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 **

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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

Open to Public Inspection

А	roi tii	e 20 i9 calendar year, or tax year beginning and	a enaing	_	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		23-74174	11
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	<u> </u>
	Final return.			(703)234	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	962,368.	
	Amen			H(a) Is this a group re	
	Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)) or 527	=	list. (see instructions)
		te: NWW.SPACE.NSS.ORG	,	H(c) Group exemption	,
		organization: X Corporation Trust Association Other	I Year		1 State of legal domicile: DC
	art I	Summary	L 1001	01101111441011, = 0 7 = 14	Totato or logal dominino.
		Briefly describe the organization's mission or most significant activities: THE	VISION	OF NSS IS	PEOPLE
Activities & Governance	'	LIVING AND WORKING IN THRIVING COMMUNITI	TES BEY	OND THE EAR	TH. AND THE
naı		Check this box if the organization discontinued its operations or disposit			
Ver				l I	32
ဗွ		Number of independent voting members of the governing body (Part VI, line 1b)		·····	32
م س		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
Ë				····	275
Ę		*			3,450.
Ā		Total unrelated business revenue from Part VIII, column (C), line 12		·····	0.
	6	Net unrelated business taxable income from Form 990-T, line 39			
		Contributions and grants (Dort VIII line 1b)		Prior Year 2,225,642.	Current Year 730,288.
ne	8	Contributions and grants (Part VIII, line 1h)		227,315.	192,545.
Revenue	9	Program service revenue (Part VIII, line 2g)		17,912.	33,650.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,572.	5,885.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,488,441.	962,368.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,400,441.	5,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	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) Total fundraising expenses (Part IX, column (D), line 25) 47, 0	\\	0.	0.
꼾	b	Total fundraising expenses (Part IX, column (D), line 25)) / 4 •	062 004	1 140 EE2
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		962,984. 962,984.	1,140,552.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,145,552.
	19	Revenue less expenses. Subtract line 18 from line 12		1,525,457.	-183,184.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		1,676,003.	1,796,334.
et A	21	Total liabilities (Part X, line 26)		102,859.	175,410.
	22	Net assets or fund balances. Subtract line 21 from line 20		1,573,144.	1,620,924.
_	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true	e, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of v	which preparer	has any knowledge.	
		Signature of officer		Doto	
Sig		, · · · · ·		Date	
He	re	JOE REDFIELD, TREASURER			
		Type or print name and title		Data I -	T DTIN
		Print/Type preparer's name Preparer's signature		Date Check Check If	PTIN
Pai			Miller	11/13/20 self-employe	P00086726
	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN	39-0974031
Use	Only	Firm's address 419 N LEE ST			
		ALEXANDRIA, VA 22314-2301		Phone no. 70	3-519-0990
Ма	y the II	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
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. 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 \$ 731,165. including grants of \$ 5,000.) (Revenue \$ 192,545.) 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).
4b	(Code:) (Expenses \$ 234,975. including grants of \$ 0.) (Revenue \$ 0.) 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 \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses ▶ 966,140.

Form **990** (2019)

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)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	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?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	140		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Dart IV	Checklist of Required Schedules (continued)
I all IV	i Offeckiist of Neddifed Ocheddies Continued

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.55	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			₩
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			17
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
30		38	x	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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

				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 return	ns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
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	ccount)?	4a		X
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 Action in the control of th	,	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for a prohibited tax sh		5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		60		x
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 contributions.		6a		
D	were not tax deductible?	•	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 service and partly for goods and partly for goods and partly for goods and service and partly for goods and goods are goods and go	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7с		Х
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 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	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ Did \ a \ donor \ advised \ fund \ maintained$				
	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:	400			
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Section 501(c)(12) organizations. Enter:	TOD			
'' a		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	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		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			77
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				- v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	. i	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "You" complete Form 4720. School 10.0	income?	16		┢ˆ
	If "Yes," complete Form 4720, Schedule O.		Form	. 000	(2010)

Form **990** (2019)

Form 990 (2019) NATIONAL SPACE SOCIETY 23-7417411 Page
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 on 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 alpha 32			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3	х	
		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
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		
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	Х	
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		<u>X</u>
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 on Schedule O	9		X
Sec	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	
	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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		12.0		
·	in Schedule O how this was done	12c	х	
13	Billing and the state of the st	13	X	
	Did the organization have a written whistieblower policy? Did the organization have a written document retention and destruction policy?	14	X	
14		14	-25	
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?	45	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
	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			v
	taxable entity during the year?	16a		<u>X</u>
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, FL, GA, HI, IL, KS, KY	, MA	,MD	,MI
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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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			
02200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2019)

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.

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

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	r/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	l trust		ee Ge	nben		(88-2/1099-181130)		organization and related
	below	dualt	Institutional trustee	_	Key employee	Highest compensated employee	<u></u>			organizations
	line)	ndivic	nstitu	Officer	key er	Highe amplo	Former			
(1) KARLTON (BLADE) JOHNSON	8.00		_				_			
CHAIRMAN, BOARD OF GOVERNORS		Х						0.	0.	0.
(2) GEOFF NOTKIN	8.00									
PRESIDENT		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	10 00	Х		Х				0.	0.	0.
(9) JOE REDFIELD	10.00	,,		77						_
TREASURER	4 00	Х		Х				0.	0.	0.
(10) JOHN STRICKLAND	4.00	٠,,		37						_
ASSISTANT TREASURER/ CHAIR, AWARDS C	0 00	Х		Х				0.	0.	0.
(11) ANITA GALE	8.00	٠,,		37						_
SECRETARY	4 00	Х		Х				0.	0.	0.
(12) MIKE SNYDER	4.00	Х		Х				0.	0.	_
ASSISTANT SECRETARY/ CHAIR, PROJECTS	4.00	Δ		Λ				0.	0.	0.
(13) DALE AMON	4.00	\ \						0.	0.	_
DIRECTOR	4 00	Х						0.	0.	0.
(14) GARY BARNHARD	4.00	Х						0.	0.	0.
DIRECTOR	4.00	^						0.	0.	0.
(15) DAVID BRANDT-ERICHSEN DIRECTOR	4.00	Х						0.	0.	0.
(16) K. DEAN LARSON	4.00	┢			_			0.	"	<u></u>
DIRECTOR	7.00	Х						0.	0.	0.
(17) MADHU THANGAVELU	4.00				-				"	
DIRECTOR	1.00	Х						0.	0.	0.
211201011	<u> </u>						Щ.			5 000 (2212)

Form **990** (2019)

Form 990 (2019) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (F) (D) (E) Position Average Name and title 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 ndividual trustee or director the compensation 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 X (19) FENG HSU 4.00 X 0 0. 0. DIRECTOR 4.00 (20) RON JONES 0 X 0. 0. DIRECTOR 4.00(21) MIKE RYAN X 0 0. DIRECTOR 0. (22) TODD KAPP 4.00 0 0 0. DIRECTOR Х 4.00 (23) RANDY GUGANTE X 0. 0. 0. DIRECTOR (24) MYRNA COFFINO 4.00 X 0. 0. 0. DIRECTOR (25) GREG AUTRY 4.00 X 0. 0. 0. DIRECTOR 4.00 (26) AL GLOBUS 0. DIRECTOR Х 0 0 0. 0. 0. 1b Subtotal 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 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors**

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.

) of services	(C)
	Compensation
& ADMIN	152,614.
	& ADMIN

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

Form 990 (2019)

Form 990 NATIONAL	SPACE S	300	CTF	STY	Y				23-741	7411
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
										(F)
Name and title		Position					Reportable	Reportable	Estimated	
Traine and the	Average hours	(check all that apply)					lv)	compensation	compensation	amount of
	per	<u> </u>				Ϊ́	ĺ	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				oldme		organization	(W-2/1099-MISC)	from the
	hours for	or di	99			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	frust		ee	ubeus				and related organizations
	below	dual tr	tional	١.	nploy	stcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	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									•
DIRECTOR	4 00	Х						0.	0.	0.
(33) KAREN MERMEL	4.00	,,							0	0
DIRECTOR	4 00	Х						0.	0.	0.
(34) JOHN CHARLES	4.00	\ \						0.	0.	0
DIRECTOR	2.00	Х						0.	0.	0.
(35) ALFRED ANZALDUA	2.00			x				0.	0.	0.
EXEC. VICE PRESIDENT/ CHAIR, INTERNA (36) BURTON DICHT	2.00			^				0.	0.	0.
VICE PRESIDENT, MEMBERSHIP	2.00			х				0.	0.	0.
(37) MAC CANTER	4.00			<u> </u>					0.	•
GENERAL COUNSEL	1.00			х				0.	0.	0.
				-						
		1								
		_					_			
		ļ								
		_	_	_		_	_			
		-								
Total to Dout VIII. Continue A. Bronde										
Total to Part VII, Section A, line 1c										

Form 990 (2019) NATIONA
Part VIII Statement of Revenue

		Chack if Schodula O centains a response	or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response	or note to any lin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
				Total Tovolido	function revenue	business revenue	from tax under
							sections 512 - 514
nts	1 a	Federated campaigns1a	5,043.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	388,232.				
	С	Fundraising events 1c					
		Related organizations 1d					
		Government grants (contributions) 1e					
Sis		All other contributions, gifts, grants, and					
uţi,	•	I I	337,013.				
흥히		similar amounts not included above 1f	337,013.				
i p	g	Noncash contributions included in lines 1a-1f 1g \$		720 000			
<u>a</u> C	h	Total. Add lines 1a-1f		730,288.			
			Business Code				
Program Service Revenue	2 a	CONFERENCE REVENUE	611430	192,545.	192,545.		
	b						
	С						
E &	d						
Pg	_						
Pro	ء	All other program service revenue					
				192,545.			
-		Total. Add lines 2a-2f		172,343.			
	3	Investment income (including dividends, interest		22 650			22 650
		other similar amounts)		33,650.			33,650.
	4	Income from investment of tax-exempt bond p	proceeds -	4 0 5 0			4 0 0 0
	5	Royalties		1,079.			1,079.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Not worth line and a william					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a		(ii) Garier				
		assets other than inventory 7a					
a	b	Less: cost or other basis					
ŭ		and sales expenses 7b					
Š	С	Gain or (loss) 7c					
her Revenue	d	Net gain or (loss)					
he	8 a	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	•				
		Gross income from gaming activities. See					
	Ju	9 9					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a	1				
	b	Less: cost of goods sold10k					
	С	Net income or (loss) from sales of inventory					
			Business Code				
ايرة	11 a	ADVERTISING INCOME	541800	3,450.		3,450.	
ne Jue	b			-,		,	
Miscellaneous Revenue							
Re	C	All other revenus	900099	1,356.			1,356.
Σ		All other revenue		4,806.			1,330.
		Total. Add lines 11a-11d	P		192,545.	2 450	36 NOF
	12	Total revenue. See instructions		JU4,J00.	ı 134,343 .	ı J,45U•	70,000.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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	F 000	E 000		
	individuals. See Part IV, line 22	5,000.	5,000.		
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				
10	Payroll taxes				
11	Fees for services (nonemployees):	105,133.	78,850.	21,026.	5,257
a		103,133.	70,030.	21,020.	3,231
b		34,346.		34,346.	
C		42,500.	42,500.	34,340.	
	Lobbying	42,300.	42,300.		
e	·	8,556.		8,556.	
f	Investment management fees	0,330.		0,330.	
g	, -	149,692.	148,683.	894.	115
40	column (A) amount, list line 11g expenses on Sch 0.)	3,407.	3,407.	0,94.	113
12	Advertising and promotion	246,503.	180,940.	25,254.	40,309
13	Office expenses	75,119.	62,654.	11,074.	1,391
14	Information technology	75,115.	02,034.	11,074.	1,331
15	Royalties	17,314.	12,010.	5,304.	
16 17	Occupancy	22,052.	22,052.	3,304.	
17	Travel	22,032.	22,032.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	311,384.	308,045.	3,339.	
19 20		31.	300,043.	31.	
		31.		31.	
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23	· · · · · · · · · · · · · · · · · · ·	4,613.		4,613.	
23 24	Insurance Other expenses. Itemize expenses not covered	1,0134		1,010.	
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) DESIGN AND LAYOUT	52,229.	47,006.	5,223.	
a	PROJECTS	47,313.	47,000.	3,443.	
b	BAD DEBT EXPENSE	5,000.	41,313·	5,000.	
C	DUN DEDI EVLEMSE	3,000.		3,000.	
d	All others are an are	15,360.	7,680.	7,680.	
e or		1,145,552.	966,140.	132,340.	47,072
25 26	Total functional expenses. Add lines 1 through 24e	1,140,0040	JUU, 14U.	134,340.	41,014
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	25 074	20 570	0.	E 206
	Check here X if following SOP 98-2 (ASC 958-720)	35,974.	30,578.	U • [5,396

932010 01-20-20

Ра	π λ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this I			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	136,190.	1	65,863
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	58,586
	5	Loans and other receivables from any current or former officer, direct			
		trustee, key employee, creator or founder, substantial contributor, o	r 35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defi	ined		
		under section 4958(f)(1)), and persons described in section 4958(c)((3)(B)	6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	38,525
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	1,502,303.	11	1,633,360
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,796,334
	17	Accounts payable and accrued expenses		17	103,993
	18	Grants payable		18	
	19	Deferred revenue		19	58,572
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule I	D	21	
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, o			
Liabilities				22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thin	l l		
		parties, and other liabilities not included on lines 17-24). Complete P	7,000.		12,845
		of Schedule D	100 050	25	175,410
	26	Total liabilities. Add lines 17 through 25	102,859.	26	1/3,410
S		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.	1,573,144.	07	1,620,924
3ale	27	Net assets without donor restrictions		27	1,020,924
ğ	28	Net assets with donor restrictions		28	
Ξ		Organizations that do not follow FASB ASC 958, check here			
ō		and complete lines 29 through 33.		00	
ets	29	Capital stock or trust principal, or current funds		29	
ASS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fund	1 == 2 111	31	1,620,924
Z	32	Total net assets or fund balances		32	1,796,334
	33	Total liabilities and net assets/fund balances		33	1,130,334

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				68.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,14		
3	Revenue less expenses. Subtract line 2 from line 1	3		-18		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,57		
5	Net unrealized gains (losses) on investments	5		23	0,9	64.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,62	0,9	24.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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		Х
	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	s,			
	consolidated basis, or both:					
	X 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 th	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 on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

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. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	501,159.	507,588.	478,193.	694,708.	708,623.	2890271.	
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	501,159.	507,588.	478,193.	694,708.	708,623.	2890271.	
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)						569,106.	
	Public support. Subtract line 5 from line 4.						2321165.	
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2015 501, 159.	(b) 2016 507, 588.	(c) 2017 478, 193.	(d) 2018 694,708.	(e) 2019	(f) Total 2890271.	
	Amounts from line 4	301,139.	307,300.	4/0,193.	094,700.	708,623.	2090271.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	64,497.	76,733.	94,131.	20,084.	34,729.	290,174.	
_	and income from similar sources	04,497.	10,133.	34,131.	20,004.	34,149.	290,174.	
9	Net income from unrelated business							
	activities, whether or not the	9,377.		-2,579.			6,798.	
10	business is regularly carried on Other income. Do not include gain	3,3111		2,375			0,750.	
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	8,317.	5,290.	236.		4,806.	18,649.	
11		7,5	7				3205892.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	978,963.	
13	First five years. If the Form 990 is for						<u> </u>	
	organization, check this box and stop	hana						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	72.40 %	
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	74.88 %	
16a	33 1/3% support test - 2019. If the o	•		•		•		
	stop here. The organization qualifies						<u>X</u>	
b	33 1/3% support test - 2018. If the o						nis box	
	and stop here. The organization qual						▶□	
17a	10% -facts-and-circumstances tes	-						
	and if the organization meets the "fac			-	-	-		
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances tes	ū				•		
	more, and if the organization meets the							
	organization meets the "facts-and-circ							
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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 this	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organi:	zation
•		-			-		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	/ 6
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the					$\overline{}$	
.50	more than 33 1/3%, check this box a						
	o 33 1/3% support tests - 2018. 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		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Pai	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		
Sec	ction 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	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
360	Ction D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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	ction 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 instru	ctions).		
а				
b				
C		see instructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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		Za		
	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				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	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 Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. A					
	other Type III non-functionally integrated supporting organizations must co	mplete S	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	1b				
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	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2019

ı aı	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

	Part IV, Section A, lines 1, line 1; Part IV, Section D, li	2, 3b, 3c, 4b, 4d ines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ut IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ection E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDU	LE A, LIST OF	UNUSUAL	GRANTS RECEIVED:
DESCRI	PTION: BEQUEST	r	
DATE:	12/31/18	AMOUNT:	1525393.
DESCRI	PTION: BEQUEST	r	
DATE:	12/31/19	AMOUNT:	21165.

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

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

2019

Name of the organization Employer identification number

NATIONAL SPACE SOCIETY 23-7417411 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

NAT'LO.	NAL SPACE SOCIETY	23	-/41/411
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	rumo, addi coo, and En 1 1	\$\$	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
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	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.)

Name of organization Employer identification number

NATIONAL SPACE SOCIETY

23-7417411

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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 i	nstructions), then				
 Section 501(c)(4) 	, (5), or (6) organiza	tions: Complete Part III.			
Name of organization	า			Empl	oyer identification number
		L SPACE SOCIETY			23-7417411
Part I-A Com	plete if the or	ganization is exempt ur	nder section 501(c)	or is a section 527 o	rganization.
2 Political campai	gn activity expendi	zation's direct and indirect poli tures ign activities		▶\$	
		ganization is exempt ur			
1 Enter the amou	nt of any excise tax	incurred by the organization u	ınder section 4955	▶\$	
2 Enter the amou	nt of any excise tax	incurred by organization mana	agers under section 4955	5▶\$	
3 If the organizati	on incurred a section	on 4955 tax, did it file Form 472	20 for this year?		Yes No
4a Was a correction	n made?				Yes No
b If "Yes," describ			1: 504/ \	1 1: 504/	1/01
	<u> </u>	ganization is exempt ur		<u> </u>	** *
		d by the filing organization for			
		nization's funds contributed to			
•	•	s. Add lines 1 and 2. Enter here		· ·	
line 17b				▶\$	
		1120-POL for this year?			
made payments contributions re	s. For each organizate ceived that were pr	mployer identification number of the street in the amount promptly and directly delivered the additional space is needed, possible to the street in the stre	paid from the filing organi to a separate political org	zation's funds. Also enter th ganization, such as a separa	ne amount of political
(a) N	ame	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

section 501(n)).						
A Check ▶ if the filing organiza	ation belong	s to an affili	ated group (and list in	Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and sha	are of excess	s lobbying e	expenditures).			
B Check ▶ ☐ if the filing organiza	ation checke	ed box A an	d "limited control" pro	visions apply.		
	its on Lobb iditures" me		ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence publ	ic opinion (g	rassroots lobbying)			
b Total lobbying expenditures to inf	luence a leg	islative bod	y (direct lobbying)		42,500.	
c Total lobbying expenditures (add	lines 1a and	11b)			42,500.	
d Other exempt purpose expenditure		1,103,052.				
e Total exempt purpose expenditure		1,145,552.				
f Lobbying nontaxable amount. Ent	189,555.					
If the amount on line 1e, column (a)						
Not over \$500,000						
Over \$500,000 but not over \$1,00						
Over \$1,000,000 but not over \$1,5						
Over \$1,500,000 but not over \$17						
Over \$17,000,000						
					1= 000	
g Grassroots nontaxable amount (e	nter 25% of	line 1f)			47,389.	
h Subtract line 1g from line 1a. If ze	•				0.	
i Subtract line 1f from line 1c. If zer					0.	
j If there is an amount other than ze	ero on eithe	r line 1h or l	ine 1i, did the organiza	ation file Form 4720	Г	
reporting section 4911 tax for this					L	Yes No
(Some organizations t	that made a	section 50	raging Period Under 01(h) election do not te instructions for lir	have to complete all	of the five columns b	elow.
	Lobb	ying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	137	7,074.	157,444.	169,448.	189,555.	653,521.
b Lobbying ceiling amount (150% of line 2a, column(e))						980,282.
c Total lobbying expenditures					42,500.	42,500.
d Grassroots nontaxable amount	34	1,269.	39,361.	42,362.	47,389.	163,381.

Schedule C (Form 990 or 990-EZ) 2019

245,072.

e Grassroots ceiling amount

(150% of line 2d, column (e))

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)).

ror e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
of th	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?				
b	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?				
١	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 u	501(c)(6).)	(0), 01 00	otion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
•					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-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	ne prior year	? 3 (5), or se		e 3, is
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-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."	ne prior year on 501(c) "No" OR	? 3 (5), or se (b) Part		e 3, is
2 3 Pa	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-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." Dues, assessments and similar amounts from members	ne prior year on 501(c) "No" OR	? 3 (5), or se (b) Part		e 3, is
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2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	e prior year on 501(c) "No" OR	? 3 (5), or se (b) Part		e 3, is
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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		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200
	, ,	(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		d funds
	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		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	• • • • • • • • • • • • • • • • • • • •	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats
Га	Complete if the organization answered "Yes" on Form	-	nei Siiniiai Assets.
10	If the organization elected, as permitted under FASB ASC 95		ad balance about works
ıa	of art, historical treasures, or other similar assets held for pul	, '	
	service, provide in Part XIII the text of the footnote to its final	,	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in further	erance of public service,
	(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 tre		
_	the following amounts required to be reported under FASB A	•	ga, provido
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2019

	chedule D (Form 990) 2019 NATIONAL SPACE SOCIETY 23-741/411 Page 2										
Par	t III Organizations Maintaining C									nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following tha	at make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progr						
b	Scholarly research	е	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit or				•				_		7
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Part X, line 21.										
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?										
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:										
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Pa Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No										
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										
Par	T V Endowment Funds. Complete if										
	<u>_</u>	(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	r years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
3а	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	1		·							
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	dep	reciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
е	Other	[1		1		- 1			

Schedule D (Form 990) 2019

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2019 NATIONAL SPA	ACE SOCIETY	23-	-7417411 Page
Part VII Investments - Other Securities.		_ <u>-</u> -	
Complete if the organization answered "Yes" (
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)		. ,	•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OTHER CURRENT LIABILITIES			12,845
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

(7) (8)

12,845.

Par	rt XI	Reconciliation of Revenue per Audited Financial Stat		Revenue per R	eturr	۱.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	1,184,776
2		ints included on line 1 but not on Form 990, Part VIII, line 12:				
		nrealized gains (losses) on investments		230,964.		
		ted services and use of facilities				
		veries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			
е		nes 2a through 2d			2e	230,964
3	Subtr	act line 2e from line 1			3	953,812
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	8,556.		
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b			4c	8,556
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	962,368
Pai	rt XII	Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total	expenses and losses per audited financial statements			1	1,136,996
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ted services and use of facilities	2a			
b		year adjustments				
С		losses				
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	0 .
3		act line 2e from line 1			3	1,136,996
4		ints 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	8,556.		
		(Describe in Part XIII.)				
		nes 4a and 4b	· ·		4c	8,556
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	1,145,552
		Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			,	

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2019
Open to Public

Open to Public 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

BEYOND THE EARTH, AND THE USE OF THE VAST RESOURCES OF SPACE FOR THE

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, TO STRIVE TO SURVIVE.

1.SURVIVAL OF THE HUMAN SPECIES

THE HUMAN SPECIES IS ENCOUNTERING INCREASED NATURAL, MAN-MADE, AND

EXTRATERRESTRIAL THREATS, INCLUDING DISEASE, RESOURCE DEPLETION,

POLLUTION, URBAN VIOLENCE, TERRORISM, NUCLEAR WAR, ASTEROIDS, AND

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) 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.

09541113 788028 13999.3AU01

Schedule O (Form 990 or 990-EZ) (2019) 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) (2019) Page 2 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 PRIOR TO FILING WITH THE IRS. 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,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,ND,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 148,683.

FUNDRAISING EXPENSES

MANAGEMENT AND GENERAL EXPENSES

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

894.

115.

Form 990-T	E	Exempt Orga	nization Bus	sine	ss Income Ta	ax Return		OMB No. 1545-0047	
		(aı	nd proxy tax und	er se	ction 6033(e))			0040	
	For ca	lendar year 2019 or other tax ye	ar beginning		, and ending			2019	
Department of the Treasury Internal Revenue Service	▶	► Go to www Do not enter SSN numbe			ons and the latest informa de public if your organiza		Op 50	pen to Public Inspection for 1(c)(3) Organizations Only	
A Check box if address changed		Name of organization (Check box if name cl	hanged	and see instructions.)		Employe (Employ instructi	er identification number rees' trust, see ions.)	
B Exempt under section	Print	NATIONAL SP	ACE SOCIETY				23	-7417411	
X 501(c)(3)	or	Number, street, and room			structions.	E	Unrelate	ed business activity code tructions.)	
408(e) 220(e)	Туре	11130 SUNRI					(See IIIS)	ructions.)	
408A 530(a)		City or town, state or pro-	vince, country, and ZIP or	r foreig	n postal code				
529(a)		RESTON, VA	20191			5	5418	00	
C Book value of all assets at end of year		F Group exemption number	per (See instructions.)	>					
1,798,698. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust									
n Elliel the number of the	organiza	illon s unrelated trades or t	ousinesses. >	1	Describe ti	he only (or first) unre			
trade or business here						complete Parts I-V. If			
		ice at the end of the previou	us sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each additiona	l trade o	r	
business, then complete			· ·				٦,,		
I During the tax year, was		•		nt-subs	idiary controlled group?	▶ ∟	Yes	X No	
J The books are in care of		tifying number of the parer			Talanho	ne number 🕨 (7	7031	231-1072	
Part I Unrelate					(A) Income	(B) Expenses	/ 0 3 /	(C) Net	
1a Gross receipts or sale		ao or Baomicoo mi			(i) income	(=)=======		(0)	
b Less returns and allow			c Balance ▶	1c					
		A, line 7)		2					
3 Gross profit. Subtract				3					
-		h Schedule D)		4a					
		art II, line 17) (attach Form		4b					
		sts		4c					
		ship or an S corporation (a		5					
				6					
		ne (Schedule E)		7					
		and rents from a controlled		8					
		on 501(c)(7), (9), or (17) o	- '						
		me (Schedule I)		10	2 450	2 1 (7	323.	
11 Advertising income (S	Schedule	e J)		11	3,450.	3,12	4 / •	343.	
12 Other income (See in:	Struction	ns; attach schedule) gh 12		12	3,450.	3,12	7	323.	
		ot Taken Elsewhei				3,12	4 / •		
(Deductions	must l	oe directly connected w	ith the unrelated busir	ness in	come.)				
		rectors, and trustees (Sche					14		
							15		
							16		
		oo instructions)					17 18		
		ee instructions)					19		
20 Depreciation (attach		562)			20		10		
		n Schedule A and elsewher					21b		
							22		
		mpensation plans					23		
							24		
		chedule I)					25		
26 Excess readership c	osts (Sc	hedule J)					26	323.	
27 Other deductions (at	tach sch	nedule)					27		
28 Total deductions. A	dd lines	14 through 27					28	323.	
		ncome before net operating					29	0.	
·	-	loss arising in tax years be	-	-			_	^	
		ncome. Subtract line 30 fro					30	0.	
a conteixien bijginegg i	AXADIP I	ocome adolizaci line sii tro	00 MIE 74			1	al I	\ / ·	

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

Part	III ·	Total Unrelated Business Taxable Income				<u> </u>
		of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	1	0.
		nts paid for disallowed fringes		_		
34	Charita	able contributions (see instructions for limitation rules)		34		0.
		unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lin				
		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)				
		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35				
38	Specific	fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)		. 38	1,00	00.
	Unrela	ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,				
	enter th	the smaller of zero or line 37		. 39		0.
Part	IV	Tax Computation				
40		izations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40		0.
41		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:				
		Tax rate schedule or Schedule D (Form 1041)				
		tax. See instructions				
43	Alterna	ative minimum tax (trusts only)		. 43		
44	Tax on	n Noncompliant Facility Income. See instructions		. 44		
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		. 45		0.
		Tax and Payments				
		n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		_		
		credits (see instructions) 46b		_		
		al business credit. Attach Form 3800 46c for prior year minimum tax (attach Form 8801 or 8827) 46d		_		
		/		460		
		credits. Add lines 46a through 46d			+	0.
48	Other to	act line 46e from line 45 taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att.		48	 	<u> </u>
		tax. Add lines 47 and 48 (see instructions)			-	0.
		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3				0.
		ents: A 2018 overpayment credited to 2019		. "		
		estimated tax payments 51b		-		
		eposited with Form 8868 51c				
		in organizations: Tax paid or withheld at source (see instructions) 51d				
		p withholding (see instructions) 51e				
		for small employer health insurance premiums (attach Form 8941) 51f				
g	Other c	credits, adjustments, and payments: Form 2439				
	F	Form 4136				
52	Total p	payments. Add lines 51a through 51g		. 52		
53	Estimat	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		53		
54		ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54		
55		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55		
		the amount of line 55 you want: Credited to 2020 estimated tax Refur		► 56	<u> </u>	
Part		Statements Regarding Certain Activities and Other Information (see instruction)	ons)			
	-	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				v
50	here		at0		—— 	$\frac{x}{x}$
	-	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?			
		the amount of tax-exempt interest received or accrued during the tax year \(\brace \) \$				
	U	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my k	nowledge	and belief, it is true,	
Sign	co	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge). •			
Here		TREASURER		-	RS discuss this return w rer shown below (see	vith
		Signature of officer Date Title		instruction		No
		Print/Type preparer's name Preparer's signature Date Ch	neck	if PT		
Paid	ı	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	elf- employe	- 1		
	ı barer	CLENN MILLED CDA / $l_{\mu\mu}$ / $l_{\mu\nu}$ 11/13/20	. ,-		200086726	
	Only	, Firm's name ► WEGNER CPAS, LLP	irm's EIN	→ 3	39-0974031	1
J36	Unity	419 N LEE ST				
		Firm's address ► ALEXANDRIA, VA 22314-2301	Phone no.	<u>703</u> -	-519-0990	
923711	01-27-20				Form 990-T (2	2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	luation ▶ 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				from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a			Do the rules of section				Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquirec	I for resale) apply to			
5 Total. Add lines 1 through 4b									
Schedule C - Rent Income (see instructions)	(From Real	Property an	nd Pers	sonal Property	Leas	ed With Real Pro	perty	/)	
Description of property									
(1)									
(2)									
(3)									
(4)						_			
		ed or accrued				3(a) Deductions directly	connec	ted with the income	in
(a) From personal property (if the pe rent for personal property is more 10% but not more than 50%	nal property (if the percenta roperty exceeds 50% or if d on profit or income)	age	columns 2(a) an						
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En n (A)	ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del			e instruc	tions)		•			
				Gross income from or allocable to debt-	(-)	3. Deductions directly control to debt-finance		erty	
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	tions olumns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).		nter here and on pag Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions in						•			0.

Form **990-T** (2019)

Schedule F - Interest,	, ,	,		Controlled O				,		,
1. Name of controlled organiza	identif	nployer iication nber	3. Net unr	elated income instructions)	4 . Tot	al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		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 colu in the controll gross	mn 9 tha ing orga 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.		0 .
Schedule G - Investme		Section	501(c)(7), (9), or	(17) Or	ganization	1			
(see inst	ructions)			ı	1	3. Deduction	-00	1		5. Total deductions
1. Desc	cription of income			2. Amount of	income	directly conne	ected	4. Set-	asides chedule)	and set-asides
/1\						(attach sched	aule)	(41111111111111111111111111111111111111		(col. 3 plus col. 4)
(1)										
(2) (3)										
(4)										
(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	Exempt Activity	y Incom	e, Othe	r Than Ac		ng Incom				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly c with pro of unr	penses onnected oduction elated s income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3). If a e cols. 5	5. Gross incompression from activity is not unrelated business incompressions.	that ted	6. Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(2) (3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).		. ,							Enter here and on page 1, Part II, line 25.
Schedule J - Advertisi	ng Income (see	inotra (c±i	0.							0.
	Periodicals Rep		,	solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th	ain, comput	5. Circula income		6. Read		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 (2019

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	3,450.	3,127.	323.	46,014.	132,661.	323.
(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 26.
Totals, Part II (lines 1-5)	3,450.	3,127.				323.

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** (2019)

Form **8868**

(Rev. January 2020)

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. 1545-0047

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.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.						
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnershi	os, REMIC	s, and trusts				
must use	Form 7004 to request an extension of time to file incom	e tax retu	rns.						
Type or	Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (
print	r Name of exempt organization or other filer, see instructions.			raxpayer identification number (1114)					
File by the due date for filing your return. See instructions.	NATIONAL SPACE SOCIETY			23-7417411					
	Number, street, and room or suite no. If a P.O. box, see instructions. 11130 SUNRISE VALLEY DR., STE 350								
	city, town or post office, state, and ZIP code. For a foreign address, see instructions. RESTON, VA 20191								
Enter the	Enter the Return Code for the return that this application is for (file a separate application for each return)								
Applicat	ion	Return	Application			Return			
Is For		Code	Is For			Code			
	O or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990-BL		02	Form 1041-A			08			
Form 4720 (individual)		03	Form 4720 (other than individual)			09			
Form 990-PF		04 05	Form 5227 Form 6069			10			
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)		06	Form 8870			12			
1 01111 001	VIRTUAL, INC.	1 00	1 0111 0070			1 12			
• The b	ooks are in the care of 11130 SUNRISE V	VALLE	Y DR., STE 350 - R	ESTON	, VA 20191	•			
	hone No. ► (703)23 <u>4-4072</u>		Fax No.						
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box		<u></u>				
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole group, c	heck this			
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and TINs o	f all memb	ers the extension is	for.			
the	I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:								
$lackigwedge X$ calendar year 2019 or $lack\begin{subarray}{c} lack igwedge X$ tax year beginning , and ending .									
	tax year beginning		<u> </u>						
2 If t	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period								
3a If t	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less								
	y nonrefundable credits. See instructions.	3a	\$	0.					
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0.			
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$								
	lance due. Subtract line 3b from line 3a. Include your pa	-				0			
using EFTPS (Electronic Federal Tax Payment System). See				3c	\$	0.			
instruction	If you are going to make an electronic funds withdrawal	(direct de	אונז) with this Form 8868, see Form 8	1453-EU ar	na Form 8879-EO fo	r payment			

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

Form 8868 (Rev. 1-2020)

Form **8868**

(Rev. January 2020)

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. 1545-0047

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.

filing of the	nis form, visit www.irs.gov/e-file-providers/e-file-for-char	ities-and-r	non-profits.						
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpo	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts				
	Form 7004 to request an extension of time to file incom		· · · · · · · · · · · · · · · · · · ·	,	,				
Type or	or Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)					
print File by the	NAMIONAL CDACE COCTEMY			23-7417411					
				23-7417411					
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 11130 SUNRISE VALLEY DR., STE 350								
return. See instructions									
	RESTON, VA 20191								
Enter the	ter the Return Code for the return that this application is for (file a separate application for each return)								
Application			Application			Return			
ls For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990-BL		02	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990-PF		04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	O-T (trust other than above)	06	Form 8870			12			
	VIRTUAL, INC.		A DD GME 3EV D	пспол	777 20101				
• The books are in the care of ► 11130 SUNRISE VALLEY DR., STE 350 - RESTON, VA 20191 Telephone No. ► (703)234-4072 Fax No. ►									
•	organization does not have an office or place of busines	o in the Lle	Fax No. pited States, shock this box						
	is for a Group Return, enter the organization's four digit					hack this			
box >		7	ach a list with the names and TINs or						
	3 · · · · · · · · · · · · · · · · · · ·								
1 I re	est an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for								
the organization named above. The extension is for the organization's return for: X calendar year 2019 or									
								>	tax year beginning , and ending
	the tax year entered in line 1 is for less than 12 months, check reason:								
2 If the	n								
	☐ Change in accounting period								
32 If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6060	ontor the tentative tax loss						
	y nonrefundable credits. See instructions.	3a	\$	0.					
	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. 3b \$					0.			
_	lance due. Subtract line 3b from line 3a. Include your pa								
	ng EFTPS (Electronic Federal Tax Payment System). See				\$	0.			
	If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO fo	r payment			
instruction	ons.								

923841 12-30-19

LHA

Form 8868 (Rev. 1-2020)

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