WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

> NATIONAL SPACE SOCIETY 11130 SUNRISE VALLEY DR., STE 350 RESTON, VA 20191

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** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

В	Check it	C Name of organization	D Em	ployer identifi	cation number
Г	Addr	NATIONAL SPACE SOCIETY			
F	Nam- chan			23-7	417411
Ē	Initia retur		suite E Tele	ephone numbe	
	Final retur	11130 CINDICE VALLEY DD COE 350)234-4072
	termi ated		G Gros	s receipts \$	2,488,441.
	Amer	reston, va 20191	H(a) Is	this a group re	eturn
	AppI tion	F Name and address of principal officer: OCE REDIFIEDD	<u> </u>	r subordinates	
	pend	" ⁹ SAME AS C ABOVE	H(b) Ar	e all subordinates ir	ncluded? Yes No
		······································	527 If	"No," attach a	list. (see instructions)
		ite: ► WWW.SPACE.NSS.ORG		roup exemptio	
			Year of format	ion: 1974 N	State of legal domicile: DC
Р	art I				
ě	1	Briefly describe the organization's mission or most significant activities: THE VISI	ON OF	NSS IS	PEOPLE
Activities & Governance		LIVING AND WORKING IN THRIVING COMMUNITIES E			
ern	2	Check this box if the organization discontinued its operations or disposed of the check this box			
é	3	Number of voting members of the governing body (Part VI, line 1a)			34
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			275
Ξ̈́	6	Total number of volunteers (estimate if necessary)			15,400.
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	+ "	Net unrelated business taxable income from Form 990-T, line 38		or Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		78,193.	2,225,642.
une	9	5 (5 (1))		32,316.	227,315.
Revenue	10	Investment income (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,405.	17,912.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,462.	17,572.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		05,376.	2,488,441.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
x	· b	Total fundraising expenses (Part IX, column (D), line 25) 46,952.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8	82,963.	962,984.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		82,963.	
	19	Revenue less expenses. Subtract line 18 from line 12		77,587.	1,525,457.
Net Assets or	3			of Current Year	
SSE	20	Total assets (Part X, line 16)		56,435. 19,892.	1,676,003.
₽.₽ 1	21	Total liabilities (Part X, line 26)		36,543.	102,859. 1,573,144.
	<u> </u>	Net assets or fund balances. Subtract line 21 from line 20		30,343.	1,3/3,144.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements and	to the hest of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prej			y Kilowiougo alla bollot, it io
	,				
Sig	an	Signature of officer		Date	
He		▲ JOE REDFIELD, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Pai	id	GLENN MILLER, CPA		self-employ	P00086726
	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN 🕨	39-0974031
Us	e Only	Firm's address 419 N LEE ST			2 540 0000
		ALEXANDRIA, VA 22314-2301		Phone no. 70	3-519-0990
Ma	y the	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 600,738 · including grants of \$) (Revenue \$ 227,315 ·) THE EDUCATION AND COMMUNICATION PROGRAM PROVIDES SPACE RELATED EDUCATION AND COMMUNICATION FOR APPROXIMATELY 10,000 MEMBERS THROUGH REGIONAL MEETINGS, TOPICAL WORKSHOPS, AND PUBLICATION OF MAGAZINE (AD ASTRA) ·
	100.000
4b	(Code:) (Expenses \$ 188,886. including grants of \$) (Revenue \$) THE POLICY AND RESEARCH PROGRAM PROVIDES SPACE RELATED RESEARCH AND POLICY DISSEMINATION TO APPROXIMATELY 10,000 MEMBERS AND THE GENERAL PUBLIC THROUGH SEMINARS, PUBLICATIONS, AND THE MEDIA.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
<u>4e</u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 789,624 •

Form **990** (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
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			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	11c		Х
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	<u> </u>		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		X
12a	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		 -
	or for foreign individuals? 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 fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

Form 990 (2018) NATIONAL SPACE SOC Part IV | Checklist of Required Schedules (continued)

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22	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			X
2/	Schedule J la Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		 ^
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	b 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		
01	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
2	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		+
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		┢
28	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):			
	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	b A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		Х
	c 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	, , , , , , , , , , , , , , , , , , , ,	29		X
30	, , ,			37
•	contributions? If "Yes," complete Schedule M	30	-	X
3		31		X
32		31		+
0.	Schedule N, Part II	32		X
33				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35	5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		_
٠.	If "Yes," complete Schedule R, Part V, line 2	36		x
37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	B 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 0	38	X	
F	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
_	Oncon il Ochedice O contanto a response di fidie to any ille in tilis Falt v	<u></u>	V	N ₂
	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1	7	Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	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	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0)	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	,			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	·			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tay deductible as charitable contributions?		60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut		6a		
Б		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ Did \ a \ donor \ advised \ fund \ maintained$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	440			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
Б	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		_	990	(00.10)

Form **990** (2018)

Part VI 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 changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	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	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, 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		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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 take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, CT, FL, GA, HI, IL, KS	, KY	, MA	, MD
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	VIRTUAL, INC (703)234-4072			
	11130 SUNRISE VALLEY DR., STE 350, RESTON, VA 20191			
83200	5 12-31-18 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2018)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a 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 employee."
- 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.

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	CCI aii		1)/ u us		from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5	stee			nsateo		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization
	organizations	Individual trustee	Institutional trustee		yee	Highest compensated employee		,		and related
	below	/id ual	tution	er	Key employee	est co	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) KARLTON (BLADE) JOHNSON	8.00								_	
CHAIRMAN, BOARD OF GOVERNORS		Х		Х				0.	0.	0.
(2) GEOFF NOTKIN	8.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(3) KIRBY IKIN	8.00								_	_
CHAIR, BOARD OF DIRECTORS		Х		Х				0.	0.	0.
(4) DALE SKRAN	10.00								_	_
CHAIR, EXEC. COMMITTEE/ CHAIR, POLIC		Х		Х				0.	0.	0.
(5) BRUCE PITTMAN	10.00								_	_
SR. VICE PRESIDENT/ SR. OPERATING OF		Х		Х				0.	0.	0.
(6) HOYT DAVIDSON	2.00								_	_
VICE PRESIDENT, DEVELOPMENT		Х		Х				0.	0.	0.
(7) LARRY AHEARN	2.00									
VICE PRESIDENT, CHAPTERS		Х		Х				0.	0.	0.
(8) LYNNE ZIELINSKI	8.00									
VICE PRESIDENT, PUBLIC AFFAIRS		Х		Х				0.	0.	0.
(9) JOE REDFIELD	10.00									
TREASURER		Х		Х				0.	0.	0.
(10) JOHN STRICKLAND	4.00									
ASSISTANT TREASURER/ CHAIR, AWARDS C		Х		Х				0.	0.	0.
(11) ANITA GALE	8.00	l								
SECRETARY		Х		Х				0.	0.	0.
(12) MIKE SNYDER	4.00	l								
ASSISTANT SECRETARY/ CHAIR, PROJECTS	4 00	Х		Х				0.	0.	0.
(13) DALE AMON	4.00	l								
DIRECTOR	4 00	Х						0.	0.	0.
(14) GARY BARNHARD	4.00	l								
DIRECTOR	4 00	X						0.	0.	0.
(15) DAVID BRANDT-ERICHSEN	4.00	l								
DIRECTOR	4 00	Х						0.	0.	0.
(16) K. DEAN LARSON	4.00							_	_	_
DIRECTOR	4 00	Х						0.	0.	0.
(17) MADHU THANGAVELU	4.00	<u>-</u> _						_	_	_
DIRECTOR		Х		ı	l			0.	0.	0.

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Form 990 (2018)

23-7417411 NATIONAL SPACE SOCIETY Page 8 Form 990 (2018) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) (18) MAX FAGIN 4.00 0. 0. 0. DIRECTOR (19) FENG HSU 4.00 X 0 0. 0. DIRECTOR 4.00 (20) RON JONES 0 X 0. DIRECTOR 0. (21) MIKE RYAN 4.00 X 0 0. DIRECTOR 0. (22) TODD KAPP 4.00 0 0 DIRECTOR Х 0. 4.00 (23) RANDY GUGANTE DIRECTOR X 0. 0. 0. 4.00 (24) MYRNA COFFINO X 0 0. 0. DIRECTOR 4.00 (25) GREG AUTRY 0. X 0. 0. DIRECTOR 4.00 (26) AL GLOBUS 0. DIRECTOR Х 0 0 0. 0. 0. 1b Sub-total 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SILVER MARKETING, INC.		
7910 WOODMONT AVE #914, BETHESDA, MD 20814	MEMBERSHIP SUPPORT	103,622.
VIRTUAL, INC., 11130 SUNRISE VALLEY DR.,		
STE 350, RESTON, VA 20191	MANAGEMENT & ADMIN	102,111.

Total number of independent contractors (including but not limited to those listed above) who received more than
 \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes," complete Schedule J for such person

Form **990** (2018)

X

Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for related organizations below			(O Pos	C) ition	ı		Compensated Employ (D) Reportable	rees (continued) (E) Reportable	(F) Estimated
(A)	(B) Average hours per week (list any hours for related organizations	(c		(O Pos	C) ition	ı		(D)	(E)	
	Average hours per week (list any hours for related organizations			Pos	ition					
	hours per week (list any hours for related organizations									Louinatoa
	week (list any hours for related organizations	or director				app	ly)	compensation	compensation	amount of
	(list any hours for related organizations	or director						from	from related	other
	hours for related organizations	or directo	I	1		oyee		the	organizations	compensation
	related organizations	or d				empl		organization	(W-2/1099-MISC)	from the
	organizations	a)	tee			sated		(W-2/1099-MISC)		organization and related
		truste	al frus		yee	m pen				organizations
	I pelow	idual	Institutional trustee	, in	Key employee	Highest compensated employee	er			3
	line)	Indiv	Instit	Officer	Key e	High	Former			
(27) BUCKNER HIGHTOWER	4.00									
DIRECTOR		Х						0.	0.	0.
(28) ALICE HOFFMAN	4.00									
DIRECTOR		Х						0.	0.	0.
(29) MARK HOPKINS	4.00									
DIRECTOR		Х						0.	0.	0.
(30) ROB KELSO	4.00								_	
DIRECTOR		Х						0.	0.	0.
(31) JEFFREY LISS	4.00								•	
DIRECTOR	4 00	Х						0.	0.	0.
(32) JOHN C. MANKINS	4.00	ν,							0	0
DIRECTOR (22) WARRY MERWEY	4.00	Х						0.	0.	0.
(33) KAREN MERMEL	4.00	x						0.	0.	0.
DIRECTOR	4.00	^						0.	0.	0.
(34) JOHN CHARLES DIRECTOR	4.00	x						0.	0.	0.
(35) ALFRED ANZALDUA	2.00	_						0.	0.	0.
EXEC. VICE PRESIDENT/ CHAIR, INTERNA				х				0.	0.	0.
(36) BURTON DICHT	2.00								•	0.
VICE PRESIDENT, MEMBERSHIP		1		x				0.	0.	0.
(37) MAC CANTER	4.00									
GENERAL COUNSEL				х				0.	0.	0.
	1	_								
		1								
	1	\vdash								
		1								
	1									
Fotal to Part VII, Section A, line 1c										

### 1 a Federated campaigns 1a 9,229 \cdot 1b 385,360 \cdot 29 \cdot 10 385,360	· u	IL VII		a response	or note to any li	ne in this Part VIII			
b			CHOCK II CONDUCTO C COMMANIO	2100001100		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under
Total, Add lines 2a-2f		b c d e f g h	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, an similar amounts not included above Noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f CONFERENCE REVENU	1b 1c 1d 1e 1f 1,	385,360. ,831,053. Business Code	2,225,642.	227,315.		
Total Add lines Tial Tild Total Add lines Tial Tild	Program S Reven	d e							
other similar amounts) 17,912.		g				227,315.			
(i) Personal (ii) Personal (ii) Personal (iii) Personal Perso		4	other similar amounts) Income from investment of tax-exe	mpt bond	proceeds				17,912. 2,172.
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) c Net income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: core of goods sold b c Net income or (loss) from gaming activities see D		b	Gross rents Less: rental expenses						
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADVERTISING INCOME 541800 15,400.		7 a	Gross amount from sales of assets other than inventory						
including \$ of contributions reported on line 1c). See Part IV, line 18 a		С	and sales expenses Gain or (loss)						
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADVERTISING INCOME b c d All other revenue e Total. Add lines 11a-11d 15,400.	r Revenue	8 a	including \$contributions reported on line 1c).	_ of See					
b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADVERTISING INCOME 541800 15,400. 15,400.	Othe	С	Less: direct expenses	ng events es. See	····· •				
and allowances a b Less: cost of goods sold b b b		С	Less: direct expenses Net income or (loss) from gaming a	ctivities)				
Miscellaneous Revenue Business Code 11 a ADVERTISING INCOME 541800 15,400. b c d All other revenue 541800 15,400. e Total. Add lines 11a-11d 15,400.		b	and allowances	a					
d All other revenue e Total. Add lines 11a-11d ▶ 15,400.		11 a b	Miscellaneous Revenue ADVERTISING INCOM		Business Code			15,400.	
I TO LOTAL FAVABILA NO INSTRICTIONS IN LA		d e	Total. Add lines 11a-11d				227 215	15 400	20 004

Part IX | 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 respons	(A)	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	102,111.	78,391.	21,796.	1,924
b	Legal				
С	Accounting	26,524.		26,524.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,274.		3,274.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	153,818.	138,450.	11,971.	3,397
12	Advertising and promotion	2,558.	2,558.		<u> </u>
13	Office expenses	246,377.	182,457.	23,538.	40,382
14	Information technology	30,154.	22,615.	6,290.	1,249
 15	Royalties	,	,		<u> </u>
16	Occupancy	17,211.	11,784.	5,427.	
17	Travel	13,330.	13,330.	7 1	
ı, 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	251,627.	241,150.	10,477.	
20	Interest	3.		3.	
:0 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	F	8,563.		8,563.	
.s 24	Other expenses. Itemize expenses not covered	3,3331		3,0001	
.7	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 0.) PROJECTS	59,691.	59,691.		
_	DESIGN AND LAYOUT	39,691.	39,691.		
b			33,130.	2 000	
C	BAD DEBT EXPENSE	2,800.		2,800.	
d		<u> </u>		<u> </u>	
е	All other expenses	5,745.	700 604	5,745.	46 050
5	Total functional expenses. Add lines 1 through 24e	962,984.	789,624.	126,408.	46,952
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	20 506	22 555		- 0-0
	Check here X if following SOP 98-2 (ASC 958-720)	39,726.	33,767.	0.	5,959 Form 990 (201

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Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	136,190
2	Savings and temporary cash investments	33,694.	2	0
3	Pledges and grants receivable, net		3	1
4	Accounts receivable, net	56,371.	4	35,244
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	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			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	6,192.	9	2,266
	Land, buildings, and equipment: cost or other			•
	basis. Complete Part VI of Schedule D 10a			
Ь	· · · · · · · · · · · · · · · · · · ·		10c	
11	Investments - publicly traded securities	160,178.	11	1,502,303
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15	Intangible assets Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	256,435.	16	1.676.003
17	Accounts payable and accrued expenses	31,205.	17	1,676,003 31,243
18	Grants payable and accided expenses		18	
19	Deferred revenue	77,187.	19	64,616
20	Tax-exempt bond liabilities	,	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		27	
25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		11,500.	25	7,000
26	Total liabilities. Add lines 17 through 25	119,892.	26	102,859
20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	11370321	20	102,000
,	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	136,543.	27	1,573,144
28	Temporarily restricted net assets		28	
29			29	
23	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □		23	
	and complete lines 30 through 34.			
27 28 29 30 31 32			30	
30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31	
31			32	
32	Retained earnings, endowment, accumulated income, or other funds	136,543.	32	1,573,144
33	Total liebilities and act acceptate and belonges	256,435.		1,676,003
34	Total liabilities and net assets/fund balances	230,433.	34	1,0/0,003

Form **990** (2018)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,48		
2	Total expenses (must equal Part IX, column (A), line 25)	2	96	2,9	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,52	5,4	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,5	
5	Net unrealized gains (losses) on investments	5	-8	8,8	56.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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,				
	column (B))	10	1,57	3,1	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NATIONAL SPACE SOCIETY 23-7417411 Part I 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 12, check only one box.) 1 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 (Form 990 or 990-EZ).) 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 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 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	402,857.	501,159.	507,588.	478,193.	694,708.	2584505.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	402,857.	501,159.	507,588.	478,193.	694,708.	2584505.
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)						402,662.
6	Public support. Subtract line 5 from line 4.						2181843.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016 507, 588.	(d) 2017 478,193.	(e) 2018	(f) Total
7	Amounts from line 4	402,857.	501,159.	507,588.	478,193.	694,708.	2584505.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	54,073.	64,497.	76,733.	94,131.	20,084.	309,518.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	-897.	9,377.		-2,579.	0.	5,901.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	116.	8,317.	5,290.	236.		13,959.
11	Total support. Add lines 7 through 10						2913883.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,005,147.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0	organization, check this box and stop						<u></u> ▶□
	ction C. Computation of Publ					г т	74 00
14	Public support percentage for 2018 (I					14	74.88 %
15	Public support percentage from 2017					15	84.99 %
16a	33 1/3% support test - 2018. If the c	•		•		•	x and ►X
	stop here. The organization qualifies						
р	33 1/3% support test - 2017. If the constitution was the second of the constitution and the constitution are constitution and the constitution and the constitution and the constitution are constitution are constitution are constitution and constitution are constitution are constitution are constitution and constitution are constitution and constitution are constitution are constitution are constitution are constitutin an architecture are constitution are constitution are constitut						nis box
47.	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-		-	
L	meets the "facts-and-circumstances"						
a	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•				
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	n did not check a	DUX UIT IIITE TO, TO	a, 100, 17a, 01 17t	, GIRCK THS DOX 8	ina see mstruction	s

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					•	
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	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						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization?	s first, second, thi	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve					·	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2017. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the exemination provide to each of its supported exeminations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2018, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	s from 2016			
d	Exces	s from 2017			
		s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

	Sec (Sec	1; Par tion D e instru	t IV, Secti , lines 5, 6 uctions.)	on D, l B, and	lines 2 and 3; Pa 8; and Part V, Se	ection E, lines	E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 2, 5, and 6. Also complete this part for any additional information.
SCHED	ULE	Α,	LIST	OF	UNUSUAL	GRANTS	RECEIVED:
DESCR	IPT:	ION	: BEQ	UES'	Γ		
DATE:	11.	/21,	/18		AMOUNT:	15253	93.

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization 23-7417411

NATIONAL SPACE SOCIETY

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
	year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
	· ·	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

NATIONAL SPACE SOCIETY

23-7417411

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	s 1,525,393.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$63,495.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NATIONAL SPACE SOCIETY

23-7417411

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
— [<u> </u>	

Name of organization **Employer identification number** 23-7417411 NATIONAL SPACE SOCIETY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on 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 Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			E	mployer identification number
		L SPACE SOCIETY			23-7417411
Pa	rt I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 52	7 organization.
1	Provide a description of the organization	zation's direct and indirect politica	l campaign activities i	in Part IV.	
2	Political campaign activity expendit	ures)	> \$
3	Volunteer hours for political campa	gn activities			
Pa	ırt I-B│ Complete if the orç	ganization is exempt unde	er section 501(c)		
	Enter the amount of any excise tax				> \$
2	Enter the amount of any excise tax	incurred by organization manager	rs under section 4955	j	> \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes 🖳 No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	ganization is exempt unde	er section 501(c),	, except section 5	01(c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt func	tion activities	> \$
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	ection 527	
	exempt function activities)	> \$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here an	d on Form 1120-POL	,	
	line 17b)	> \$
4	Did the filing organization file Form	1120-POL for this year?			Yes L No
5	Enter the names, addresses and er	nployer identification number (EIN) of all section 527 pc	olitical organizations to v	which the filing organization
	made payments. For each organiza	•			·
	contributions received that were pr				parate segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	de information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	
				filing organization's funds. If none, enter	
				lunus. Il none, enter	delivered to a separate
					political organization.
					If none, enter -0
		i	1	1	i

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

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ıa		jainzation	13 CACI	iipt under sectio			ection under
	section 501(h)).						
4 C	heck 🕨 📖 if the filing organiza	ation belongs	to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and sha	re of excess I	obbying	expenditures).			
3 C	heck 🕨 🔲 if the filing organiza	ation checked	box A ar	nd "limited control" pro	visions apply.		
		ts on Lobbyi ditures" mea	• .	nditures ints paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to infl	uence public	opinion (grass roots lobbying)			
	Total lobbying expenditures to infl						
	Total lobbying expenditures (add I						
	Other exempt purpose expenditur					962,984.	
	Total exempt purpose expenditure					962,984.	
	Lobbying nontaxable amount. Ent	-				169,448.	
·	If the amount on line 1e, column (a) of			bying nontaxable am		,	
	Not over \$500,000	(2)		the amount on line 1e.	ount to:		
	Over \$500,000 but not over \$1,00	0.000		0 plus 15% of the exc	ess over \$500,000		
	Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
	Over \$1,500,000 but not over \$17			0 plus 5% of the exce			
	Over \$17,000,000	,555,555	\$1,000,0		33 3731 \$1,333,333.		
	370, 477,000,000		Ψ1,000,				
0	Grassroots nontaxable amount (er	nter 25% of li	ne 1f)			42,362.	
_	Subtract line 1g from line 1a. If zer					0.	
	Subtract line 1f from line 1c. If zero	•				0.	
i	If there is an amount other than ze	,		line 1i did the organiz	ation file Form 4720	-	
,	reporting section 4911 tax for this					Γ	Yes No
	reporting decitors 40 11 tax for time	•		eraging Period Under			
	(Some organizations t	hat made a s	ection 5		have to complete all	of the five columns b	elow.
		Lobbyi	ng Exper	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 20 ⁻	15	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount	139,	748.	137,074.	157,444.	169,448.	603,714.
b	Lobbying ceiling amount						
	(150% of line 2a, column(e))						905,571.
С	Total lobbying expenditures						
d	Grassroots nontaxable amount	34,	397.	34,269.	39,361.	42,362.	150,389.
е	Grassroots ceiling amount						005 50:
	(150% of line 2d, column (e))						225,584.
		1		i			

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
J	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or se	ection	
ı uı	501(c)(6).	311 00 1(0)(5), 51 50		
				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?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR	(b) Par		ne 3, is
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).	cal			
а	Current year		2a		
	Carryover from last year				
С	Total		1 _		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
_5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1	and 2 (see	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL SPACE SOCIETY

Employer identification number 23-7417411

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	l only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring
Pai			V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historical	ly important land area
	Protection of natural habitat	Preservation of a certified l	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a d	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing consequation	accoments during the year
7	S	illing of violations, and emorcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(//)	(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organizat	-	
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures,	or Oth	er Simi	lar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following th	at are a s	ignifican	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d		Loan or exc	change progr	rams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizat	tion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	asures, or oth	ner simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran								line 9, oı	r	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other a	ssets not	included	ł			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Pai											
		(a) Current year		rior year	(c) Two year	-		vears back	(e) Four	rvears	back
1a	Beginning of year balance	(,	(-)	,	1 7		(/	,	χ-,		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C	·										
	. •										
	Administrative expenses End of year balance										
_	Provide the estimated percentage of the cur	ront voor and balans	l (line 1	a column (a)) hold ac:						
2				g, coluitii (a)) Helu as.						
	Board designated or quasi-endowment	%	_%								
	Permanent endowment	 i									
С	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho		-41 41				la a	! ! !			
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are neid a	and administ	erea for t	ne organ	ization	1	V	NI-
	by:								0-(1)	Yes	No
	(i) unrelated organizations										
	(ii) related organizations										
_	If "Yes" on line 3a(ii), are the related organiza				′				3b		
Bo:	Describe in Part XIII the intended uses of the		owment	tunas.							
Pai	t VI Land, Buildings, and Equipm				0 5 00		" 40				
	Complete if the organization answere					- 		.			
	Description of property	(a) Cost or o		` ,	t or other	1 ' '	ccumula		(d) Boo	k value	е
		basis (investr	nent)	basis	(other)	de	preciatio	1			
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										_
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colur	nn (B). line	10c.)			▶			0.

Schedule D (Form 990) 2018

chedule D (Form 990) 2018 NATIONAL SPA	ACE SOCIETY		23	-7417411 _P
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 P	art X line 12	
a) Description of security or category (including name of security)	(b) Book value			d-of-year market valu
Financial derivatives				-
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
G)				
(H)				
ıl. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end	d-of-year market val
1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
art IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, P	art X, line 15.	
(a) [Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
al. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		>	
art X Other Liabilities.				
Complete if the organization answered "Yes"			990, Part X, line 25	
(a) Description of liability		(b) Book value		
(d) Factorial to a compartment				
(1) Federal income taxes		7 000		
(2) OTHER CURRENT LIABILITIES		7,000.		
		7,000.		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

7,000

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(6) (7) (8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturn	ı .
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total	revenue, gains, and other support per audited financial statements			1	2,396,311.
2	Amou	ınts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	. 2a	-88,856.		
b	Donat	ted services and use of facilities	2b			
С	Reco	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			00 056
е		ines 2a through 2d			2e	-88,856
3		act line 2e from line 1			3	2,485,167.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1	2 274		
		tment expenses not included on Form 990, Part VIII, line 7b		3,274.		
		(Describe in Part XIII.)				2 274
_		ines 4a and 4b			4c	3,274.
5 Da		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Staten			5 Potu	
га	I L AII	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Expenses per	netu	111.
_	Total				1	959,710.
1		expenses and losses per audited financial statements			1	555,710
2		ınts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities	2a			
		year adjustments				
		rlosses				
		(Describe in Part XIII.)				
		ines 2a through 2d			2e	0.
3		act line 2e from line 1			3	959,710.
4		unts included on Form 990, Part IX, line 25, but not on line 1:				-
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	3,274.		
		(Describe in Part XIII.)				
С	Add li	ines 4a and 4b			4c	3,274.
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	962,984.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines			4; Part	X, line 2; Part XI,
ines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inform	ation.		
						_

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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 Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL SPACE SOCIETY

Employer identification number 23-7417411

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: USE OF THE VAST RESOURCES OF SPACE FOR THE DRAMATIC BETTERMENT OF HUMANITY.

FORM 990, PART III, LINE 1

I.NSS VISION

THE VISION OF NSS IS PEOPLE LIVING AND WORKING IN THRIVING COMMUNITIES AND THE USE OF THE VAST RESOURCES OF SPACE FOR THE BEYOND THE EARTH, DRAMATIC BETTERMENT OF HUMANITY.

II.NSS MISSION

THE MISSION OF NSS IS TO PROMOTE SOCIAL, ECONOMIC, TECHNOLOGICAL, AND POLITICAL CHANGE IN ORDER TO EXPAND CIVILIZATION BEYOND EARTH, TO SETTLE SPACE AND TO USE THE RESULTING RESOURCES TO BUILD A HOPEFUL AND PROSPEROUS FUTURE FOR HUMANITY.ACCORDINGLY, WE SUPPORT STEPS TOWARD THIS GOAL, INCLUDING HUMAN SPACEFLIGHT, COMMERCIAL SPACE DEVELOPMENT, SPACE EXPLORATION, SPACE APPLICATIONS, SPACE RESOURCE UTILIZATION, ROBOTIC PRECURSORS, DEFENSE AGAINST ASTEROIDS, RELEVANT SCIENCE, AND SPACE SETTLEMENT ORIENTED EDUCATION.

III.NSS RATIONALE

A.SURVIVAL - OF HUMAN SPECIES AND EARTH'S BIOSPHERE

IT IS THE NATURE OF EVERY FORM OF LIFE, WHETHER ANIMAL OR PLANT, 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,

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** NATIONAL SPACE SOCIETY 23-7417411 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, NEEDS 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. 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

Name of the organization **Employer identification number** NATIONAL SPACE SOCIETY 23-7417411 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!" 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.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** NATIONAL SPACE SOCIETY 23-7417411 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." FORM 990, PART VI, SECTION A, LINE 3: THE ASSOCIATION HAS DELEGATED CONTROL OF DAY-TO-DAY MANAGEMENT AND FINANCIAL OPERATIONS TO A MANAGEMENT COMPANY WHICH THE ASSOCIATION BOARD

OVERSEES.

FORM 990, PART VI, SECTION A, LINE 6:

THE NATIONAL SPACE SOCIETY IS A MEMBERSHIP BASED ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization **Employer identification number** NATIONAL SPACE SOCIETY 23-7417411 MANAGEMENT AND THE BOARD TREASURER DISCUSSED AND REVIEWED THE 990 WITH THE INDEPENDENT ACCOUNTANTS. THE ORGANIZATION THEN PROVIDED A COPY OF THE FORM 990 TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENTS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: NSS HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL OFFICERS, BOARD MEMBERS, AND EMPLOYEES. ALL ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST STATEMENT ANNUALLY. IF A CONFLICT WAS DISCLOSED IT WOULD BE ADDRESSED AND HANDLED AT THE DISCRETION OF THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE, WITH THE APPROVAL OF THE BOARD OF DIRECTORS, APPOINTS AND EMPLOYS THE EXECUTIVE DIRECTOR, AND IS RESPONSILBE FOR DETERMINING THE TERMS AND CONDITIONS OF THE EXECUTIVE DIRECTOR'S EMPLOYMENT. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,OR,PA,RI,SC,TN UT, VA, WI, WV FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH THE NSS WEBSITE SPACE.NSS.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES

138,450.

MANAGEMENT AND GENERAL EXPENSES

11,971.

Name of the organization NATIONAL SPACE SOCIETY	Employer identification number 23-7417411
FUNDRAISING EXPENSES	3,397.
TOTAL EXPENSES	153,818.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	153,818.

Form 990-T	E	Exempt Orga	nization Bus	sine	ss Incom	е Та	x Returr	ı L	OMB No. 1545-0687
			nd proxy tax und						0040
	For cal	lendar year 2018 or other tax ye			, and ending				2018
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numbe	.irs.gov/Form990T for in rs on this form as it may					. 5	open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instruction	ns.)		DEmploy (Employinstruc	yer identification number yees' trust, see tions.)
B Exempt under section	Print	NATIONAL SP	ACE SOCIETY					23	3-7417411
X 501(c)(3)	or	Number, street, and roon	n or suite no. If a P.O. box	k, see in	structions.				ted business activity code structions.)
408(e) 220(e)	Туре	11130 SUNRI	SE VALLEY D	R.,	STE 350				,
408A 530(a) 529(a)		City or town, state or pro		r foreigi	n postal code			5418	300
Book value of all assets		F Cuarra arramantian muma	hay (Caa instructions)	<u>▶</u>					
1,676,3	03.	G Check organization typ	e X 501(c) corp	oration	501(c) t	trust	401(a)	trust	Other trust
H Enter the number of the	organiza	tion's unrelated trades or l	businesses. >	1	Des	scribe the	only (or first) un	related	
trade or business here	► ADV	VERTISING			. If only	y one, co	mplete Parts I-V.	If more t	than one,
describe the first in the b	lank spa	ce at the end of the previo	us sentence, complete Pa	ırts I an	d II, complete a Sc	hedule M	l for each additior	nal trade	or
business, then complete									
I During the tax year, was		_		nt-subsi	diary controlled gr	oup?	▶ Ĺ	Yes	X No
		tifying number of the parer						= 0 0 1	
J The books are in care of						elephone			234-4072
		de or Business Ind	come		(A) Income		(B) Expenses	3	(C) Net
1a Gross receipts or sale				١. ا					
b Less returns and allow		A 15 7)	c Balance ▶	1c					
		A, line 7)		3					
3 Gross profit. Subtract		h Schedule D)		4a					
		art II, line 17) (attach Forn		4a 4b					
		sts		40 4c					
5 Income (loss) from a	nartner	ship or an S corporation (a	ttach statement)	5					
				6					
		ne (Schedule E)		7					
		and rents from a controlled		8					
		on 501(c)(7), (9), or (17) o		9					
		me (Schedule I)		10					
		e J)		11	15,40	00.	4,5	29.	10,871.
12 Other income (See in:	struction	ns; attach schedule)		12					
		gh 12		13	15,40	00.	4,5	29.	10,871.
		ot Taken Elsewhen utions, deductions mus					ncome.)		
		rectors, and trustees (Sch						14	
								15	
								16	
17 Bad debts								17	
		ee instructions)						18	
19 Taxes and licenses								19	
		e instructions for limitation						20	
		562)							
		n Schedule A and elsewher						22b	
								23	
		mpensation plans						24	
		chadula I)						26	
27 Excess exempt expe	11359 (9) Nete (6v	chedule I)						27	10,871.
28 Other deductions (at	tach ect	hedule J) nedule)						28	20,011.
29 Total deductions. A	dd lines	14 through 28						29	10,871.
		ncome before net operatin						30	0.
		loss arising in tax years be	-			ıs)		31	
<u>-</u>	-	ncome Subtract line 31 fro		, ., _0	(258 45401	',		32	0.

Form 990-	Γ (2018)	NATIONAL SPACE	SOC	IETY			23-74:	<u> 174</u>	411		Page
Part I	II T	Total Unrelated Business	Taxa	ble Income							
33	Total	of unrelated business taxable income	comput	ed from all unrelated trades or busine	esses (see i	structio	ns)	13	3		0
34		ints paid for disallowed fringes			•		,	_	34		
35	Dedu	ction for net operating loss arising in t	ay vear	s heginning hefore January 1, 2018 (s	see instruct	one)		3	35		
36		of unrelated business taxable income						H	"		
00								ء ا	16		
97			oo lina S	77 instructions for eventions					37	1,0	nη
37		fic deduction (Generally \$1,000, but s						⊣	07	Ι,υ	00
38		ated business taxable income. Subt						١.	_		^
.	enter	the smaller of zero or line 36						3	18		0
		Tax Computation									_
39		nizations Taxable as Corporations. N						3	19		0
40		s Taxable at Trust Rates. See instruc									
		Tax rate schedule or Schedu						4	10		
41	Proxy	tax. See instructions					>		11		
42	Alterr	ative minimum tax (trusts only)						4	2		
43	Tax o	n Noncompliant Facility Income. See	e instruc	tions				4	13		
44	Total	. Add lines 41, 42, and 43 to line 39 or	r 40, wh	ichever applies				4	14		0
Part \	/ 7	Tax and Payments									
45 a	Foreig	gn tax credit (corporations attach Forr	n 1118;	trusts attach Form 1116)		5a					
						5b		7			
С	Gene	al business credit. Attach Form 3800				-5c					
d	Credi	t for prior year minimum tax (attach F	orm 880	1 or 8827)		5d		-			
		credits. Add lines 45a through 45d						4	5e		
46								_	16		0
47	Other	act line 45e from line 44 taxes. Check if from: Form 425	5	Form 8611 Form 8697 1	Form 8866		ther (attach schodule)	<u> </u>	17		-
48		tax. Add lines 46 and 47 (see instructions)							18		0
49									19		0
		net 965 tax liability paid from Form 96				0a		-	19		
		ents: A 2017 overpayment credited to				-		-			
		estimated tax payments				0b		4			
		eposited with Form 8868				0c		4			
		on organizations: Tax paid or withheld			_	0d		4			
		up withholding (see instructions)				0e		_			
		t for small employer health insurance				0f		_			
g		credits, adjustments, and payments: $ \\$	<u></u>								
		Form 4136			· ·	0g					
51	Total	payments. Add lines 50a through 50g	g	············ <u>·····</u> ······				5	51		
52	Estim	ated tax penalty (see instructions). Ch	eck if Fo	orm 2220 is attached 🕨 📖				5	52		
53	Tax d	ue. If line 51 is less than the total of li	nes 48,	49, and 52, enter amount owed			>	5	i3		
54	Over	payment. If line 51 is larger than the to	otal of li	nes 48, 49, and 52, enter amount over	rpaid			5	54		
55	Enter	the amount of line 54 you want: Cred	ited to 2	2019 estimated tax			Refunded >	5	55		
Part \	/ {	Statements Regarding Ce	ertain	Activities and Other Info	rmatior	(see in	structions)		•		
56	At an	y time during the 2018 calendar year,	did the	organization have an interest in or a si	ignature or	other au	thority			Yes	No
	over a	a financial account (bank, securities, o	r other)	in a foreign country? If "Yes," the organized	anization m	ay have	to file				
		N Form 114, Report of Foreign Bank a	,			-					
	here			,		J	,				Х
57		g the tax year, did the organization red	ceive a d	istribution from or was it the grantor	r of or trans	feror to	a foreign trust?				Х
٠.		s," see instructions for other forms the			oi, or train	1010110,	a foreign a docr				
58		the amount of tax-exempt interest rec	-	-							
	Ur	der penalties of perjury. I declare that I have	examined	this return, including accompanying sched	dules and stat	ements, ar	nd to the best of my kn	owled	ge and belief, it is	s true.	
Sign	со	rrect, and complete. Declaration of preparer	other that	n taxpayer) is based on all information of wh	nich preparer l	as any kn	owledge.		- ,		
Here				ਹ ਪਾਰਦਾ	ASURE	P		-	ne IRS discuss th		with
		Signature of officer		Date Title	770 OIVE				eparer shown below stions)? \mathbf{X} \mathbf{Y}	ow (see es	□No
		Ι		1	Date			_	, <u></u> .	- U	
		Print/Type preparer's name		Preparer's signature	Date				PTIN		
Paid		CLEAN MILLED CD	λ.				self- employed	1	DOOOO	726	
Prepa	arer	GLENN MILLER, CPA		<u> </u>			1	Щ	P00086		
Use C	nly	Firm's name ► WEGNER C		LLP			Firm's EIN	<u> </u>	39-097	403	<u> </u>
	-	419 N I	LEE	ST							

823711 01-09-19

Form **990-T** (2018)

Phone no. 703-519-0990

Firm's address ► ALEXANDRIA, VA 22314-2301

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory v	aluation 🕨 N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b									
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2(a) Dodustions directly	aannaatad	with the income	in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	personal	sonal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) and			III
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	2(a) and 2(b). En ı (A)	ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb			instru	ctions)					
			2	2. Gross income from		Deductions directly conn to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)	าร
(1)			+						
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduct mn 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).		r here and on pag I, line 7, column	
Totals						0.	.		0.
Total dividends-received deductions in					-	<u> </u>			0 -

Form **990-T** (2018)

Schedule F - Interest,	,	,		Controlled O				,		•
1. Name of controlled organization	identif	nployer fication nber	3. Net unr	related income e instructions)	4 . Tot	al of specified ments made	includ	rt of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	izations						•			
7. Taxable Income	8. Net unrelated incor (see instruction		9. Total	of specified payr made	nents	10. Part of coluin the control gros	mn 9 tha ing orgai s income	nization's		ductions directly connected income in column 10
(2)										
(3)										
(4)										
						Add colur Enter here and line 8,		e 1, Part I, A).	Enter h	ld columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals		0- **	F04():	7) (0)	>		_	0.		0.
Schedule G - Investme	ent Income of a ructions)	Section	5U1(c)(7), (9), or	(1 <i>7</i>) Or	ganizatio	า			
	cription of income			2. Amount of	income	3. Deduction directly connected (attach scheen)	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						(arraon sono				(66). 6 pide 66). 1)
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co	on page 1, lumn (A).					Enter here and on page 1 Part I, line 9, column (B).
Totals			>		0.					0 .
Schedule I - Exploited (see instru		y Incom	e, Othe	r Than Ad	lvertisi	ing Incom	Э			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp directly c with pro of unro business	duction elated	4. Net incomfrom unrelated business (cominus columgain, compute through	trade or lumn 2 n 3). If a e cols. 5	5. Gross inc from activity is not unrela business inc	that ted	6. Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2) (3)										
(3)										
(4)										
Totala	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1 line 10,	, Part I,							Enter here and on page 1, Part II, line 26.
Totals ► Schedule J - Advertisi		I instruction								0.
	Periodicals Rep			solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct rtising costs	or (loss) (co	ain, comput			6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)	 				-					
(2)										
(2)										
(4)										
· ·										
Totals (carry to Part II, line (5))	▶	0.	0							0
				•		•		•		Form 990-T (2018

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) AD ASTRA	15,400.	4,529.	10,871.	62,534.	151,738.	10,871.
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	15,400.	4,529.				10,871.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (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 Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 23-7417411 NATIONAL SPACE SOCIETY File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 11130 SUNRISE VALLEY DR., STE 350 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions RESTON, VA 20191 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 VIRTUAL, INC. • The books are in the care of ▶ 11130 SUNRISE VALLEY DR., STE 350 - RESTON, VA 20191 Telephone No. \blacktriangleright (703)234-4072Fax No. 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) . If this is for the whole group, check this 」. 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. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2019)

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