

Return of Organization Exempt From Income Tax

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

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2005** calendar year, or tax year beginning and ending

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

C Name of organization: **NATIONAL SPACE SOCIETY**
 Number and street (or P O box if mail is not delivered to street address): **1620 I STREET NW**
 Room/suite: **615**
 City or town, state or country, and ZIP + 4: **WASHINGTON, DC 20006**

D Employer identification number: **23-7417411**

E Telephone number: **202-429-1600**

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: **WWW.NSS.ORG**

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

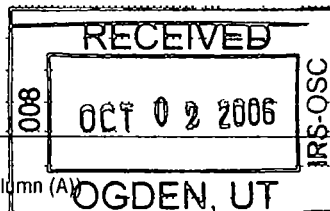
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **1,148,651.**

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number: **N/A**
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	497,443.		
b	Indirect public support	1b	18,568.		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 516,011. noncash \$ _____)	1d		516,011.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		143,333.	
3	Membership dues and assessments	3		429,154.	
4	Interest on savings and temporary cash investments	4		42.	
5	Dividends and interest from securities	5		2,081.	
6 a	Gross rents SEE STATEMENT 1	6a	37,380.		
b	Less rental expenses SEE STATEMENT 2	6b	37,380.		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0.	
7	Other investment income (describe _____)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities	4,902.	8a	
b	Less cost or other basis and sales expenses	(B) Other	2,966.	8b	
c	Gain or (loss) (attach schedule)		1,936.	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3	8d		1,936.	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		15,748.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,108,305.	
13	Program services (from line 44, column (B))	13		905,463.	
14	Management and general (from line 44, column (C))	14		86,702.	
15	Fundraising (from line 44, column (D))	15		59,545.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		1,051,710.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		56,595.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		108,124.	
20	Other changes in net assets or fund balances (attach explanation)	20		0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		164,719.	

SCANNED OCT 17 2006



Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25	104,000.	90,480.	10,400.
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29	7,288.	6,214.	1,063.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	2,025.	74.	1,951.
34 Telephone	34	7,057.	598.	6,459.
35 Postage and shipping	35			
36 Occupancy	36	9,833.	9,833.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38	438,267.	388,712.	5,390.
39 Travel	39	12,864.	11,701.	1,163.
40 Conferences, conventions, and meetings	40	192,987.	185,542.	7,445.
41 Interest	41	222.	222.	
42 Depreciation, depletion, etc (attach schedule)	42	890.	890.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 4	43g	276,277.	222,142.	41,886.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,051,710.	905,463.	86,702.
				59,545.

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

** SEE STATEMENT 5

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a THE EDUCATION AND COMMUNICATION PROGRAM PROVIDES SPACE RELATED EDUCATION AND COMMUNICATION FOR APPROXIMATELY 20,000 MEMBERS THROUGH REGIONAL MEETINGS, TOPICAL WORKSHOPS AND PUBLICATION OF MAGAZINE (ADASTRA).	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	717,169.
b THE POLICY RESEARCH PROGRAM PROVIDES SPACE RELATED RESEARCH AND POLICY DISSEMINATION TO APPROXIMATELY 20,000 MEMBERS AND THE GENERAL PUBLIC THROUGH SEMINARS, PUBLICATIONS AND THE MEDIA.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	188,294.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	905,463.

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	72,157.	45	149,528.
	46 Savings and temporary cash investments	561.	46	565.
	47 a Accounts receivable	47a 47,094.		
	b Less: allowance for doubtful accounts	47b	47c	47,094.
	48 a Pledges receivable	48a 6,631.		
	b Less: allowance for doubtful accounts	48b	48c	6,631.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees	5,000.	50	5,000.
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	8,404.	53	
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	87,849.	54	75,069.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment: basis	57a 48,686.			
b Less: accumulated depreciation STMT 7	57b 46,949.	57c	1,737.	
58 Other assets (describe ► SECURITY DEPOSITS)		58	5,154.	
59 Total assets (must equal line 74). Add lines 45 through 58	225,204.	59	290,778.	
Liabilities	60 Accounts payable and accrued expenses	93,073.	60	85,949.
	61 Grants payable		61	
	62 Deferred revenue	24,007.	62	40,110.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65)	117,080.	66	126,059.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	99,079.	67	157,523.
	68 Temporarily restricted	9,045.	68	7,196.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	108,124.	73	164,719.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	225,204.	74	290,778.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83a			
83b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b	N/A		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations		
a	Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations		
a	Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
90 a	List the states with which a copy of this return is filed <u>SEE STATEMENT 9</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 <u>1</u>	90b	
91 a	The books are in care of <u>TREASURER</u> Telephone no <u>202-429-1600</u> Located at <u>1620 I STREET SUITE 615, WASHINGTON, DC</u> ZIP + 4 <u>20006</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92	

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a CONFERENCE					109,743.
b MAGAZINE					30,280.
c EVENT					3,310.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					429,154.
95 Interest on savings and temporary cash investments			14	42.	
96 Dividends and interest from securities			14	2,081.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16		
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			15	1,936.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ROYALTIES			15	3,854.	
b LIST RENEWALS	541800	3,294.			
c ADVERTISEMENT	541800	8,600.			
d					
e					
104 Subtotal (add columns (B), (D), and (E))		11,894.		7,913.	572,487.
105 Total (add line 104, columns (B), (D), and (E))					592,294.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	CONFERENCES AND EVENTS TO EDUCATE MEMBERS ON SPACE EXPLORATION.
93B	ADVERTISEMENT TO PROMOTE CONFERENCES AND EVENTS ON SPACE EXPLORATION.
94	MAGAZINE PUBLICATION TO EDUCATE AND PROMOTE SPACE EXPLORATION

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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

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

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

Please Sign Here

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

Signature of officer: George Whitesides Date: 9/25/06 Type or print name and title: GEORGE WHITESIDES, EXEC. DIREC

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 9/21/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: SNYDER, COHN, COLLYER, HAMILTON & ASSOC. 4520 EAST WEST HIGHWAY, SUITE 520 BETHESDA, MARYLAND 20814-3338 EIN: _____ Phone no: 301-652-6700

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization

NATIONAL SPACE SOCIETY

Employer identification number

23 7417411

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MANAGEMENT OPTIONS, INC. 1620 I STREET, SUITE 615 NW, WASHINGTON, DC 20006	ADMINISTRATIVE	187,010.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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

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

Provide the following information about the supported organizations (See page 6 of the instructions)

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

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	263,526.	319,774.	319,774.	329,133.	1,232,207.
16 Membership fees received	536,685.	559,773.	559,773.	584,200.	2,240,431.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	40,511.	36,981.	36,599.	44,250.	158,341.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,418.	43,887.	5,014.	29,597.	86,916.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	849,140.	960,415.	921,160.	987,180.	3,717,895.
24 Line 23 minus line 17	808,629.	923,434.	884,561.	942,930.	3,559,554.
25 Enter 1% of line 23	8,491.	9,604.	9,212.	9,872.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					71,191.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					3,559,554.
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		86,916.			86,916.
e Public support (line 26c minus line 26d total)					3,472,638.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					97.5582%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	N/A				
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	N/A				
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
SUBLEASE INCOME, 600 PENNSYLVANIA AVE. NW	1	37,380.	
TOTAL TO FORM 990, PART I, LINE 6A		37,380.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSE		37,380.	
- SUBTOTAL -	1		37,380.
TOTAL TO FORM 990, PART I, LINE 6B			37,380.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3	
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	4,902.	2,966.	0.	1,936.
TO FORM 990, PART I, LINE 8	4,902.	2,966.	0.	1,936.

FORM 990	OTHER EXPENSES	STATEMENT	4	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ACCOMODATIONS AND MEALS	6,377.	2,507.	3,870.	
ACCOUNTING ANF LEGAL	7,775.	3,500.	3,500.	775.
ADVERTISING	844.	832.	12.	
COMPUTER SERVICES ASSOCIATION	12,737.	10,588.	2,149.	
MANAGEMENT FEE	187,010.	161,696.	14,472.	10,842.
CONTRACT SERVICES	793.	793.		

NATIONAL SPACE SOCIETY

23-7417411

COURIER	6,449.	4,257.	1,560.	632.
BANK AND CREDIT CARD FEES	8,531.		8,531.	
DESIGN AND LAYOUT DUES AND SUBSCRIPTIONS	159.	159.		
EVENT ABD PROJECT EXPENSE	4,647.		4,647.	
INSURANCE	20,465.	20,465.		
MAILING SERVICES AND LIST RENEWALS	7,414.	5,622.	1,792.	
PAYROLL PROCESSING FEES	7,775.	7,775.		
PRESS AND PUBLIC RELATIONS	3,497.	2,144.	1,353.	
RECRUITMENT INCENTIVES	1,174.	1,174.		
	630.	630.		
TOTAL TO FM 990, LN 43	<u>276,277.</u>	<u>222,142.</u>	<u>41,886.</u>	<u>12,249.</u>

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 5
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GEORGE T. WHITSIDES	104,000.			104,000.
A. PROGRAM SERVICES	90,480.			90,480.
B. MANAGEMENT AND GENERAL	10,400.			10,400.
C. FUNDRAISING	3,120.			3,120.
TOTAL PROGRAM SERVICES				90,480.
TOTAL MANAGEMENT AND GENERAL				10,400.
TOTAL FUNDRAISING				3,120.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				104,000.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

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

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COPIER	10,816.	10,816.	0.
PRINTER	2,205.	2,205.	0.
COMPUTER	2,252.	2,252.	0.
FURNITURE	16,200.	15,366.	834.
EQUIPMENT	10,837.	10,837.	0.
COMPUTER	1,876.	973.	903.
PRINTER	3,000.	3,000.	0.

COMPUTER GIFT	1,500.	1,500.	0.
TOTAL TO FORM 990, PART IV, LN 57	48,686.	46,949.	1,737.

FORM 990 OTHER SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENTS	FMV	75,069.
TO FORM 990, LINE 54, COL B		75,069.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 9
PART VI, LINE 90

STATES

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, ME, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, WA, TN, TX, UT, VA, WV, WI

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

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

Type or print	Name of Exempt Organization National Space Society	Employer identification number 23-7417411
	Number, street, and room or suite no. If a P.O. box, see instructions c/o Snyder, Cohn-4520 East West Hwy, 520	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Bethesda, MD 20814	

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

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

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

- The books are in the care of _____
- Telephone No. _____ FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for _____

4 I request an additional 3-month extension of time until November 15, 2006

5 For calendar year 05, or other tax year beginning _____, 20____, and ending _____, 20____

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

7 State in detail why you need the extension We still do not have sufficient information to complete an accurate return at this time.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.00

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.00

Signature and Verification

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

Signature [Signature] Title CPA Date 08/14/2006

Notice to Applicant—To Be Completed by the IRS

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

Director _____ By _____ Date _____

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

Type or print	Name Snyder, Cohn
	Number and street (include suite, room, or apt. no.) or a P.O. box number 4520 East West Highway, Suite 520
	City or town, province or state, and country (including postal or ZIP code) Bethesda, MD 20814

7005 1820 0000 0490 3069



Board of Directors Contact Information

August 16, 2005

PRIVATE - Not for Distribution Outside the Board

Officers

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

Hugh Downs

Chairman, Board of Governors
7993 N Ridgeview Dr
Paradise Valley, AZ 85253-3088
W (602) 485-9081
BOD term: Ex Officio

Kirby Ikin

President & Chairman, Board of Directors
1 Tregenna Close
St. Ives
NSW 2075
Australia
H 011 61 2 9440 3767
W 011 61 2 9988 0252
kikin@bigpond.net.au
BOD term: 2006

Gary Barnhard

Chairman, Executive Committee
8012 MacArthur Blvd
Cabin John, MD 20818-1608
H/W (301) 229-8012
M (301) 509-0848
Barnhard@barnhard.com
BOD term: 2008

Greg Allison

Executive Vice President
PMB 168, 1019
Old Monrovia Road
Huntsville, AL 35806
H (256) 859-5538
W (256) 544-2458
ghallison@aol.com
BOD term: 2006

Mark Hopkins

Senior Vice President
2439 25th Street
Santa Monica, CA 90405-1818
H (310) 452-0421
loby4space@aol.com
BOD term: 2006

Arthur Smith

Vice President, Chapters
8 Sherry Lane
Selden, NY 11784
apsmith@aps.org
BOD term: Ex Officio

Robby Gaines

Vice President, Development
1814 West Runyan Ave
Artesia, NM 88210
H (505) 746-8695
W (505) 746-5233
M (505) 308-9179
robby@navajo-refining.com
robbygaines@msn.com
BOD term: Ex Officio

Brian Lundquist

Vice President, Membership
18300 Green Mountain Road NW
Banks, OR 97106
H (503) 324-7141
M (541) 840-8155
wind12@seventhwave.com
BOD term: 2008

Jeremy Pyle

Vice President, Public Affairs
2056 Ellis Street
San Francisco, CA 94115
H (415) 713-6272
filjeremy@hotmail.com
BOD term: Ex Officio

Josh Powers

Secretary
12101-G Maple Forest Ct
Fairfax, VA 22030-7716
H: (703) 449-9624
M: (703) 585-8663
joshpowers@cox.net
BOD term: 2006

Bill Gardiner

Assistant Secretary
1197 Spur 138
Jonesboro, GA 30236
H (770) 603-8039
W (770) 473-7617
analytech_1981@analytech.com
BOD term: 2006

Joe Redfield

Treasurer
609 Ridgeview
San Antonio, TX 78253
H (210) 679-7625
W (210) 522-3729
jredfield@swri.edu
BOD term: 2006

Marty Trumbore

Assistant Treasurer
1749 N Wells St
Apt 1103
Chicago, IL 60614
W (312) 385-8518163
M (917) 523-4126
marty_trumbore@yahoo.com
BOD term: Ex Officio

Keil Ritterpusch

General Counsel
Pierson, Burnett & Ritterpusch, LLP
517 S. Washington St
Alexandria, VA 22314-4143
W (703) 683-3044
M (703) 944-9263
krutterpusch@comspacelaw.com
BOD term: Ex Officio

Executive Director

George Whitesides

Executive Director
National Space Society
1620 I Street NW
Washington, DC 20006
W (202) 429-1600
M (626) 833-5869
grw@alumni.princeton.edu
BOD term: Ex Officio



Board of Directors Contact Information

August 16, 2005

PRIVATE - Not for Distribution Outside the Board

Non-officer Voting Directors

Larry Ahearn
610 West 47th Place
Chicago, IL 60609
H/W: (773) 373-0349
Llahearn@aol.com
BOD term 2008

Richard Beers
1608 NE Ravenna Blvd
Seattle, WA 98105
H/W (206) 522-6785
rbeers@msn.com
BOD term 2006

Don Doughty
4 Forest Rd
Atkinson, NH 03811
H (603) 362-9443
M (603) 401-8359
Dondoughty@Yahoo.com
spacelst@world.std.com
BOD term 2006

Marianne Dyson
15443 Runswick Dr
Houston, TX 77062-3310
H (281) 486-4747
marianneyson@yahoo.com
BOD term 2006

Erich Fischer
1847 47th Place NW
Washington, DC 20007
W (202) 243-5043
M (202) 413-5549
fischer_eric@yahoo.com
BOD term 2008

Michael Fulda
2 Briarwood terrace
Fairmont, WV 26554
H (304) 363-8545
W (304) 367-4674
Mfulda@fairmontstate.edu
BOD term 2006

Rich Godwin
955 Amberwood Circle
Naperville, IL 60563
H (630) 778-8955
W (630) 637-6296
Richard@cgpublishing.com
BOD term 2006

Bill Higgins
MS 371
Fermi Lab
P O Box 500
Batavia, IL 60510
H (630) 499-7935
W (630) 840-4318
Higgins@fnal.gov
BOD term 2006

George Howard
P O Box 22537
Kansas City, MO 64113-0537
H (816) 523-7593
Kcnssh18@aol.com
BOD term 2006

Dana Johnson
4396 Eaton Place
Alexandria, VA 22310
H (703) 922-7206
W (703) 875-8420
DJJohnson@ngc.com
BOD term 2008

Margaret Jordan
12760 Bradwell Road
Oak Hill, VA 20171
H: (703) 620-0486
margaretyordan@earthlink.net
BOD term. 2008

Ronnie Lajoie
162 Kirby Lane
Madison, AL 35757
H (256) 721-1083
W (256) 461-5934
M (256) 509-3833
Ronnie@lajoie.net
BOD term: 2008

Jeffrey Liss
1364 Edgewood Lane
Winnetka, IL 60093-1412
H: (847) 446-8343
W: (312) 876-0600
JGLJGL@aol.com
BOD term 2008

Bruce Mackenzie
102 Sanborn Lane
Reading, MA 01867-1009
H: (781) 944-7027
bmackenzie@alum.mit.edu
BOD term: 2008

Ken Money
12 Audubon Court
North York
Ontario, Canada
M2N 1T9
H/W (416) 225-5226
Kenmoney@sympatico.ca
BOD term 2008

Greg Rucker
5901 West Behrend Dr #1143
Glendale, AZ 85308
H (623) 328-8620
W (602) 906-6209
ggrucker@mindspring.com
blake_roy@yahoo.com
BOD term. 2006

Yvonne Spencer
P O Box 3369
Chapel Hill, NC 27517
M: (919) 616-2203
Yspencer@wpo.ncco.edu
yvspencer@aol.com
BOD term: 2008

John Strickland
12717 Bullick Hollow Rd
Austin, TX 78726
H (512) 258-8998, 258-9959
W (512) 465-7968
jkstrick@io.com
BOD term: 2006

Craig Ward
1914 Condon Ave
Redondo Beach, CA 90278
H: (310) 371-7015
cew@acm.org
BOD term: 2006

Philip Young
158 Murray Farm Road
Beecroft
NSW 2119
Australia
H. 011 61 2 9614 1900
W. 011 61 2 9614 1900
M: 011 61 4 1201 8410
philpyoung@optushome.com.au
BOD term: 2008

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

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

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

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

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

Type or print	Name of Exempt Organization National Space Society	Employer identification number 23-7417411
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions c/o Snyder, Cohn - 4520 East West Highway, Suite 520	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Bethesda, MD 20814	

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

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

• The books are in the care of ▶ _____

Telephone No ▶ _____ FAX No ▶ _____

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08-15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 2005 or
 ▶ tax year beginning _____, 20__, and ending _____, 20__

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0.00

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0.00

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 12-2004)

7005 1820 0000 0490 2567