP OF ACTIV				
93A 93B 94 103B	MAGAZINE PUBLICAT MEMBER DUES RECEI	UCATE MEMBERS ON SE ION TO EDUCATE PUBI VED IN EXCHANGE FOR ENUE FROM ACTIVITIE XEMPT PURPOSE.	JIC AND PROMOR MEMBER BEN	OTE SPACE EFITS.	EXPLORATION	Ι.
SCHED	ULE A	OTHER INC	COME		STATEMENT	11
DECOR	TDUTON	2006	2005	2004	2003	,

SCHEDULE A	OTHER INC	OME	S1	TATEMENT 11
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	10,738.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	10,738.	0.	0.	0.