

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)

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning, 2004, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization, number and street, city, town, street, and ZIP code: National Space Society, 1620 I Street NW Suite 615, Washington DC 20006. D Employer identification number: 23-7417411. E Telephone number: 202-429-1600. F Acctg. method: Cash, Accrual, Other (specify)

G Website: www.nss.org. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No.

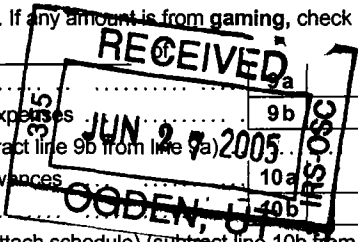
J Organization type (check only one): 501(c)(3), 4947(a)(1) or 527. K Check here if the organization's gross receipts are normally not more than \$25,000. M Check if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 849,692. I Group Exemption Number: 3352.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents; 6 b Less: rental expenses; 6 c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory; 8 b Less: cost or other basis & sales expenses; 8 c Gain or (loss); 8 d Net gain or (loss); 9 Special events and activities; 9 a Gross revenue; 9 b Less: direct expenses other than fundraising expenses; 9 c Net income or (loss) from special events; 10 a Gross sales of inventory, less returns and allowances; 10 b Less: cost of goods sold; 10 c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED JUL 26 2005



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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	90279.	60138.	9299.
26	Other salaries and wages	26	30095.	21695.	7561.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	3728.	3321.	392.
34	Telephone	34	6877.	4027.	2850.
35	Postage and shipping	35	57023.	42450.	771.
36	Occupancy	36			
37	Equipment rental and maintenance	37	5341.	3705.	1636.
38	Printing and publications	38	183246.	168436.	1954.
39	Travel	39	15540.	14135.	1405.
40	Conferences, conventions, and meetings	40	18331.	18132.	199.
41	Interest	41	785.		785.
42	Depreciation, depletion, etc (attach schedule)	42	5842.	3701.	2141.
43	Other expenses not covered above (itemize) <b>a SEE STMT</b>	43a	401277.	324377.	55613.
	<b>b</b>	43b			
	<b>c</b>	43c			
	<b>d</b>	43d			
	<b>e</b>	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43) <b>Organizations completing columns (B)-(D),</b> <b>carry these totals to lines 13-15</b>	44	818364.	664117.	84606.
					51339.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others)
Education - Outer Space	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> Education and Communication See Attached	
(Grants and allocations \$ _____)	471650.
<b>b</b> Policy and Research See Attached	
(Grants and allocations \$ _____)	210769.
<b>c</b>	
(Grants and allocations \$ _____)	
<b>d</b>	
(Grants and allocations \$ _____)	
<b>e</b> Other program services (attach schedule)	(Grants and allocations \$ _____)
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	682419.

**Part IV Balance Sheets** (See the instructions.)

		<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing .....			14,297.	<b>45</b>	72,157.
	<b>46</b> Savings and temporary cash investments .....			12,302.	<b>46</b>	561.
	<b>47 a</b> Accounts receivable .....	<b>47 a</b>	40,894.			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47 b</b>			<b>47 c</b>	40,894.
	<b>48 a</b> Pledges receivable .....	<b>48 a</b>	7,713.			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48 b</b>		22,967.	<b>48 c</b>	7,713.
	<b>49</b> Grants receivable .....				<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....				<b>50</b>	5,000.
	<b>51 a</b> Other notes and loans receivable (attach schedule) .....	<b>51 a</b>				
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51 b</b>			<b>51 c</b>	
	<b>52</b> Inventories for sale or use .....				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....			5,297.	<b>53</b>	8,404.
	<b>54</b> Investments - securities (attach schedule) .....			153,109.	<b>54</b>	87,849.
	<b>55 a</b> Investments - land, buildings, and equipment: basis .....	<b>55 a</b>	48,686.			
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55 b</b>	46,059.	8,469.	<b>55 c</b>	2,627.
<b>56</b> Investments - other (attach schedule) .....				<b>56</b>		
<b>57 a</b> Land, buildings, and equipment: basis .....	<b>57 a</b>					
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57 b</b>			<b>57 c</b>		
<b>58</b> Other assets (describe .....				<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....			216,441.	<b>59</b>	225,205.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses .....			33,417.	<b>60</b>	93,073.
	<b>61</b> Grants payable .....				<b>61</b>	
	<b>62</b> Deferred revenue .....			96,639.	<b>62</b>	24,007.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....				<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) .....				<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....			9,037.	<b>64 b</b>	
	<b>65</b> Other liabilities (describe .....				<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) .....			139,093.	<b>66</b>	117,080.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> ... <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	<b>67</b> Unrestricted .....			42,079.	<b>67</b>	99,079.
	<b>68</b> Temporarily restricted .....			35,269.	<b>68</b>	9,045.
	<b>69</b> Permanently restricted .....				<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ... <input type="checkbox"/> and complete lines 70 through 74.					
	<b>70</b> Capital stock, trust principal, or current funds .....				<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....				<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....				<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21) .....			77,348.	<b>73</b>	108,124.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....			216,441.	<b>74</b>	225,204.

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

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

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	849140.
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services & use of facilities \$		
(3)	Recoveries of prior year grants. .... \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4) ... ▶	<b>b</b>	
<b>c</b>	Line a minus line b .....	<b>c</b>	849140.
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2) .....	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) .....	<b>e</b>	849140.

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	818364.
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services & use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4) ... ▶	<b>b</b>	
<b>c</b>	Line a minus line b .....	<b>c</b>	818364.
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2) .....	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) .....	<b>e</b>	818364.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
George T Whitesides 1620 I St NW DC 20006	Exec Dir 40	54,703.		
Board of Directors See Attached List	Volunteer	0		
Executive Committee See Attached List	Volunteer	0		
Brian E Chase Falls Church Va 22310	former DIR 40	35,576.		

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

Part VI Other Information (See the instructions.)

Table with columns: Question, Yes, No. Rows include items 76 through 92, covering topics such as organization activities, changes, income, liquidation, related organizations, political expenditures, donated services, public inspection requirements, solicitations, dues, lobbying, and tax imposed.

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a Conference					10,572.
b magazine					3,055.
c event					5,411.
d refund program exp					265.
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies					
94 Membership dues & assessments					536,685.
95 Interest on savings and temporary cash investments			514	2,724.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			515	2,281.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					3,413.
103 Other revenue: a					
b Royalties			515	5,789.	
c List rental	541800	11,006.			
d Advertisement	541800	4,413.			
e					
104 Subtotal (add columns (B), (D), and (E))		15,419.		10,794.	559,401.
105 Total (add line 104, columns (B), (D), and (E))					585,614.

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

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

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

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

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

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

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

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

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

Please *[Signature]*

6-23-05

Date

Executive Director

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
**Supplementary Information - (See separate instructions.)**

OMB No. 1545-0047

**2004**

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

Name of the organization: **National Space Society**  
Employer identification number: **23-7417411**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowance
NONE				

Total number of other employees paid over \$50,000 ..... ▶

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See the instructions. List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... ▶

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

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

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

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

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

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

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28) .....	319774	319774	329133	1036821	2005502
<b>16</b> Membership fees received .....	559773	559773	584200	657482	2361228
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .....	36981	36599	44250	297945	415775
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....	43887	5014	29597	16435	94933
<b>19</b> Net income from unrelated business activities not included in line 18 .....					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					
<b>23</b> Total of lines 15 through 22 .....	960415	921160	987180	2008683	4877438
<b>24</b> Line 23 minus line 17 .....	923434	884561	942930	1710738	4461663
<b>25</b> Enter 1% of line 23 .....	9604	9212	9872	20087	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 .....	<b>26a</b>	89233
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....	<b>26b</b>	
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....	<b>26c</b>	4461663
d Add: Amounts from column (e) for lines: 18 <u>94933</u> 19 _____ 22 _____ 26b _____	<b>26d</b>	94933
e Public support (line 26c minus line 26d total) .....	<b>26e</b>	4366730
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....	<b>26f</b>	97.87 %

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:  
 (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for the year:  
 (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	
d Add: Line 27a total _____ and line 27b total .....	<b>27d</b>	
e Public support (line 27c total minus line 27d total) .....	<b>27e</b>	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ... ▶	<b>27f</b>	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....	<b>27g</b>	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .. If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .. If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation .....		

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

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount ..					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See instructions )

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

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Purchases of assets from a noncharitable exempt organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(iii) Rental of facilities, equipment, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(iv) Reimbursement arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(v) Loans or loan guarantees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(vi) Performance of services or membership or fundraising solicitations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, & sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No. 1545-0172

2004

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: National Space Society, charitable activities, 23-7417411

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Line number, Amount. Lines 1-13 detailing Section 179 election process. Values include \$102,000, \$410,000, 102,000., 5,842.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 2 columns: Line number, Amount. Lines 14-16 detailing special depreciation allowance. Values include 5,842.

Part III MACRS Depreciation (Do not include listed property.) (See the instructions)

Section A

Table with 2 columns: Line number, Amount. Lines 17-18 detailing MACRS deductions. Value: 5,842.

Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depr, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (see the instructions)

Table with 2 columns: Line number, Amount. Lines 21-23 summarizing depreciation. Value: 5,842.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2004)

## 2004 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	AMT Depr.	Next Year	Gain/Loss	Sales Price	Exp & Adj	Date Sold	
<b>Form: charitable activities</b>																	
<b>Rental Property: N/A</b>																	
<b>Depreciation Class: N/A</b>																	
<b>In Service Year: 1994</b>																	
copier	12/94	10816	100		10816	SL	5.0		10816								
Printer	05/94	2205	100		2205	SL	5.0		2205								
		-----			-----				-----								
		13021			13021				13021								
<b>In Service Year: 1998</b>																	
computers 2	09/98	2252	100		2252	SL	5.0		2252		2252						
<b>In Service Year: 1999</b>																	
Furniture	11/99	16200	100		16200	SL	5.0		12665	2701	14044						
Equipment	12/99	10837	100		10837	SL	5.0		9300	1537	9571						
		-----			-----				-----	-----	-----						
		27037			27037				21965	4238	23615						
<b>In Service Year: 2001</b>																	
Computer	03/01	1876	100		1876	SL	3.0		869	104	973						
<b>In Service Year: 2002</b>																	
Printer t	08/02	3000	100		3000	SL	3.0		1154	1000	2154	584					
Computergift	01/02	1500	100		1500	SL	3.0		956	500	1456						
		-----			-----				-----	-----	-----	-----					
		4500			4500				2110	1500	3610	584					
		-----			-----				-----	-----	-----	-----					
Form Totals:		48686			48686				40217	5842	30450	584					

## Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return.

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

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

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

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

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

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

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

● The books are in the care of ▶ **Treasurer**  
 Telephone No. ▶ **202-429-1600** FAX No. ▶ \_\_\_\_\_

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

1 I request an automatic 3-month (6-month, for a **Form 990-T corporation**) extension of time until **AUG 15**, 20**05** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20**04** or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3 **a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_  
**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_  
**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ \_\_\_\_\_

**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.







US 990.

## Other Functional Expenses: Page 2, Line 43

2004

Description of the Asset	Total	Program Services	Management and General	Fundraising
Management Fee	205,179.	182,859.	10,059.	12,261.
Authors & Artwork	6,101.	6,101.		
Bank charges	754.		754.	
Building expense	28,792.		28,792.	
Computer services	24,422.	21,245.	3,177.	
Contract services	18,587.	18,337.	250.	
Copy, Design, Layout	14,935.	12,435.		2,500.
Courier	4,708.	2,285.	1,999.	424.
Credit Card Fees	5,744.		5,744.	
Dues & subscriptions	209.		209.	
Insurance	5,159.	3,427.	1,732.	
Mailing service	59,752.	52,639.	1,011.	6,102.
Public relations	11,590.	11,590.		
General & admin	10,758.	10,758.		
Data entry	1,886.		1,886.	
Accomodations/meals	2,701.	2,701.		
	401,277.	324,377.	55,613.	21,287.

**US 990.**

**Investments - Securities: Page 3, Line 54**

**2004**

Description	Book Value
Marketable equity securities	87,849.
	87,849.

**NATIONAL SPACE SOCIETY**  
**#23-7417411**  
**Form 990**

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

**a. Education and Communication:**

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

**b. Research Policy:**

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

## **Officers**

*All are non-compensated volunteers, except as noted. All Officers are voting members of the Board of Directors (BOD) except for those (indicated below) who are ex-officio (non-voting) members. The members of the Executive Committee (including non-voting members) are the Executive Director and all of the Officers.*

### **Hugh Downs**

***Chairman, Board of Governors***

7993 N. Ridgeview Dr  
Paradise Valley, AZ 85253-3088

### **Kirby Ikin**

***President & Chairman, Board of Directors***

1 Tregenna Close  
St. Ives  
NSW 2075  
Australia

### **Gary Barnhard**

***Chairman, Executive Committee***

8012 MacArthur Blvd  
Cabin John, MD 20818-1608

### **Greg Allison**

***Executive Vice President***

PMB 168, 1019  
Old Monrovia Road  
Huntsville, AL 35806

### **Mark Hopkins**

***Senior Vice President***

2439 25th Street  
Santa Monica, CA 90405-1818

### **Arthur Smith**

***Vice President, Chapters***

8 Sherry Lane  
Selden, NY 11784

### **Robby Gaines**

***Vice President, Development***

1814 West Runyan Ave  
Artesia, NM 88210

### **Brian Lundquist**

***Vice President, Membership***

18300 Green Mountain Road NW  
Banks, OR 97106

### **Jeremy Pyle**

***Vice President, Public Affairs***

2056 Ellis Street  
San Francisco, CA 94115

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**Josh Powers**

***Secretary***

12101-G Maple Forest Ct  
Fairfax, VA 22030-7716

**Bill Gardiner**

***Assistant Secretary***

1197 Spur 138  
Jonesboro, GA 30236

**Joe Redfield**

***Treasurer***

609 Ridgeview  
San Antonio, TX 78253

**Marty Trumbore**

***Assistant Treasurer***

1749 N Wells St  
Apt 1103  
Chicago, IL 60614

**Keil Ritterpusch**

***General Counsel***

Pierson, Burnett & Ritterpusch, LLP  
517 S. Washington St  
Alexandria, VA 22314-4143

**Executive Director**

**George Whitesides**

***Executive Director (see form 990, p. 4, part V)***

National Space Society  
1620 I Street NW  
Washington, DC 20006

**Non-officer Voting Directors**

**Larry Ahearn**

610 West 47th Place  
Chicago, IL 60609

**Richard Beers**

1608 NE Ravenna Blvd  
Seattle, WA 98105

**Don Doughty**

4 Forest Rd  
Atkinson, NH 03811

**Marianne Dyson**

15443 Runswick Dr  
Houston, TX 77062-3310

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**Erich Fischer**  
1847 47th Place NW  
Washington, DC 20007

**Michael Fulda**  
2 Briarwood terrace  
Fairmont, WV 26554

**Rich Godwin**  
955 Amberwood Circle  
Naperville, IL 60563

**Bill Higgins**  
MS 371  
Fermi Lab  
P.O. Box 500  
Batavia, IL 60510

**George Howard**  
P.O. Box 22537  
Kansas City, MO 64113-0537

**Dana Johnson**  
4396 Eaton Place  
Alexandria, VA 22310

**Margaret Jordan**  
12760 Bradwell Road  
Oak Hill, VA 20171

**Ronnie Lajoie**  
162 Kirby Lane  
Madison, AL 35757

**Jeffrey Liss**  
1364 Edgewood Lane  
Winnetka, IL 60093-1412

**Bruce Mackenzie**  
102 Sanborn Lane  
Reading, MA 01867-1009

**Ken Money**  
12 Audubon Court  
North York  
Ontario, Canada  
M2N 1T9

**Greg Rucker**  
5901 West Behrend Dr #1143  
Glendale, AZ 85308

**Yvonne Spencer**  
P.O. Box 3369  
Chapel Hill, NC 27517

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**John Strickland**  
12717 Bullick Hollow Rd  
Austin, TX 78726

**Craig Ward**  
1914 Condon Ave  
Redondo Beach, CA 90278

**Philip Young**  
158 Murray Farm Road  
Beecroft  
NSW 2119  
Australia

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