# Form 990

Department of the Treasury Internal Revenue Service

**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 2012

Open to Public Inspection

Α	F	or the 20	012 calend	dar year, or tax year beginning , 2012, and ending				,		
В	С	heck if app	licable:	C		D Employ	er ident	ification Numb	er	
		Address	change	NATIONAL SPACE SOCIETY	T 1	23-	7417	411		
	İ	Name c	hanne	1155 15TH STREET, NW #500	1	E Telepho				
	ŀ	Initial re		WASHINGTON, DC 20005		202	420	1.000		
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		Termina						_		
	ļ	-	ed return			G Gross		\$ 9	34,3	179.
		Applica	tion pending			a group retu			Yes	X No
				SAME AS C ABOVE	(b) Are all	affiliates inc attach a list.	luded?	structions)	Yes	No
1		Tax-exem	pt status	X 501(c)(3) 501(c) ( )    (insert no.) 4947(a)(1) or 527			1000	ou doublio)		
J		Website	e: ► WV	W.NSS.ORG	(c) Group	exemption n	umber •	-		
K		Form of o	rganization:	X Corporation Trust Association Other L Year of Formatio	n: 197	4 M s	State of	legal domicile;	DC.	
	<b>////</b>		Summai					logal dominonor		
3883	-	1 Brie	efly descri	be the organization's mission or most significant activities: THE VISTO	M OF	MCC TO	י ספר	ידד קומי	TTMO	
				KING IN THRIVING COMMUNITIES BEYOND THE EARTH, A	VIII OT	TE LICE	してい	LULE 217 C	ш \ТТ/П	
Activities & Governance	2	DE	CULIDGE MOIT	S OF SPACE FOR THE DRAMATIC BETTERMENT OF HUMAN		1E 02E	SCRE.	TUTE AND	투으로	
12	3			ISSION)	ATTT.	75EE ;	ocur.	הסדיב "ה"	<u>r Or</u>	
Je.	5	-	ck this bo		than 25	% of its n				
ē	3			oting members of the governing body (Part VI, line 1a)			3	cis.		32
02	3			dependent voting members of the governing body (Part VI, line 1b)			4			32
D.	3			of individuals employed in calendar year 2012 (Part V, line 2a)			5			2
7				of volunteers (estimate if necessary)			6			320
C				ed business revenue from Part VIII, column (C), line 12			7 a		2	500.
		<b>b</b> Net	unrelated	business taxable income from Form 990-T, line 34			7 b			500.
	+			· · · · · · · · · · · · · · · · · · ·		rior Year		Curre		
		8 Cor	ntributions	and grants (Part VIII, line 1h)	A CONTRACTOR OF THE PARTY OF TH	557,9	142			374.
Revenue				vice revenue (Part VIII, line 2g)		240,3				136.
Ven				ncome (Part VIII, column (A), lines 3, 4, and 7d)			517.			<del>-50.</del>
Re				le (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			36.			725.
	- 1			e — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		806,4		C		185.
	-			imilar amounts paid (Part IX, column (A), lines 1-3)		000,	170.		20,	100.
	- 1			I to or for members (Part IX, column (A), line 4)						
						<u> </u>		***************************************	07	7.60
9	2			er compensation, employee benefits (Part IX, column (A), lines 5-10)	-	69,6	33.		91,	763.
Expenses		<b>16 a</b> Pro	fessional	fundraising fees (Part IX, column (A), line 11e)		·····				
c c	2	<b>b</b> Tot	al fundrai	sing expenses (Part IX, column (D), line 25) ► 11, 468.						
யி	1	17 Oth	er expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		840,9	954.	8	38.	371.
			17	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		910,5				134.
*	- 1			s expenses. Subtract line 18 from line 12		-104,				949.
ö		10 110		o oxportional designation of the many time of the many ti		ng of Currer		End o		
Assets or	lan	<b>20</b> Tot	al accets	(Part X, line 16)	Degillilli	156,3		5555000 52	and the second	958.
Ass	Ba			es (Part X, line 26)		90,2				541.
Net	Ĕ								-	
				r fund balances. Subtract line 21 from line 20		66,0	067.		65,	417.
23.117	11111			re Block						
Und	der	penalties of	perjury, I dec	lare that I have examined this return, including accompanying schedules and statements, and to the best of arer (other than officer) is based on all information of which preparer has any knowledge.	f my knowle	dge and belie	f, it is tru	e, correct, and		
-	np.		I.	are force that officely is successful information of miles properly into any information						
-			Cianal	ure of officer	Da	ato.				
Si	igi	n	Signau	are of officer						
He	er	е		REDFIELD	TREA	SURER				
_			2.1	r print name and title.		,				
			Print/Type	preparer's name Preparer's signature Date	-1	Check	if	PTIN		
Pa	aid	d	JEFF CO	DRYDON, IV, CPA, CFP PO COLOR CONTINUED COM 7105	113	self-employ	/ed	P0029721	8	
		parer	Firm's nam	E LYDON FETTEROLF CORYDON, P.A.						
U	se	Only	Firm's addr	ess > 9401 KEY WEST AVENUE		Firm's EIN	▶ 52-	-1185156		
				ROCKVILLE, MD 20850		Phone no.		) 948-440	20	
Ma	av	the IRS	discuss th	nis return with the preparer shown above? (see instructions)			,,,,,,	. X Yes	T	No
	-7			we consider the first and the second second second the second sec						

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				ervice Accor response to an			TII				,	X
1		ibe the organiz			y question	III Ulis Fait	111					Δ
•	SEE SCHE	_						· <b></b>				
2				nificant progran								
	Form 990 or	990-EZ?			• • • • • • • •		<i>.</i>			🔲	Yes X	No
				on Schedule O.						_	_	
3	-	nization cease cribe these cha	_	ı, or make signif chedule O.	cant chang	ges in how it	conducts,	any program	services?	📙	Yes X	No
4	Describe the Section 5016	organization's	program s	ervice accomplisizations and sec	shments fo	r each of its	three large	st program s	ervices, as m	neasured	by expens	es,
	others, the to	otal expenses,	and revenu	ue, if any, for ea	ch progran	n service rep	orted.	10 10 10 10 10	amount or gi	una una	anocation.	3 10
4 a	(Code:	) (Exper				ng grants of			) (Revenue	\$	500,4	64.)
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4 b	(Code:	) (Exper				ng grants of			) (Revenue		242,7	87.)
				PROGRAM P								
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4-	Codo	) (Exper	2000 \$		ingludir	ng grants of	<u></u>		) (Revenue	Ċ	· · · · · · · · · · · · · · · · · · ·	,
4 C	: (Code:	) (Exper	ises \$		includir	ig grants or	٣		) (Revenue	۴		<del></del> )
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			. – – – –									- <del></del> -
	1 Other progra	am services (D	escribe in	Schedule (1)								
4 d	Other progra	am services. (D	escribe in S	Schedule O.) including gra	ants of			) (Revenue	\$			
	(Expenses			including gra	ants of \$	3		) (Revenue	\$		) Form 990	

2222	<i></i>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	17 a	Х	
	<b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u></u>	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X	
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	1 990 (	(2012)

Hin.	Statements Regarding Other IRS Fillings and Tax Compilance			r
	Check if Schedule O contains a response to any question in this Part V			
٠.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
]	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь	X	
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
- 1	olf 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
1	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
		, <u> </u>		<del> </del>
	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X	
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
4	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_		Х
	Form 8282?	7с	888888	<u>Α</u>
	If 'Yes,' indicate the number of Forms 8282 filed during the year			<b>W</b>
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?:	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		******	
-	a Did the organization make any taxable distributions under section 4966?	9 a	******	******
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		┼
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<b>###</b>
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		2222
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
				###
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		^
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14b	ı	1

	n 990 (2012) NATIONAL SPACE SCLETY 23-7417411		Ρ	age 6
	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and	for		
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha Schedule O. See instructions.	nges	ın	
	Check if Schedule O contains a response to any question in this Part VI			. X
Sec	ction A. Governing Body and Management			
_			Yes	No
7 8	a Enter the number of voting members of the governing body at the end of the tax year 1 a 32  If there are material differences in voting rights among members	-		
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ī	b Enter the number of voting members included in line 1a, above, who are independent 1b			
2		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	Х
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?SEE.SCHEDULE.O			
		7 a	X	
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	X	
I	b Each committee with authority to act on behalf of the governing body?	86	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Rev		Code	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a	Yes	No
	b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their		X	No
1		10 a 10 b		No
11 a	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 ь	X	No
11 a 1 12 a	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 ь	X	No
11 a 1 12 a	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b 11 a	X	No
11 a 1 12 a 1	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10 b 11 a 12 a	X X X	No
11 a 1 12 a 1	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  SEE SCHEDULE O	10 b 11 a 12 a 12 b	X X X X	No
11	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently, monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  SEE SCHEDULE O  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	10 b 11 a 12 a 12 b	X X X X	No
11 a l l l l l l l l l l l l l l l l l l	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently, monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13	X X X X	No
11 : 12 : 12 : 13 : 14 : 15 :	b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE, SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	10 b 11 a 12 a 12 b 12 c 13 14	X X X X X X	No
11 : 12 : 12 : 13 : 14 : 15 :	b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization. SEE SCHEDULE O.	10 b 11 a 12 a 12 b 12 c 13 14	X X X X X	No
11; 112; 13 14 15	b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization. SEE SCHEDULE O.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	10 b 11 a 12 a 12 b 12 c 13 14	X X X X X X	No
11	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official.  b Other officers of key employees of the organization. SEE SCHEDULE O.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.	10 b 11 a 12 a 12 b 12 c 13 14	X X X X X X	X
11	b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization.  SEE SCHEDULE O.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b	X X X X X X X X X X X X X X X X X X X	
11 i 12 i 13 14 15 i 16 i 16 i 16 i 1	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization. SEE SCHEDULE O.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b	X X X X X X X X X X X X X X X X X X X	
11 i 12 i 13 14 15 i 16 i 16 i 16 i 1	b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official.  b Other officers of key employees of the organization. SEE SCHEDULE O.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation's exempt status with respect to such arrangements?  ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filled   SEE SCHEDULE O.	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a	X X X X X X X	X
11	b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization. SEE SCHEDULE O.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed Form applicable), 990, and 990-T (501(c)(3)s only) avainspection. Indic	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a	X X X X X X X	X
11 i 12: 1 13 14 15 16: 1 16: 1 18	b if Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually Interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor, and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a	X X X X X X X	X
11 i 12 i 12 i 13 14 15 i 16 i 16 i 17 17 17 17 17 17 17 17 17 17 17 17 17	b If Yes,¹ did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official.  b Other officers of key employees of the organization. SEE SCHEDULE O.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Cition C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  SEE SCHEDULE O  Section 6104 requires an organization to make its Fo	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a 16 b	X X X X X X X	X

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Form <b>990</b> (2012)	NATIONAL	מסארדי	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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23-7417411

Page 7

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Level							•			
				(C	;)	-				
(A) Name and Title	(B) Average hours per week (list	one bo	ox, ùn er an	iless r	perso	k more than on is both an or/trustee)		(D)  Reportable compensation from	(E) Reportable compension from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HUGH DOWNS	2									
BOG CHAIRMAN	0	X		X				0.	0.	0.
(2) KIRBY IKIN BOD CHAIRMAN	2 0	x		x				0.	0,	0.
(3) PAUL E. DAMPHOUSSE	40									
EXECUTIVE DIREC	0	X		X				90,000.		0.
(4) KEN MONEY PRESIDENT	3	x		х				0.	0.	0.
(5) GARY BARNHARD	8		П							
VP AT-LARGE	7	† X		Х				4,562.	0.	0.
(6) MARK HOPKINS	8									_
CHAIR EXEC COMM	0	X		X				0.	0.	0.
(7) ROBBY GAINES	8	1								
VP DEVELOPMENT	0	X		X				0.	0.	0.
(8) DAVID STUART	8	1								
VP MEMBERSHIP	0	X		X				0.	0.	0.
(9) CANDACE PANKANIN	8	ļ							_	_
VP CHAPTERS	0	X	_	Х			_	0.	0.	0.
(10) BILL GARDINER	8	٠,,		١.,					•	
SECRETARY	8	X	$\vdash$	X			-	0.	0.	0.
(11) JOE REDFIELD TREASURER	<del></del>	<b>₩</b>		Х				0.	0.	_
(12) ED BURNS	8	X	-				$\vdash$	0.	U	0.
ASST TREASURER	0	<u>x</u>		х				0.	0.	0.
(13) JOSH POWERS	16_	1								
SENIOR VP	0	X		X			<u> </u>	0.	0.	0.
(14) SHERRY BELL	2	1							_	_
ASST SECRETARY	0	X		X				0.	0.	0.

Section A. Officers, Directors, Trust		y Er	npic		<del></del>	anc	1 H	ignest Comper	isated Employee	es (cont)
	(B)			(C	-					
(A)	Average	(do	not ch	Posi	ition more	e than	one	(D)	(E)	<b>(F)</b>
Name and title	hours per	box.	unles er and	s pe	rson	is bott	h an	Reportable	Reportable	Estimated
	livionia							compensation from the organization	compensation from related organizations	amount of other compensation
	hours	탈	똴	Officer	<u>چ</u>	활활	1	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	<u> </u>	8	열	Key employee	oyer is	亞			and related organizations
	organiza - tions	2 2	표		Ş	ğ				-/34/11222/12
	(list any hours for related organiza - tions below dotted line)	is is	nstitutional trustee		ö	ĕ				
	line)	G	8			Highest compensated employee				
(15) LYNNE ZIELINSKI		-	$\vdash$			ļ				
VP PUBLIC AFFAI	$-\frac{2}{0}$	X		x				0.	•	•
(16) RICK ZUCKER	0.	0.								
EXECUTIVE VP	0.	0.								
(17) MAC CANTER, ESQ	0.1								_	_
GENERAL COUNSEL	0	X		X				0.	0.	0.
(18) PAT MONTOURE	2_	]								
DEPUTY ASST SEC	0	X		Х	_	L		0.	0.	0.
(19) DALE AMON	2_	]		- 1						
DIRECTOR	0	X						0.	0.	0.
(20) HOWARD BLOOM	2									
DIRECTOR	0	] X						0.	0.	0.
(21) CHRISTOPHER D. CARSON	2									· · · · · · · · · · · · · · · · · · ·
DIRECTOR	0	X				1		0.	0.	0.
(22) DAVID BRANDT-ERICHSEN	2					$\Box$				
DIRECTOR	1 - <del>5</del> -	X						0.	0.	0.
(23) ANITA GALE	2						┢			<u> </u>
DIRECTOR	- <del>-</del> -	X						0.	0.	0.
(24) BRADLEY CHEETHAM	2		$\vdash$	$\dashv$		<del>                                     </del>				0.
DIRECTOR	1-5-	X	1 1					. 0.	0.	^
(25) AL GLOBUS	2	-	⊢⊹				├		U.	0.
DIRECTOR	-5-	X						0.	0	•
1 b Sub-total	<u>_</u>		ll.				<u> </u>	94,562.	0.	0.
c Total from continuation sheets to Part VII, Section					• • •		▶		0.	0.
					• • •		· •	0.	0.	0.
d Total (add lines 1b and 1c)								94,562.	0.	0.
2 Total number of individuals (including but not limite	ea to 100:	58 115	ieu a	3DO\	ve)	wno	rece	erved more than \$	100,000 of reportab	ie compensation
from the organization   0										157 1
										Yes No
3 Did the organization list any former officer, directo	r or trust	ee, k	ey e	mpi	oye	e, or	hig	phest compensate	d employee	3 Y
on line 1a? If 'Yes,' complete Schedule J for such	ınaıvıauz	<i>11</i>		• • •	• • •				•••••	.   3   Х
4 For any individual listed on line 1a, is the sum of re	eportable	con	pens	satio	oņ a	and c	the	r compensation fr	om	
the organization and related organizations greater such individual.	than \$15	50,00	0? <i>If</i>	'Ye	s'c	omp.	iete	Schedule J for		. 4 X
				• • •						Δ Δ
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compens complet	ation	n fron hedu	nar <i>le l</i>	ny L I for	inrela Such	atec	l organization or ir Preon	ndividual	. 5 X
Section B. Independent Contractors	oompic:	00,	7000	,,,,		0001	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************	
1 Complete this table for your five highest compensation	ted inde	pend	ent c	cont	rac	tors t	hat	received more that	an \$100,000 of	
compensation from the organization. Report comp	ensation	for ti	he ca	len	dar	year	en	ding with or within	the organization's	tax year.
<b>(A)</b> Name and business addre								(B)		(C)
Name and business addre	955							Description à	of services	Compensation
SILVER MARKETING, INC 7910 WOODMONT AVE, ST	E 914 H	BETH	ESDA	1, 1	MD	2081	.4	PRINTING/MAIL	INGS	304,102.
AMS 1155 15TH STREET, NW, SUITE 500 WASHINGTON, DC 20005 MANAGEMENT & ADMIN 110,824.										
2 Total number of independent contractors (including	-	iimit	ed to	the	se	listed	dab	ove) who receive	d more than	
\$100,000 in compensation from the organization	2									
DAA										- 222 (224)

# Form 990

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

23-7417411

NATIONAL SPACE SOCIETY Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees							<u>-</u>		-	
(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average					hat app		Reportable compensation from	Reportable compensation from	Estimated
	hours per	Individual trustee or director	institutional trustee	Officer	Key employee	불분	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount of other compensation from the
	(list any hours for	覆호	Ē	cer	em	yoy est	渡	(W-2/1039-WISC)	(W-2/1099-MISC)	organization
	related	[한 <u>화</u>	omal		ploy	e Ca			ľ	and related organizations
	organiza- tions below	Ř	돐		89	pen				
	dotted line)	8	8			Highest compensated employee				
ALICE M. HOFFMAN	2	ļ	-	_			├─			
DIRECTOR	0	Х		'				0.	0.	0.
KAREN MERMEL	2	<u> </u>		_						<u></u>
DIRECTOR	0	Х						0.	0.	0.
JEFFREY LISS	2									
DIRECTOR	0	X						0.	0.	0.
BRUCE PITTMAN	2		$\vdash$		<del> </del>					
DIRECTOR	- <del></del>	x						ó.	0.	0.
PETER J. SCHUBERT	2			_	<del> </del>					<u> </u>
DIRECTOR		x						0.	0.	0.
JOHN SPENCER	2	<del> </del> -		<del> </del>	<del>                                     </del>	<del> </del>	_			
DIRECTOR		х						0.	0.	0.
CHRISTOPHER STONE	2					<del> </del> -	-	•		<u></u>
DIRECTOR		Х		l				0.	0.	0.
VERONICA A ZABALA-ALIBERTO	2	_ <u>^</u> _	-	-	-	<u> </u>	<del></del>	0.	V.	V.
DIRECTOR		Х		İ				0,	0.	0.
STAN ROSEN	2		-			<b></b>	├	0.	0.	<u> </u>
DIRECTOR ·		x						0.	0.	0.
JOHN K. STRICKLAND JR.	2		-	<u> </u>			├	0.	0.	0.
DIRECTOR		Х		ļ				0.	0.	0.
LARRY AHEARN	2	Δ	├-				├	0.	V.	<u> </u>
DIRECTOR		x	l				ļ	0.	0.	0.
JESSE S. CLARK	2	<u> </u>	-		-		┢	0.	U.	U.
DIRECTOR		x	1			ļ	ļ	0.	0.	0.
DIRECTOR	<del>                                     </del>	<u> </u>	┝			_		0.	U.	<u> </u>
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									F	orm 990 Cont 2012

		0 (2012) NATIONAL		OC:	ETY			23-7417411	Page 9
Pai	t VI	Statement of Rev Check if Schedule O		esno	onse to any questi	on in this Part VIII			Π
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a b	Federated campaigns  Membership dues  Fundraising events		1 a 1 b	22,992. 280,486.				
IONS, GIFI R SIMILAR	d	Related organizations Government grants (contributi		1 d 1 e					
ONTRIBUT AND OTHE	f g	All other contributions, gifts, q similar amounts not included Noncash contributions include	above	1 f	371,896.				
		Total. Add lines 1a-1f		<u></u>		675,374.			
PROGRAM SERVICE REVENUE				L	Business Code				
Æ	2a	CONFERENCE			511430	155,073.	155,073.		
3	b	MEMBER SERVICE:	<u>s</u>		511710	93,495.	93,495.		
E.	С	MAGAZINE		[	511710	568.	568.		
S	d	l							
HA.	е	·							
õ	f	All other program service					MA CHALLES HARRISH CONTROLS	Proceedings of the State Community	Anta a referencia (Bagin e V. V. V.
	g	Total. Add lines 2a-2f				249,136.			
	3	Investment income (incother similar amounts). Income from investment	. <b></b>		,,,,,,,,,,,,,, <b>,</b>	944.			944.
	4 5	Royalties				1 102	1 100		
	9	Noyanies	(i) Real		(ii) Personal	1,103.	1,103.	NEORS AND SERVE OF SERVE	Processor management (27)
	6 2	Gross rents	(77100)		(ii) i diddiidi				
		: Rental income or (loss)	rental expenses						
		` '. ' <u></u>							
		- 1	(i) Securitie		(ii) Other		DANGE TERRETARI	sa calesques accessos escribiros	Made active to Affire Control of the
	7 a	a Gross amount from sales of			(ii) Outer			Carling and the	
		assets other than inventory.	5,0	<u>uu.</u>				Barra San San San San San San San San San Sa	
		Less: cost or other basis and sales expenses:	5,9						
	-	: Gain or (loss) I Net gain or (loss)		94.	<u> </u>			200	
ш		Gross income from fund				-994.			-994.
OTHER REVENUE		(not including. \$	-						
亞		Less: direct expenses.							
5		: Net income or (loss) from							
		Gross income from gan See Part IV, line 19	ning activitie	·s.					
	, h	Less: direct expenses.							
	1	: Net income or (loss) from							
		-							
		Gross sales of inventor and allowances Less: cost of goods sol		a					
	1	-			L				
	<u>c</u>	: Net income or (loss) fro Miscellaneous Reven		rivel	Business Code			one of the second	CHAPAGNADAS ARCACA DEST.
	11 -	·		+.		2 500		2 500	
		ADVERTISING			541800	2,500.	100	2,500.	<u> </u>
	b				511710	122.	122.		
	۲ 0	All other revenue			·		<del> </del>		
	-	Total. Add lines 11a-11		L		2 (22		l Topical description	
		Total revenue. See inst				2,622.	250 261	2 500	######################################
	12	i otal feveriue. See Inst	u ucuon5,			928,185.	250,361.	2,500.	· -50.

# Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Check if Schedule O contains a response to any question in this Part IX												
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21												
2	Grants and other assistance to individuals in the United States. See Part IV, line 22												
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.												
4	Benefits paid to or for members												
5	Compensation of current officers, directors, trustees, and key employees	90,000.	78,750.	6,750.	4,500.								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.								
7	Other salaries and wages												
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)												
9	Other employee benefits												
10	Payroll taxes	7,763.	6,792.	582.	389.								
	Fees for services (non-employees):	,											
E	Management	96,372.	84,326.	7,228.	4,818.								
	Legal	2,867.	2,509.	215.	143.								
	: Accounting	17,830.	15,601.	1,337.	892.								
	i Lobbying												
•	Professional fundraising services. See Part IV, line 17												
	Investment management fees												
g	Other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0)												
12	Advertising and promotion	3,000.		3,000.									
13	Office expenses	68,197.	42,358.	25,839.									
14	Information technology	14,072.	13,667.	405.	· · · · · · · · · · · · · · · · · · ·								
15	Royalties												
16	Occupancy												
17	Travel	14,151.	459.	13,692.									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials												
19	Conferences, conventions, and meetings	259,554.	259,937.	-383.									
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	537.		537.									
23		7,185.	6,287.	539.	359.								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)												
a	PRINTING AND PUBLICATIONS	142,837.	- 141,919.	551.	367.								
	POSTAGE AND SHIPPING	104,843.	100,930.	3,913.									
	PROJECTS	56,689.	56,689.										
	BAD DEBT EXPENSE	10,890.		10,890.									
	All other expenses	39,347.	19,636.	19,711.									
25	Total functional expenses. Add lines 1 through 24e	936,134.	829,860.	94,806.	11,468.								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)												
BAA		TEFA01101 12	7777		Form <b>990</b> (2012)								

Balance Sheet

BAA

Form 990 (2012)

Check if Schedule O contains a response to any question in this Part X..... (A) Beginning of year (B) End of year Cash — non-interest-bearing. 1 Savings and temporary cash investments..... 2 2 42,857 86,922 Pledges and grants receivable, net..... 3 3 Accounts receivable, net..... 41,595 4 25,463 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 7 Notes and loans receivable, net ..... Inventories for sale or use..... 8 Prepaid expenses and deferred charges...... 1,046. 9 233. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a .612. 537. 10 c 1,075. Investments - publicly traded securities..... 70,803 11 72,265. Investments -- other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 15 16 Total assets. Add lines 1 through 15 (must equal line 34).... 16 156,301 185,958. Accounts payable and accrued expenses ...... 17 17 29,956 64,325 18 18 Grants payable..... 19 Deferred revenue..... 46,978 19 43,216. Tax-exempt bond liabilities ..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 ABILITIES Loans and other pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties ..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D... 25 13,300 13,000. 26 26 Total liabilities. Add lines 17 through 25 ..... 90.234. 120,541. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete F lines 27 through 29, and lines 33 and 34. Unrestricted net assets ..... 27 66,067. 27 65,417. Temporarily restricted net assets, ..... 28 Permanently restricted net assets..... 29 R Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 BALANCES Retained earnings, endowment, accumulated income, or other funds ...... 32 33 Total net assets or fund balances..... 66,067. 33 65,417. Total liabilities and net assets/fund balances..... 34 156,301. 34 185,958.

		3-7417411		Page 12
	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	.   1		28,185.
2	Total expenses (must equal Part IX, column (A), line 25)		9:	36,134.
3	Revenue less expenses. Subtract line 2 from line 1			-7,949.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	(	66,067.
5	Net unrealized gains (losses) on Investments	1 1		7,299.
6	Donated services and use of facilities	. 6		
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
2000000	column (B))	.   10		65, <u>417.</u>
	Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			П
	,			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
	in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both;	ed on a		
	<u> </u>			
	Separate basis Consolidated basis Both consolidated and separate basis	1		
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		26	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate		
	X Separate basis Consolidated basis Both consolidated and separate basis			
		Man a salid	******	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	e Single		
	Audit Act and OMB Circular A-133?		3a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re	quired audit		
-	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
BA	<b>L</b>		Form	990 (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Total

Puric Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Respection

Schedule A (Form 990 or 990-EZ) 2012

Employer identificati

NATIONAL SPACE SOCIETY 23-7417411 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĥ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 c Type III - Functionally integrated a | Type I b | Type II Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... 11 g (i) A family member of a person described in (i) above?.... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) is the ganization in (vii) Amount of monetary organization ... column (i) organized in the U.S.? support your governir document? verning Yes No Yes No Yes No (A) (B) (C) (D) **(E)** 

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

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	705,738.	584,235.	600,105.	557,942.	675,374.	3,123,394.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	705,738.	584,235.	600,105.	557,942.	675,374.	3,123,394.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,163.
	Public support. Subtract line 5 from line 4						3,112,231.
Sec	tion B. Total Support						pr. ************************************
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	705,738.	584,235.	600,105.	557,942.	675,374.	3,123,394.
.8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,987.	9,908.	8,377.	8,127.	1,053.	41,452.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					. 900.	900.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE FART IV	8,862.	16,864.	225.	26.	122.	26,099.
11	Total support. Add lines 7 through 10						3,191,845.
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	987,330.
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 20						97.51%
	Public support percentage from 2		•			L	96.62%
	33-1/3% support test 2012. If the and stop here. The organization						
h	33-1/3% support test - 2011. If the and stop here. The organization	ne organization did qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization	, and line 15 is 33	-1/3% or more, ch	neck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	st — 2012. If the or meets the 'facts-ar -and-circumstance	ganization did no nd-circumstances es' test. The organ	t check a box on ' test, check this t nization qualifies a	line 13, 16a, or 16 box and <b>stop here</b> as a publicly supp	ib, and line 14 is 1 • Explain in Part I orted organization	10% V how 1►
	o 10%-facts-and-circumstances tea or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	' test, check this t tion qualifies as a	oox and stop here publicly supporte	. Explain in Part l' d organization	V how the ►
	riivate ioutiuation. Il tile organiz	.addi i did NOL CNEC	n a box on line is	J, 10a, 10D, 17a, 1	·		لبا
Baa					Sch	nedule A (Form 99	90 or 990-EZ) 2012

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis-				<del>                                     </del>		
_	sions, merchandise sold or						1
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose Gross receipts from activities			·			
3	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						:
	either paid to or expended on		·				
5	its behalf The value of services or			<del></del>	<del> </del>	<del> </del>	
	facilities furnished by a governmental unit to the				1		
	organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
Ŀ	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
· c	Add lines 7a and 7b				· · · · · · · · · · · · · · · · · · ·		
8	Public support (Subtract line						
	7c from line 6.)						
	tion B. Total Support	4 1 0000	41.0000	4 5 0010	415 6014	110010	
('alon	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		(4) 2000	(-)		<del> </del>		(i) Total
9	Amounts from line 6	(4) 2000	(-)			(7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	() Total
9	Amounts from line 6 Gross income from interest, dividends, payments received	(4) 2000	(.,)=====				() Total
9	Amounts from line 6	(4) 2555	(2) 2000				() rotal
9 10 a	Amounts from line 6	(4) 2000	(5)2000				() Total
9 10 a	Amounts from line 6	(4) 2000	(7200				() Total
9 10 a	Amounts from line 6	(4) 2000	(7200				() Total
9 10 a	Amounts from line 6	(4) 2500	(7200				() Total
9 10 a	Amounts from line 6	(4) 2000	(7200				(y) Total
9 10 a	Amounts from line 6	(4) 2300	(7200				(y) Total
9 10 a	Amounts from line 6		(7200				(y rotal
9 10 a	Amounts from line 6	(4) 2300	(7200				() Total
9 10 a	Amounts from line 6		(7200				(y rotal
9 10 a 11	Amounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						(y) Total
9 10 a 11 12	Amounts from line 6						
9 10 a 11 12	Amounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	s for the organiza	tion's first second	1 third fourth or	fifth tay year as a	section 501(c)(3)	
9 10 a 11 12 13 14	Amounts from line 6	s for the organiza stop here	tion's first, second	i, third, fourth, or	fifth tax year as a	section 501(c)(3)	
9 10 a 11 12 13 14	Amounts from line 6	s for the organiza stop here 	tion's first, second  Percentage  (f) divided by line	i, third, fourth, or	fifth tax year as a	a section 501(c)(3)	► □
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6	s for the organiza stop here iblic Support I 12 (line 8, column 2011 Schedule A,	tion's first, second  Percentage  (f) divided by line  Part III, line 15	i, third, fourth, or	fifth tax year as a	a section 501(c)(3)	
9 10 a 11 12 13 14 Sec 16 Sec	Amounts from line 6	s for the organiza stop here iblic Support 12 (line 8, column 2011 Schedule A, vestment Inco	tion's first, second Percentage (f) divided by line Part III, line 15 me Percentag	i, third, fourth, or	r fifth tax year as a	a section 501(c)(3)	
9 10 a 11 12 13 14 Sec 17	Amounts from line 6	s for the organiza stop here	tion's first, second  Percentage  (f) divided by line Part III, line 15  me Percentag  column (f) divided	a, third, fourth, or a 13, column (f)).	fifth tax year as a	a section 501(c)(3)	► □
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	s for the organiza stop here	tion's first, second  Percentage  (f) divided by line Part III, line 15  me Percentag  column (f) divided e A, Part III, line	a, third, fourth, or a 13, column (f)).	fifth tax year as a	a section 501(c)(3)	
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	s for the organiza stop here iblic Support 12 (line 8, column 2011 Schedule A, vestment Inco or 2012 (line 10c, rom 2011 Schedul the organization of	tion's first, second  Percentage (f) divided by line Part III, line 15  me Percentag column (f) divided e A, Part III, line tid not check the I	e 13, column (f)).  e 13, column (f)).  e by line 13, column (f)	r fifth tax year as a	15 16 17 18 than 33-1/3%, and	% % % % % % % % % % % % % % % % % % %
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Public support percentage for 20.  Public support percentage from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Incomputation s for the organiza stop here	tion's first, second  Percentage  (f) divided by line Part III, line 15  me Percentag  column (f) divided e A, Part III, line lid not check the It here. The organi-	e 13, column (f)).  e by line 13, column to cox on line 14, are to qualifies a x on line 14 or lire.	r fifth tax year as a	15 16 17 18 than 33-1/3%, and ted organization. Is more than 33-1/3% and ted organization.	% % % d line 17 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6	s for the organiza stop here  12 (line 8, column 2011 Schedule A, vestment Inco or 2012 (line 10c, rom 2011 Schedul the organization of this box and stop the organization of c, check this box a	tion's first, second  Percentage  (f) divided by line  Part III, line 15  me Percentag  column (f) divided  e A, Part III, line  did not check the because to be the condition of the conditio	e 13, column (f)).  e by line 13, column (f).  box on line 14, ar attended to the column of the colu	mn (f))	15 16 17 18 than 33-1/3%, and ted organization. is more than 33-1/3% supported organization organization.	% % % % % % % % % % % % % % % % % % %

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# SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

<b>NATIONAL SPAC</b>	E SOCIETY
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23-7417411

PART II	I INF 10	- OTHER	INCOME
FARI II.		~ • • • • • • • • • • • • • • • • • • •	HIVOINE

NATURE AND SOURCE	2012	2011	2010	2009	2008
OTHER INCOME TOTAL	\$ 122.	\$ 26.	\$ 225.	\$ 16,864.	\$ 8,862.
	\$ 122.	\$ 26.	\$ 225.	\$ 16,864.	\$ 8,862.

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2012

Name of the organization		Employer identification number
NATIONAL SPACE SOCIETY		23-7417411
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a p	private foundation
•	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ite foundation
	501(c)(3) taxable private foundation	
	To 149/64 minus button	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	**************************************
, ,	•	and Dula Contractions
Note. Only a section 501(c)(/), (8), or (10) orga	nization can check boxes for both the General Rule and a Sp	ecial Rule. See Instructions.
General Rule		
For an organization filing Form 990, 990-EZ contributor. (Complete Parts I and II.)	, or 990-PF that received, during the year, \$5,000 or more (in	n money or property) from any one
contributor. (Complete Parts I and II.)		
Special Rules		
X For a section 501(c)(3) organization filing F	orm 990 or 990-EZ that met the 33-1/3% support test of the re	egulations under sections
(2) 2% of the amount on (i) Form 990, Part	from any one contributor, during the year, a contribution of t VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and	le greater of (1) \$5,000 or
total contributions of more than \$1,000 for the prevention of cruelty to children or anim	ation filing Form 990 or 990-EZ that received from any one couse exclusively for religious, charitable, scientific, literary, or	educational purposes, or
		to the state of th
contributions for use exclusively for religious	ation filing Form 990 or 990-EZ that received from any one co s, charitable, etc, purposes, but these contributions did not to	otal to more than \$1,000.
If this box is checked, enter here the total of	contributions that were received during the year for an <i>exclus</i> , unless the <b>General Rule</b> applies to this organization because	ivelv religious, charitable, etc.
	5,000 or more during the year	
religious, charitable, etc, contributions of \$	or more during the year	Y
Caution: An organization that is not covered by the General I	Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 900-EZ, or	990-PF) but it must
meet the filing requirements of Schedule B (Fo	the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990 rm 990, 990-EZ, or 990-PF).	-rr, to certify that it goes not
BAA For Paperwork Reduction Act Notice, se		(Form 990, 990-EZ, or 990-PF) (2012)
or 990-PF.		( 5 555) 556 12, 6, 556 ( ) (2012)

$\sqrt{c}$	1 m			
Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2)		Page	<b>1</b> of	1 of Part
Name of organization		Employe	identification nu	mber
NATIONAL SPACE SOCIETY		23-74	117411	
Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.			

		· · · · · · · · · · · · · · · · · · ·	<u> </u>
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCHAFER CORPORATION		Person X
	321 BILLERICA ROAD	\$25,000.	Payroll Noncash
	CHELMSFORD, MA 01824		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SPACE CANADA		Person X
	141 DUKE STREET EAST	\$17,500.	Payroll Noncash
	KITCHENER, ONTARIO N2H 1A6 CANADA	<u> </u>	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN R KLUGH 1990 TRUST		Person X
<del></del>	834 22ND ST	\$ 150,000.	Payroll Noncash
	SANTA MONICA, CA 90403		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>			Person Payroll
			(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
		-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II if there is a noncash contribution.)

1 to 1 of Part II

NATIONAL SPACE SOCIETY

Employer identification number 23-7417411

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>		\$	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	

chedule B	(Form 990, 990-EZ, or 990-PF) 2)			Page 1 to 1 of Part II  Employer identification number
ANOITAN	AL SPACE SOCIETY			23-7417411
	Exclusively religious, charitable, etc, organizations that total more than For organizations completing Part III, enter t contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states	\$1,000 for the year, Compl	ete columns (a	) through (e) and the following line entry
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
'				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	rui pose oi giit	USE OF GITC		Description of now gift is field
	Transferee's name, addres	(e) Transfer of gift ame, address, and ZIP + 4 Relationship of transferor to transfere		ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
······································				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
BAA	<u> </u>		L	dule <b>B</b> (Form 990, 990-F7, or 990-PF) (20

### SCHEDULE C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service A sell to the second state of the state of the second state of the

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B,

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

 Section 527 organizations: Complete Part I-A only. If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization NATIONAL SPACE SOCIETY 23-7417411 Rate #4 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures. 3 Volunteer hours ..... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955..... 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955...... 0. 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?..... No 4a Was a correction made?.... b If 'Yes,' describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . . . Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... Total exempt function expenditures. Add lines 1 and 2, Enter here and on Form 1120-POL,

(a) Name	(b) Address	(c) EIN .	(d) Amount paid from filing organization's funds. If none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

4 Did the filing organization file Form 1120-POL for this year? .....

Schedule C (Form 990 or 990-EZ) 2012

Complete if the section 501(	ne organization is ( h)).	exempt under section	n 501(c)(3) and filed	Form 5768 (election	under
A Check ► ☐ if the filin	g organization belongs	to an affiliated group (ar	nd list in Part IV each aff	iliated group member's r	name,
·		are of excess lobbying e	•		
B Check ► if the filin	g organization checked	i box A and 'limited contr	ol' provisions apply.		
(The term	Limits on Lobbying 'expenditures' means	Expenditures amounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	•		· ·		
<b>b</b> Total lobbying expenditu		- ·			
c Total lobbying expenditu				0.	0.
d Other exempt purpose e  e Total exempt purpose ex	•		<del>1</del>	936,134. 936,134.	
, , ,			<del> </del>	930,134.	0.
f Lobbying nontaxable am both columns		it from the following table		165,420.	
If the amount on line 1e, colu	mn (a) or (b) is: Th	e lobbying nontaxable ar	nount is:		
Not over \$500,000	209	% of the amount on line 1e.			
Over \$500,000 but not over \$1,4		0,000 plus 15% of the excess o			
Over \$1,000,000 but not over \$		5,000 plus 10% of the excess of	992		
Over \$1,500,000 but not over \$		5,000 plus 5% of the excess over	er \$1,500,000.		
g Grassroots nontaxable a		000,000. ne 1f)		41,355.	0
h Subtract line 1g from line	•	•	<del> </del>	41,355.	<u> </u>
Subtract line 1f from line			<del></del>	0.	0.
j If there is an amount otr section 4911 tax for this	ner than zero on either year?	line 1h or line 1i, did the	organization file Form 4	720 reporting	Yes No
		Year Averaging Period U			
(Sor		nade a section 501(h) ele below. See the instructio			
			<del>_</del>	2f.)	
	Lobbyin	g Expenditures During 4	<del>_</del>	:f.)	
Calendar year (or fiscal year beginning in)	Lobbyin (a) 2009	g Expenditures During 4 (b) 2010	<del>_</del>	(d) 2012	(e) Total
		<b>(b)</b> 2010	-Year Averaging Period	<u> </u>	(e) Total 636,473.
year beginning in)  2 a Lobbying non-taxable	(a) 2009	<b>(b)</b> 2010	-Year Averaging Period (c) 2011	(d) 2012	636,473.
year beginning in)  2 a Lobbying non-taxable amount	(a) 2009	<b>(b)</b> 2010	-Year Averaging Period (c) 2011	(d) 2012	
year beginning in)  2 a Lobbying non-taxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))	(a) 2009	<b>(b)</b> 2010	-Year Averaging Period (c) 2011	(d) 2012	636,473. 954,710.
year beginning in)  2 a Lobbying non-taxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures d Grassroots nontaxable	(a) 2009 151,280.	(b) 2010 158,185.	-Year Averaging Period (c) 2011 161,588.	(d) 2012 165,420.	636,473. 954,710.
year beginning in)  2 a Lobbying non-taxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount	(a) 2009 151,280.	(b) 2010 158,185.	-Year Averaging Period (c) 2011 161,588.	(d) 2012 165,420. 41,355.	636,473. 954,710. 0. 159,118.

Schedule C (Form 990 or 990-EZ) 2012 NATIONAL PACE SOCIETY			7411
Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	d For	m 57	68
	(a	)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	P

	(8	1)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)?			
c Media advertisements?	1		
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 similar means?			
i Other activities?	,		
j Total. Add lines 1c through 1l			4
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912	100000000000		
c if 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	3232240300		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	01(c)(5	), or	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?,			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5	), or	section 501(c)
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b	) Part	III-A,	line 3, is
answered 'Yes.'	:		
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year		2 b	
c Total		2c	
<ul> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess</li> </ul>		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police.	tical		
expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	art II-A (	(affiliat	ted group list);
artify into 2, and rate of into 177100, somptote the parties ary additional information			
			· <b></b>
			· <b></b>

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate Instructions.

OMB No. 1545-0047

Name	of the organization				Employer identification number
NA]	IONAL SPACE SOCIETY	Edward Oblan Ch			23-7417411
	Organizations Maintaining Donor Ad the organization answered 'Yes' t	to Form 990 Part IV li	milar Funds of Acc	ounts. (	complete if
	the organization answered res i	(a) Donor advised		<i>(</i> <b>b</b> ) 5	in the second of
4	Tatal number of and of year	(a) Donor advised	Tunas	(D) F	unds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4		<del></del>			
5	Did the organization inform all donors and donor are the organization's property, subject to the organization.	erganization's exclusive legal	control?		Yes No
6 	Did the organization inform all grantees, donors for charitable purposes and not for the benefit cimpermissible private benefit?				Yes No
	Conservation Easements. Comp	lete if the organization	answered 'Yes' t	to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all the	nat apply).		
	Preservation of land for public use (e.g., re	creation or education)	13		ally important land area
	Protection of natural habitat		Preservation of a	certified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation	on contribution in the	********	
				manner .	Held at the End of the Tax Year
	a Total number of conservation easements			2a	
	Total acreage restricted by conservation easem			2 b	
(	: Number of conservation easements on a certific	ed historic structure included	I in (a)	2 c	
(	Number of conservation easements included in structure listed in the National Register			2 d	
3	Number of conservation easements modified, to tax year ►	ransferred, released, extingu	ished, or terminated	by the org	ganization during the
4	Number of states where property subject to cor				
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitorir is it holds?	ng, inspection, handlin	ng of viola	tions, Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing	conservation easeme	nts during	the year
7	Amount of expenses incurred in monitoring, ins ▶\$	specting, and enforcing cons	ervation easements d	luring the	year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	the organization's financial	statements that descr	ribes the	organization's accounting for
	Organizations Maintaining Collecti Complete if the organization ans	ions of Art, Historical T wered 'Yes' to Form 99	reasures, or Other 90, Part IV, line 8	r Similar <sup>3</sup> .	Assets.
	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, ed ial statements that describe	ducation, or research these items.	in further	ance of public service, provide,
I	o If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:				
	(i) Revenues included in Form 990, Part VIII,	line 1			►\$
	(ii) Assets included in Form 990, Part X			• • • • • • • •	►\$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or oth 16 (ASC 958) relating to the	er similar assets for fi se items:	inancial g	ain, provide the following
	a Revenues included in Form 990, Part VIII, line	1			►\$

Schedule D (Form 990) 2012 NATI(	ONAL PAC	E SOCIETY	Ţ	23-741	7411	Page 2
Part III Organizations Maintair	ning Collect	ions of Art, Histor	ical Treasures, or Ot	her Similar Assets	(continued	<i>ŋ</i>
3 Using the organization's acquisitinitems (check all that apply):	on, accession			that are a significant us	se of its colle	ection
a Public exhibition		<u> </u>	n or exchange programs			
b Scholarly research		e [ ] Othe	er	<del> </del>		<del></del>
c Preservation for future gener  4 Provide a description of the organ		ections and explain ho	w they further the organi	zation's exempt purpos	e in	
Part XIII.  5 During the year, did the organiza	tion solicit or i	receive donations of a	rt, historical treasures, or	r other similar assets	_	
to be sold to raise funds rather the Escrow and Custodial Arra reported an amount o	nan to be mair ngements. Co	ntained as part of the complete if the organize	organization's collection?. zation answered 'Yes' to		Yes e 9, or	No
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodiar	n, or other intermedian	y for contributions or other	er assets not included	Yes	No
b If 'Yes,' explain the arrangement						
z., .co, c.p.a are arrangement					Amount	
c Beginning balance				1с		
d Additions during the year				1d	•	<del></del>
e Distributions during the year				1е	<del></del>	<del></del>
f Ending balance				1f	<del></del>	
2 a Did the organization include an a						No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. C	Check here if the expla	antion has been provided	in Part XIII		· 🗖
Part V Endowment Funds. Co	mplete if th	ne organization ar	swered 'Yes' to Form	n 990, Part IV, line	10.	
	(a) Curren	t (b) Prior y	ear (c) Two years	(d) Three years	(e) Four	years
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance	<u> </u>	<u></u>				
2 Provide the estimated percentage		nt year end balance (li	ine 1g, column (a)) held a	as:		
a Board designated or quasi-endov		*				
b Permanent endowment	**************************************	_				
c Temporarily restricted endowmer						
The percentages in lines 2a, 2b,	and 2c should	equal 100%.				
3a Are there endowment funds not i organization by:		•			Ye	es No
(i) unrelated organizations						
(ii) related organizations						
b If 'Yes' to 3a(ii), are the related of				• • • • • • • • • • • • • • • • • • • •	. 3b	
4 Describe in Part XIII the intended						
Part VI Land, Buildings, and	Equipmen			T	485	
Description of property		(a) Cost or other bas (investment)	is (b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	k value
1 a Land					<b> </b>	
b Buildings						
c Leasehold improvements			1 610	F07	<b>_</b>	1 075
d Equipment			1,612.	537.	<del> </del>	1,075.
Total. Add lines 1a through 1e. (Column		ual Form 990 Part X	column (B), line 10(c) )	<u> </u>	-	1,075.
BAA	(4) ///401 04				dule <b>D</b> (Form	
<del></del>				30110	V 2111	, <b></b>

3.865.185.385.856.85	Investments - Other Securities. See For	ili 990, rait A, ilie	12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuation end-of-year market	: Cost or value
(1) Financ	ial derivatives			
	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(C) (D) (E)				· · · · · · · · · · · · · · · · · · ·
(E)				· · · · · · · · · · · · · · · · · ·
(F)				
(G)				
(h)				
	(h) and and Fam (00 Bet V arium (B) in 10)			
Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 12.) <b>.</b> Investments — Program Related. See	Form 000 Part V	, line 13. N/A	
[10.645.343.11]	(a) Description of investment type	(b) Book value	(c) Method of valuation	· Coct or
	(a) Description of investment type	(b) Book value	end-of-year market	
(1)				
(2)				
(3)				
(4)				<del></del>
(5)				
(6)				
(7)				
(8)				
(10)				····
	nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX				
		IIDA IA N/A		
			L	(b) Book value
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		scription		(b) Book value
(1)				(b) Book value
(1)				(b) Book value
(1) (2) (3)				(b) Book value
(1)				(b) Book value
(1) (2) (3) (4)				(b) Book value
(1) (2) (3) (4) (5) (6) (7)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) De:	scription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	(a) De.	scription ), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) De.  lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability	scription ), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability eral income taxes	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability eral income taxes	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability eral income taxes	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability eral income taxes	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability eral income taxes	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co (2) OTH (3) (4) (5) (6) (7)	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability eral income taxes	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co (2) OTH (3) (4) (5) (6) (7) (8)	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability eral income taxes	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co (2) OTE (3) (4) (5) (6) (7) (8) (9)	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability eral income taxes	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co (2) OTE (3) (4) (5) (6) (7) (8) (9) (10)	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability eral income taxes	), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (5) (6) (7) (8) (9) (10) (11) (10) (11)	(a) Decomposition (b) must equal Form 990, Part X, column (B)  Other Liabilities. See Form 990, Part  (a) Description of liability  eral income taxes  IER CURRENT LIABILITIES	), line 15.)	00.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co (2) OTF (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Colum	lumn (b) must equal Form 990, Part X, column (B  Other Liabilities. See Form 990, Part (a) Description of liability eral income taxes	3, line 15.)	00.	

INTERNAL REVENUE SERVICE HAS DETERMINED THE SOCIETY IS NOT A "PRIVATE FOUNDATION."

BAA

Schedule D (Form 990) 2012

EXTENT THAT THE REVENUE EXCEEDS RELATED COSTS. NO MATERIAL AMOUNT OF NET UNRELATED

BUSINESS TAXES WAS DUE BY THE SOCIETY AT DECEMBER 31, 2012. IN ADDITION, THE

Schedule D (Form 990) 2012 NATIONAL _PACE SOCIETY  Rank XIII Supplemental Information (continued)	( 23-7417411	Page 5
PART X - FIN 48 FOOTNOTE (CONTINUED)		
THE SOCIETY FOLLOWS THE ACCOUNTING STANDARD ON ACCO	UNTING FOR UNCERTAINTY IN INC	ome
TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER	TAX BENEFITS CLAIMED OR EXPE	CTED
TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN	THE FINANCIAL STATEMENTS. UN	DER
THIS GUIDANCE, THE SOCIETY MAY RECOGNIZE THE TAX BE	NEFIT FROM AN UNCERTAIN TAX	
POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE	E TAX POSITION WILL BE SUSTAIN	NED
ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE	TECHNICAL MERITS OF THE POSIT	ION.
THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEM	ENTS FROM SUCH A POSITION ARE	
MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GR	EATER THAN 50% LIKELIHOOD OF	
BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDAN	ICE ON ACCOUNTING FOR UNCERTAIN	NTY
IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLAS	SIFICATION, INTEREST AND	
PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERI	M PERIODS.	
MANAGEMENT EVALUATED SOCIETY'S TAX POSITIONS AND CO	NCLUDED THAT THE SOCIETY HAD	TAKEN
NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT	TO THE FINANCIAL STATEMENTS TO	0
COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH E	EW EXCEPTIONS, SOCIETY IS NO	
LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.	S. FEDERAL, STATE OR LOCAL TA	<u>x</u>
AUTHORITIES FOR YEARS BEFORE 2010.		
		. <b></b>
		. – – – –

# SCHEDULE L (Form 990 or 990-EZ)

# Transactions With Interested Persons

OMB No. 1545-0047

Chair to Public Propertion

Department of the Treasury Internal Revenue Service ► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification no

Employer Identification number 23-7417411

NATIONAL SPACE										1741				
Part Excess B	enefit Transa the organization	actions (see	ction 5	01(c)(3 orm 990.	3) and Part IV	d section 5 /. line 25a or	01(c)(4) o 25b. or Form	rganiz	ation	s on!	y). le 40b			
(a) Name of disqua			elationship	between d	lisqualifie			escription			10 100	· 1	(d) Corr	ected?
1		person and organization			•				Yes	No				
(1)														
(2)														
(3)														
(4)				**										
(5)		1												
(6)					-			<del></del>						
2 Enter the amount of section 4958										. <b>⊳</b> ġ				
3 Enter the amount of										•				
	and/or From									7				
Complete if the	ne organization an reported an am	iswered 'Yes' or	Form 9	90-EZ, Pa	ige V, lii	ne 38a or Form	n 990, Part IV,	line 26;	or if ti	ne				
									,		, <u></u>			
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	an to or n the ization?	prin	e) Original cipal amount	(f) Balance	e due	(g) ln (	default?	(h) Ap by bo comm	proved ard or alttee?	(i) Wr agreer	itten nent?
	]		То	From	l				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)			1											
(4)			1											
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total						►\$								
Part III Grants or Complete if the	Assistance ne organization ar	Benefiting Iswered 'Yes' or	<b>Intere</b> 1 Form 9	<b>sted</b> P 90, Part I	erson V, line 2	i <b>s.</b> 27.					,,,,,,,,	,,,,,,,,,,,		
(a) Name of interes	ested person	(b) Relationship	between	interested   ization	person	(c) Amount o	of assistance	( <b>d)</b> Тур	e of As	sistance	(6)	Purpose	of assi	stance
(1)														
(2)											-   .	***************************************		
(3)														
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(7)								<u> </u>						
(8)								T		,				
(9)														
(10)														

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

Schedule L (Form 990 or 990-EZ) 2012

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi	aring o
	organization			Yes	nues? No
(1) GARY BARNHARD	VP-AT LARGE	7,000.	IT SERVICES	_	X
(2)					
(3)					
(4)					
(5)					<u> </u>
(6)					<u> </u>
Ø					ļ
(8)					<u> </u>
(9)					-
(10)  Supplemental Information Complete this part to provide additional					
Complete and part to provide addition	ar information for responses to qui		a manucuona).		
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				· · · · · · · ·	

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

NATIONAL SPACE SOCIETY	Employer identification number 23-7417411
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
NSS VISION:	
THE VISION OF MSS IS PEOPLE LIVING AND WORKING IN THRIVING	COMMUNITIES BEYOND THE
EARTH, AND THE USE OF THE VAST RESOURCES OF SPACE FOR THE D	RAMATIC BETTERMENT OF
HUMANITY.	
	100° too 100° Est and 100° too
NSS MISSION:	
THE MISSION OF MSS IS TO PROMOTE SOCIAL, ECONOMIC, TECHNOLO	GICAL, AND POLITICAL
CHANGE IN ORDER TO EXPAND CIVILIZATION BEYOND EARTH, TO SET	TLE SPACE AND TO USE THE
RESULTING RESOURCES TO BUILD A HOPEFUL AND PROSPEROUS FUTUR	E FOR HUMANITY.
ACCORDINGLY, WE SUPPORT STEPS TOWARD THIS GOAL, INCLUDING H	UMAN_SPACEFLIGHT,
COMMERCIAL SPACE DEVELOPMENT, SPACE EXPLORATION, SPACE APPL	ICATIONS, SPACE RESOURCE
UTILIZATION, ROBOTIC PRECURSORS, DEFENSE AGAINST ASTEROIDS,	RELEVANT SCIENCE, AND
SPACE SETTLEMENT ORIENTED EDUCATION.	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR S	SHAREHOLDER
THE NATIONAL SPACE SOCIETY IS A MEMBERSHIP BASED ORGANIZATI	ON
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT (	GOVERNING BODY
THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
MANAGEMENT AND THE BOARD TREASURER DISCUSSED AND REVIEWED T	HE 990 WITH THE
INDEPENDENT ACCOUNTANTS. THE ORGANIZATION THEN PROVIDED A C	OPY OF THE FORM 990 TO
THE BOARD OF DIRECTORS FOR REVIEW AND COMMENTS PRIOR TO FIL	ING.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFOR	CEMENT OF CONFLICTS
NSS HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL O	FFICERS, BOARD MEMBERS,
AND EMPLOYEES. ALL ARE REQUIRED TO SIGN THE CONFLICT OF INT	EREST STATEMENT ANNUALLY.
IF A CONFLICT OF INTEREST WAS DISCLOSED IT WOULD BE ADDRESS	ED AND HANDLED AT THE

Schedule <b>0</b> (Form 990 or 990-EZ) 2012	( Page <b>2</b>
Name of the organization NATIONAL SPACE SOCIETY	Employer identification number 23-7417411
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	G AND ENFORCEMENT OF CONFLICTS (CONTINUED
DISCRETION OF THE EXECUTIVE COMMITTEE.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & API	PROVAL PROCESS - OFFICERS & KEY EMPLOYEES
THE EXECUTIVE COMMITTEE, WITH THE APPROVAL OF THE	E BOARD OF DIRECTORS APPOINTS AND
EMPLOYS THE EXECUTIVE DIRECTOR, AND IS RESPONSIBLE	LE FOR DETERMINING THE TERMS AND
CONDITIONS OF THE EXECUTIVE DIRECTOR'S EMPLOYMENT	T.
FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS	S RETURN IS FILED
AL AK AZ AR CA CO CT FL GA HI IL KS KY ME MD MA	MI MN MS NH NJ NM NY NC ND OH OK
OR PA RI SC TN VA WA WV WI	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUME	ENTS PUBLICLY AVAILABLE
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUES	ST AND THROUGH THE NSS WEBSITE
www.nss.org.	

# NATIONAL SPACE SOCIETY

EIN: 23-7417411

# FORM 990, PART III, LINE 1, ORGANIZATION MISSION: (Continued)

#### **NSS RATIONALE:**

#### A. SURVIVAL — OF HUMAN SPECIES AND EARTH'S BIOSPHERE

IT IS THE NATURE OF EVERY FORM OF LIFE, WHETHER ANIMAL OR PLANT, TO STRIVE TO SURVIVE.

1. SURVIVAL OF THE HUMAN SPECIES

THE HUMAN SPECIES IS ENCOUNTERING INCREASED NATURAL, MAN-MADE, AND EXTRATERRESTRIAL THREATS, INCLUDING DISEASE, RESOURCE DEPLETION, POLLUTION, URBAN VIOLENCE, TERRORISM, NUCLEAR WAR, ASTEROIDS, AND COMETS.

# 2. SURVIVAL OF EARTH'S BIOSPHERE

MANY FORMS OF ANIMAL AND PLANT LIFE ON EARTH ARE SUFFERING INCREASED LOSS OF POPULATION AND QUALITY HABITAT BECAUSE OF THE GROWING PRESENCE OF HUMANS ON PLANET EARTH, VIA EXPANSION, POLLUTION, DEFORESTATION, FISHING, FARMING, MINING, AND PROMOTION OF CERTAIN SPECIES OF ANIMALS AND PLANTS.

SPACE TECHNOLOGY PROVIDES BOTH MEANS TO MONITOR THREATS TO LIFE ON EARTH AND WAYS TO HELP CURTAIL THEM. SPACE INDUSTRIALIZATION AND SETTLEMENT PROVIDE SAFETY VALVES TO RELIEVE THE PRESSURES THAT CAUSE EARTH-BOUND THREATS. THEY ALSO PROVIDE ESCAPE ROUTES IN CASE OF CATASTROPHIC MAN-MADE OR EXTRATERRESTRIAL THREATS. HUMANITY HAS INHERITED THE STEWARDSHIP OF THE PLANET EARTH. IT WILL THEREFORE NEED THE VAST RESOURCES OF OUTER SPACE TO REVERSE THE DAMAGE IT HAS CAUSED TO THE EARTH'S BIOSPHERE, AND ULTIMATELY ENHANCE ALL LIFE ON EARTH.

# B. GROWTH — UNLIMITED ROOM FOR EXPANSION

IT IS THE NATURE OF EVERY FORM OF LIFE, WHETHER ANIMAL OR PLANT, TO GROW AND MULTIPLY.

#### 1. NEW HABITATS FOR LIFE

THE HUMAN SPECIES, AS WELL AS ALL OTHER ANIMAL AND PLANT LIFE ON EARTH, NEED ROOM TO GROW AND MULTIPLY. EARTH HAS A FINITE SUPPLY OF LAND, AIR, AND WATER, FOR WHICH HUMANS, ANIMALS, AND PLANTS MUST COMPETE. OF ALL EARTH SPECIES, ONLY HUMANS HAVE OR CAN ACQUIRE AND UTILIZE THE KNOWLEDGE TO CREATE NEW HABITATS ON OTHER WORLDS OR IN SPACE FROM THE RAW MATERIALS OF MOONS AND ASTEROIDS.

NATIONAL SPACE SOCIETY

# FORM 990, PART III, LINE 1, ORGANIZATION MISSION: (Continued)

# 2. NEW FRONTIERS FOR HUMANITY

TO PROVIDE THE HUMAN SPECIES WITH A NEW "FRONTIER" FOR EXPLORATION AND ADVENTURE, AND TO THOUGHT AND EXPRESSION, CULTURE AND ART, AND MODES OF GOVERNMENT. THE OPENING OF "THE NEW WORLD" TO WESTERN CIVILIZATION BROUGHT ABOUT AN UNPRECEDENTED 500-YEAR PERIOD OF GROWTH AND EXPERIMENTATION IN SCIENCE, TECHNOLOGY, LITERATURE, MUSIC, ART, RECREATION, AND GOVERNMENT (INCLUDING THE DEVELOPMENT AND GRADUAL ACCEPTANCE OF DEMOCRACY). THE PRESENCE OF A FRONTIER LED TO THE DEVELOPMENT OF THE "OPEN SOCIETY" FOUNDED ON THE PRINCIPLES OF INDIVIDUAL RIGHTS AND FREEDOMS. MANY OF THESE RIGHTS AND FREEDOMS ARE BEING PLACED UNDER INCREASINGLY STRINGENT LIMITATIONS AS HUMAN POPULATION GROWS AND HUMANITY MOVES TOWARDS A "CLOSED SOCIETY", WHERE EVENTUALLY EVERYONE EATS THE SAME, SPEAKS THE SAME, AND DRESSES THE SAME. "CULTURES THAT DO NOT EXPLORE, DIE!"

EIN: 23-7417411

# C. PROSPERITY — UNLIMITED RESOURCES

IT IS THE NATURE OF THE HUMAN SPECIES TO STRIVE TO IMPROVE THE QUALITY OF ITS MANY LIVES AND TO PROVIDE A BETTER FUTURE FOR ITS CHILDREN.

# 1. IMPROVED STANDARDS OF LIVING

TO PROVIDE HUMANITY WITH THE RESOURCES IT NEEDS TO IMPROVE THE QUALITY OF LIFE FOR ALL HUMANS ON THE PLANET EARTH. THE MAJORITY OF HUMANITY LIVES AT AN ECONOMIC LEVEL THAT IS FAR BELOW THAT OF THE WESTERN DEMOCRACIES. OUTER SPACE HOLDS VIRTUALLY LIMITLESS AMOUNTS OF ENERGY AND RAW MATERIALS, WHICH CAN BE HARVESTED FOR USE BOTH ON EARTH AND IN SPACE. QUALITY OF LIFE CAN BE IMPROVED DIRECTLY BY UTILIZATION OF THESE RESOURCES AND ALSO INDIRECTLY BY MOVING HAZARDOUS AND POLLUTING INDUSTRIES AND/OR THEIR WASTE PRODUCTS OFF PLANET EARTH.

# 2. ECONOMIC OPPORTUNITY

TO PROVIDE EVERY HUMAN INDIVIDUAL WITH THE OPPORTUNITY TO IMPROVE THE WELL BEING OF HIMSELF OR HERSELF, AND HIS OR HER FAMILY. VAST NEW RESOURCES MUST BE DEVELOPED IF ALL PERSONS ARE TO BE GIVEN ECONOMIC OPPORTUNITIES FOR THEMSELVES AND THEIR CHILDREN EVEN MARGINALLY EQUAL TO WHAT MANY WOULD CONSIDER A MINIMALLY TOLERABLE STANDARD OF LIVING.

# NATIONAL SPACE SOCIETY

EIN: 23-7417411

# FORM 990, PART III, LINE 1, ORGANIZATION MISSION: (Continued)

# 3. TECHNOLOGICAL DEVELOPMENT

TO PROVIDE REMOTE LOCATIONS FOR THE DEVELOPMENT, TESTING, AND "PERFECTION" OF PROMISING, BUT POTENTIALLY HAZARDOUS TECHNOLOGIES, SUCH AS BIOLOGICAL EXPERIMENTATION; NUCLEAR, FUSION, CHEMICAL AND ANTIMATTER POWER GENERATION; AND SPACE PROPULSION. SUCH DEVELOPMENTAL FACILITIES COULD BE PLACED EITHER IN SPACE OR ON OTHER WORLDS FAR FROM BOTH SPACE SETTLEMENTS AND UNRELATED FACILITIES.

# D. CURIOSITY — THE QUEST FOR KNOWLEDGE

IT IS THE NATURE OF THE HUMAN SPECIES TO LEARN MORE ABOUT ITS ORIGINS, ITS PAST, ITS FELLOW LIFE FORMS, ITS ENVIRONMENT, ITS LIMITATIONS, AND ITS POSSIBILITIES FOR THE FUTURE. EARTH IS BUT A TINY CONTAINER OF KNOWLEDGE COMPARED TO THE ENTIRE INCREDIBLY VAST UNIVERSE. "WE ARE PART OF THE UNIVERSE, THROUGH OUR EYES, EARS AND MINDS, THE UNIVERSE MAY KNOW ITSELF."

#### NSS PRINCIPLES:

THESE ARE THE GUIDING PRINCIPLES OF THE NSS BY WHICH WE WILL CONDUCT OUR MISSION IN PURSUIT OF OUR VISION.

#### A. HUMAN RIGHTS

NSS SHALL PROMOTE THE PRINCIPLE OF FUNDAMENTAL RIGHTS OF EVERY HUMAN BEING.

# B. ETHICS

NSS SHALL OBSERVE, PRACTICE, AND PROMOTE ETHICAL CONDUCT.

# C. PRAGMATISM

WITHIN THE BOUNDS OF THESE PRINCIPLES, NSS SHALL PROMOTE AND SUPPORT ANY AND ALL METHODS AND PRACTICES THAT SUPPORT ACHIEVEMENT OF OUR VISION.

# NSS BELIEFS:

WHILE WE CANNOT SAY THAT THE FOLLOWING ARE ABSOLUTELY ESSENTIAL FOR SPACE SETTLEMENT WE BELIEVE AND SUPPORT THE FOLLOWING:

# NATIONAL SPACE SOCIETY

EIN: 23-7417411

# FORM 990, PART III, LINE 1, ORGANIZATION MISSION: (Continued)

#### A. INDIVIDUAL RIGHTS

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S PROSPERITY WILL BE BEST ENSURED, IF EVERY HUMAN BEING IS GIVEN THE FREEDOM OF THOUGHT AND ACTION.

#### B. UNRESTRICTED ACCESS TO SPACE

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S SURVIVAL AND GROWTH WILL BE BEST ENSURED, IF EVERY HUMAN BEING IS ALLOWED THE OPPORTUNITY TO TRAVEL, LIVE, AND/OR WORK IN OUTER SPACE.

# C. PERSONAL PROPERTY RIGHTS

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S SURVIVAL AND GROWTH WILL BE BEST ENSURED, IF EVERY HUMAN BEING IS ALLOWED THE OPPORTUNITY TO OWN PROPERTY IN SPACE AND/OR ON OTHER WORLDS.

# D. FREE MARKET ECONOMICS

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S PROSPERITY WILL BE BEST ENSURED, IF THE "FREE MARKET" DRIVERS OF COMPETITION AND PROFIT USED.

# E. GOVERNMENT FUNDING OF HIGH RISK R&D

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S PROSPERITY WILL BE BEST ENSURED, IF NATIONAL GOVERNMENTS FUND THE RESEARCH AND DEVELOPMENT OF SPACE TECHNOLOGIES DEEMED TOO "HIGH RISK" BY THEIR INDUSTRIES.

## F. INTERNATIONAL COOPERATION

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT WILL OCCUR MOST EFFICIENTLY, AND HUMANITY'S SURVIVAL AND PROSPERITY WILL BE BEST ENSURED, IF NATIONS COOPERATE ON SPACE RESEARCH AND DEVELOPMENT, AND LEAVE COMPETITION TO INDIVIDUAL COMPANIES.

# NATIONAL SPACE SOCIETY

# FORM 990, PART III, LINE 1, ORGANIZATION MISSION: (Continued)

#### G. DEMOCRATIC VALUES

NSS BELIEVES THAT HUMANITY'S GROWTH AND PROSPERITY WILL BE BEST ENSURED IF THE FUNDAMENTALS OF DEMOCRACY ARE APPLIED TO AND INCORPORATED BY SPACE SETTLEMENTS.

EIN: 23-7417411

### H. ENHANCEMENT OF EARTH'S ECOLOGY

NSS BELIEVES THAT ONE OF THE GOALS AND BENEFITS OF SPACE DEVELOPMENT AND SETTLEMENT IS TO RESTORE AND ENHANCE THE BIOSPHERE OF THE PLANET EARTH.

# I. PROTECTION OF NEW ENVIRONMENTS

NSS BELIEVES THAT SPACE DEVELOPMENT AND SETTLEMENT SHOULD BE PURSUED IN A MANNER THAT SAFEGUARDS ALIEN LIFE FORMS, NATURAL WONDERS, AND HISTORICAL MONUMENTS.

#### **NSS FIVE YEAR GOALS:**

- ESTABLISH THE SPACE MOVEMENT AS AN INTERNATIONALLY-RECOGNIZED "MOVEMENT" WITH NSS AS THE LEADER
- ESTABLISH AN INTERNATIONAL CONSENSUS THAT THE VAST RESOURCES OF SPACE WILL BE USED FOR THE DRAMATIC BETTERMENT OF HUMANITY
- ESTABLISH NSS AS THE PREDOMINANT ORGANIZATION SUPPORTING SPACE SETTLEMENT

# **ORGANIZATIONAL OBJECTIVES:**

- 1. IMPROVE THE IDENTITY, EFFECTIVENESS AND VISIBILITY OF THE SPACE MOVEMENT
- 2. PROMOTE ACTIONS WHICH ENABLE SPACE SETTLEMENT AS A SOCIETAL IMPERATIVE
- 3. SUPPORT APPLICATIONS OF SPACE RESOURCES TO CRITICAL TERRESTRIAL NEEDS
- 4. PROMOTE THE RELEVANCE AND VALUE OF SPACE (THE IDEAS IN THE NSS PHILOSOPHY STATEMENT, OUTLINED ABOVE) TO THE PUBLIC, AND ENCOURAGE ITS PARTICIPATION AND SUPPORT
- 5. PROMOTE AND FOSTER THE REMOVAL OF THE BARRIERS TO SPACE SETTLEMENT
- 6. SUPPORT ACTIVITIES WHICH COULD SIGNIFICANTLY REDUCE THE COST OF PUTTING HUMANS INTO SPACE, AND CARGO INTO SPACE AND IN-SPACE TRANSPORT
- 7. SHAPE NATIONAL AND INTERNATIONAL SPACE POLICY TO FURTHER OUR GOALS

(Rev January 2013

. $oldsymbol{arepsilon}$ ation for Extension of Time To $^{t_1}$ **Exempt Organization Return** 

Department of the Treasury Internal Revenue Service File a separate application for each return. OMB No. 1545-1709

 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). Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 23-7417411 NATIONAL SPACE SOCIETY Number, street, and room or suite number. If a P.O. box, see instructions. Social security number (SSN) due date for 1155 15TH STREET, NW #500 City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See instructions WASHINGTON, DC 20005 Enter the Return code for the return that this application is for (file a separate application for each return)...... Application Application Return Return Is For Code Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► NAVISTA, INC. Telephone No. ►202-530-5910 FAX No. ► 202-530-0659 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) 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. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 13 , to file the exempt organization return for the organization named above. 8/15 The extension is for the organization's return for: X calendar year 20 12 or tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending If the tax year entered in line 1 is for less than 12 months, check reason: |Final return Change in accounting period 3a 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 ..... 3a \$ 0. 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 ...... 36\$ 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions...... 3 c 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.