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SCANNED JUN 1 5 2016

om 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For th	ne 200 9 ca	alendar	year, or tax year be	eginning	September 28	, 2009 , aı	nd ending	Septen	nber 26	, 20 10	
В	Check if	applicable	Please	C Name of organizatio	n U.S. Spa	ce & Rocket Cen	er Foun	dation		D Emplo	yer identification	number
		s change	use IRS label or	Doing Business As						63	126583	39
	Name c		print or	Number and street (or F	O box if mail s	not delivered to street ad	dress)	Room/suite		E Teleph	one number	
	Initial re		type See	One Tranquility	Base					(256)	430-670	02
	Termina		Specific	City or town, state of		ZIP + 4				· 200 /		
			Instruc- tions.	Huntsville, AL 3	-					G Gross re	nounte 2 2	75,130
		ed return	F Nan	me and address of princ		Larry D. Carra			1			
ш,	Application	on pending	1	-	-	Larry R. Capps			1		n for affiliates? LYes	
-	T			ranquility Base, H					I		included? LYes	
		empt status		501(c) (3) ∢ (insert no	o.) <u> </u>	a)(1) or			7		ı lıst. (see ınstructio	ons)
				cecamp.com					H(c) Group e	xemption nu	mber ▶	
				oration 🔲 Trust 🔲 Asso	ciation LI Oth	er ▶	L Year	of formation	2000	M State o	f legal domicile. A	<u>.L</u>
Pa	art I	Summ	ary									
	1	Briefly de	escribe	the organization's	mission or	most significant	activities	The mis	sion of th	is orgar	nization is to s	support
				aising, the educat					iter inclu	dina, bu	ut not limited t	to
Activities & Governance				o SPACE CAMP, S								
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ě	١ ,	Ob1. 45'-	1	C if the eventioning				4ba 000/ -				
Ĝ				if the organization of				than 25% o	ints net asser		ı	_
≪ರ	3	Number	of votin	ng members of the	governing	body (Part VI, line	e 1a)			. 3		<u> </u>
jes	4	Number	of inde	pendent voting me	embers of the	he governing body	y (Part V	I, line 1b)		. 4		9
₹	5	Total nur	mber of	f employees (Part \	V, line 2a).					5		0
Ş	6	Total nur	mber of	f volunteers (estima	ate if neces	sarv)				6		50
				elated business rev			C), line 1	12		7a		
				usiness taxable inc						7b		0
								<u> </u>	Prior Ye		Current Ye	ar
	ا	Cantribus	. :	ad assats (Dast 1/44	- delete	—				00,748		74,771
9				nd grants (Part VIII		.		· ·	2,.	0	2,2	
é		-		e revenue (Falt VIII		구있 · · · ·		· · }				0
Revenue	10	Investme	ent inco	me (Pa rt VIII, col ui	mn (A), line	s 3,94\ and 7d) .		· · -		661		360
	11	Other rev	venue (I	Part\VIII, column (A	§), g neឡឡ	3d) 8c) 9c, 10c, a	nd 11e)			0		0
	12	lotal reve	enue-a	add lines 8 through	T1 (must eq	ual/Hart VIII, colum	n (A), line	12)	2,3	01,410	2,2	<u>75,130</u>
	13	Grants a	nd simi	ilar amounts paid (Part IX, col	pmn (A), lines 1-3)		2,0	94,656	2,0	<u>68,770</u>
				or for men@ers						0		0
Expenses				omperi cation, emplo			N. lines 5	-10)		0		0
Ë				draising fees (Part I	•	•	• •	``,	0			
និ				expenses (Part IX,			10,0	40	4/19/42	N. 18 1 1	1.4.4.4.4.4.	1400
_			-	s (Part IX, column (• •	•				95,779	2	36,877
								<u> </u>		-		
	18	Total exp	oenses.	. Add lines 13-17 (must equal	Part IX, column (A), line 2	5)		290,435		05,647
- 60		Revenue	iess ex	penses. Subtract lin	e 18 from II	<u>ne 12 </u>	· · · ·			10,975		30,517
ts or								Be	ginning of Cu		End of Ye	
Assets 1 Balan	20	Total ass	sets (Pa	art X, line 16)					1,0	71,219	9	02,519
Ž B		Total liab	oilities (l	Part X, line 26) .					9	26,122	7	87,938
N N	22	Net asse	ts or fu	und balances. Subt	tract line 21	from line 20			1	45,097	1	14,581
Pa	art II	Sign	ature	Block					_			
		Under pe	enalties of	f perjury, I declare that I	have examine	d this eturn, including	accompany	ring schedule	es and statem	ents, and t	to the best of my k	nowledge
		and belie	er, it is thu	e, correct, and complet	te Declaration	of preparer (other than	officer) is	based on all	information of	_ *		•
Sig	ın			-In	nel 11	1 /1972	1		1	5-1	3-2011	
He	-	Sign	ature of o		7710			_	Date			
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		y iyp∈	or print	name and title			15.	I as	14 1			
		Preparer'					Date	Chec self-	1		identifying number	
Paid	1	signature	• 🖊				1		oyed ▶ 🔲	(see instruc	wons)	
-	parer's	1_					1		1			
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Ma	v the			s return with the pr	renarer sho	wn above? (see ir	etruction	ne)	Turione no		. TYes	No
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Par	t III Statement of Program Service Accomplishments
1.	Briefly describe the organization's mission: The U.S. Space & Rocket Center Foundation is a 501(c)(3) organization, which supports the educational programs of the U.S. Space & Rocket Center® and SPACE CAMP®, through grants, fundraising, scholarships, and corporate partnerships.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 201,677 including grants of \$ 1,190,008) (Revenue \$) Through the fundraising efforts of the Foundation, donations are made and allocated to the US Space & Rocket Center for scholarships to attend Space Camp and other educational museum programs. Space Camp and affiliated programs provide hands on learning of math, science, and technology in an immersive environment using Space Exploration as the theme and backdrop. This same technique is applied in our educator programs and not only teaches our educators but provides learning tools they can take back to the classroom. In FY10 380 teachers received scholarships to attend Space Academy for Educators and 789 students were scholarship recipients. Of the 789 students, 160 students were from an underserved/underpriveleged population and 9 were in the financial need category. Based on restrictions applied by the donors, transportation is often a part of the scholarship award and constitutes 100% of the \$211,575. More information about our educational programs can be found at www.spacecamp.com.
4b	The Foundation allocated donations to the US Space & Rocket Center to design, fabricate, and install additional exhibits in the museum. The exhibit plan, focused mainly on the story of the Apollo Program - from concept to development and finally the moon missions- is estimated to cost close to \$5.5M. The plan is broken down into 12 stand-alone exhibits and the Foundation raises the funds to pay for the exhibits. Each year thousands of school children and museum guests tour the galleries where these exhibits are displayed. The graphics and artifacts are rich with history, and sometimes offer a glimpse into the future of space exploration and planetary sciences. Hands-on interactive elements are also important to the displays. In FY10 the Foundation funded a display where visitors can examine through a telescope, 6 different samples of actual moon rocks, collected during the Apollo program. In addition, they can stick their hands into simulated moon gloves and work with tools, experiencing the difficulty astronauts have during EVA's. In all, the Foundation supported 4 new exhibits in the museum in 2010. The museum had 264,311 visitors in 2010.
40	(Code:) (Expenses \$
	Other program services. (Describe in Schedule O.) (Expenses \$ 5,058 including grants of \$ 111,543) (Revenue \$) Total program service expenses > 2,294,577
40	Total program service expenses ► 2,294,577

Par	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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; 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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		/
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	_ ✓

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

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
6a	Prohibited Tax Shelter Transaction?	6a		
Va	organization solicit any contributions that were not tax deductible?	-	•	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓	
7	Organizations that may receive deductible contributions under section 170(c).			j
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-,	
	and services provided to the payor?	7a	√	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
	required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			1
	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	•		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			,
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			'
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Hev	enue Code.)	-		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		├
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	11	V	ļ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	-	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	-
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	40.	,	1
	rise to conflicts?	12b	-	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	[
	Other officers or key employees of the organization	15b	1	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	<u> </u>	✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		l	١.
	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 ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: Jennifer Crozier, One Tranquility Base, Huntsville, AL 35805			

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	(B)	any (Juil		C)	Jei, U	60	(D)		(5)
(A) Name and Title	Average	Poert	on l	•	•	that ap	n h d	Reportable	(E)	(F) Estimated
Name and The	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Joe Ritch Chairman	.5	1						0	0	(
Waymon Burke Vice Chairman	.25	1						0	0	(
Helen McAlpine Secretary/Treasurer	.10	1						0	0	(
James Flinn, III Director	.25	1						0	0	(
William Stender, Jr. Director	.10	1						0	0	
Jean Wessel Templeton Director	.25	1						0	0	(
Jan Smith Director	.25	1						0	0	(
Daniel Montgomery Director	.25	√						0	0	
Art Stephenson Director	.25	√						o	0	
Larry Capps Chief Executive Officer	8.0			1				0	211,975	
Jennifer Crozier Executive Director	30.0			1				0	68,836	

Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loy	ees,	an	d Hig	hest	t Compensate	d Employees (co	ontinue	ed)	
. (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	Individual trustee or director	c Institutional trustee	Officer	Mey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com	stimate mount other npensati from the ganizati	of tion e ion
		ustee	trustee		8	npensated					nd relat ganızatı	
	-											
	-											
	_										·	
1b Total	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	┪			╁		
2 Total number of individuals (including but	not limited	to the	ose	list	ed a	bove	_	no received me	ore than \$100,0	00 in		
reportable compensation from the organization	ation ► 0										1	
O Did the expensestion but any favore of											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch	indi	vidu	ıal .			· · · · ·	3		1
4 For any individual listed on line 1a, is the the organization and related organizations individual.										4	1	
5 Did any person listed on line 1a receive services rendered to the organization? If	· · · · · or accrue 'Yes," comi	compolete	cen: S <i>ch</i>	satı edu	on 1 ele J	rom for s	 any auch	unrelated org		5		
Section B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·							•		1	1	
 Complete this table for your five highest of compensation from the organization. 	ompensate	d ind	ере	nde	nt c	ontra	cto	rs that receive	d more than \$1	00,00	0 of	
(A) Name and business ac	dress					,		(B) Description of s	ervices		C) ensatio	n
Fricker Studio, Inc. 3940 Weimer Way, Laker	ort, CA 95	453					Ex	hibit Design			260	0,073
2 Total number of independent contractors					to	those	liste	ed above) who	received		•	

Par	t VIII	Statement of Revenue						
•				· · · · · · · · · · · · · · · · · · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Tts	1a	Federated campaigns	1a	0				
its, grai amour		Membership dues	1b	0				
	С	Fundraising events	1c	0				
ig ig		Related organizations	1d	0				
Contributions, gifts, grants and other similar amounts	е	Government grants (contributions).	1e	344,723				
	f	All other contributions, gifts, grants,	ا ا	4 000 045				
			1f	1,930,047				
2 2		Noncash contributions included in lines 1a- Total. Add lines 1a-1f		····	2,274,770			
	 "	1041171441714171	· ·	Business Code	2,21-4,110			
ē	2a	***************************************						
Š	 b							
2	c							
Sez	d							
E	е						· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	f	All other program service revenue						
	Ţ	Total. Add lines 2a–2f			00.0		· ······	· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including diviother similar amounts)			360			
	4	Income from investment of tax-exemp						
	5	Royalties		<u> ▶</u>				
		(i) Real		(ii) Personal				
	6a	Gross Rents						
		Less: rental expenses						
	c	Rental income or (loss) Net rental income or (loss)		•	-			•
	ı	(2.0		(ii) Other				
	7a	Gross amount from sales of assets other than inventory		(ii) Other				
	h	Less: cost or other basis						
	"	and sales expenses .						
	c	Gain or (loss)						
	d	Net gain or (loss)		<u> ▶</u>				
venue	8a	Gross income from fundraisi events (not including \$						
		of contributions reported on line 1						1
Other Re		See Part IV, line 18	. а					
E E		Less: direct expenses						
δ	C	Net income or (loss) from fundrar	sing e	vents ▶			ļ	
	9a	Gross income from gaming activities	es.					
	Ι.	See Part IV, line 19	. а				<u> </u>	
	D	Less: direct expenses	. b i					
		· · · · · · ·					1	_
	liva	Gross sales of inventory, le returns and allowances						
	Ь	Less: cost of goods sold	. b				1	
		Net income or (loss) from sales of i						
		Miscellaneous Revenue		Business Code				
	11a							ļ <u></u>
	b	•••••	••••		L			
	C					ļ		
		All other revenue						
	12 ^e	Total. Add lines 11a-11d Total revenue. See instructions.		💺	2,275,130		 	
	1			<u> </u>		1	ı	

Part IX

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

•	Section 501(c)(3) and 50 All other organizations must complete coll				C) and (D)
	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 governments and organizations in the U.S. See Part IV, line 21	2,068,770	2,068,770		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members		U		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	o	o	o	٥
-	persons described in section 4958(c)(3)(B)	0	0	0	<u>0</u>
7	Other salaries and wages			<u> </u>	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	o	0	o	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
	Legal	0	0	0	0
	Accounting	0	0	0	0
	Lobbying	0	0	0	0
	Professional fundraising services. See Part IV, line 17	0		0	0
f	Investment management fees	12,750	0 12,750	0	0
_ g	Other	12,730	12,730	0	
12 13	Advertising and promotion	3,231	0	2,677	554
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	500	0	500	
17	Travel	210,077	207,433	0	2,644
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0 280	0	225	<u>U</u>
19 20	Conferences, conventions, and meetings . Interest	0	0	0	55 0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed			·	
	5% of total expenses shown on line 25 below.) Exhibit Supplies	2.005	2.005		
а	Exhibit Supplies Fundraising Brick Pavers	2,985 4,148	2,985 0	0	0
b	Park Face	267	0	267	4,148 0
c d	Event Supplies	2,639	2,639	0	0
e		0	0	0	0
_	All other expenses	0	0	0	0
<u>25</u>	Total functional expenses. Add lines 1 through 24f	2,305,647	2,294,577	3,669	7,401
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

	Balance Sheet	445		
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	6,848	1	21,923
2		148,228	2	43,802
		829,643	3	565,046
		11,500	4	0
5				
				1
		0	5	0
6				
	· · · · · · · · · · · · · · · · · · ·			
	Part II of Schedule L	0	6	0
7		0	7	0
-		0	8	0
_	Prepaid expenses and deferred charges	0	9	0
_	Land buildings and equipment cost or 10a 75,000			
	other basis. Complete Part VI of Schedule D			'
ь		75,000	10c	75,000
				0
		0	12	0
		0	13	0
		0	$\overline{}$	0
15	Other assets. See Part IV. line 11	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,071,219	16	902,519
17				329
		925,787	-	787,609
_				0
		0	20	0
		0	$\overline{}$	0
	· · · · · · · · · · · · · · · · · · ·			
_				
		0	22	0
23	The state of the s	0	23	0
24		0	24	0
25		0	25	0
26	Total liabilities. Add lines 17 through 25	926,122	26	787,938
		·		
	complete lines 27 through 29, and lines 33 and 34.			
27		0	27	0
		0	_	0
		0		0
				•
30		0	30	0
				0
		145,097		114,581
	Total net assets or fund balances	145,097		114,581
33	Total het assets of fully paratices			
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	2 Savings and temporary cash investments	1 Cash—non-interest-bearing 6,848 2 Savings and temporary cash investments 148,228 3 Pledges and grants receivable, net 2829,643 4 Accounts receivable, net 11,500 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(11) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 0 7 Notes and loans receivable, net 10 0 8 Inventories for sale or use 0 9 Prepaid expenses and deferred charges 10 0 10 Less: accumulated depreciation 10 0 11 Investments—publicly traded securities 10 0 12 Investments—publicly traded securities 10 0 13 Investments—program-related. See Part IV, line 11 0 14 Intangible assets 10 0 15 Other assets. See Part IV, line 11 0 16 Total assets. See Part IV, line 11 0 17 Total assets. See Part IV, line 11 0 18 Grants payable and accrued expenses 1335 18 Grants payable and accrued expenses 1335 19 Deferred revenue 0 20 Tax-exempt bond liabilities 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 0 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part X of Schedule D 0 25 Other liabilities. Add lines 17 through 25 926,122 Organizations that follow SFAS 117, check here □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 0 28 Permanently restricted net assets 0 39 Permanently restricted net assets 0 30 Capital stock or trust principal, or current funds 0 31 Paid-in or capital surplus, or land, building, or equipment fund 0	1 Cash—non-interest-bearing

Part XI Financial Statements and Reporting							
•			Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓				
b	b Were the organization's financial statements audited by an independent accountant?						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both:						
	☐ Separate basis ☐ Both consolidated and separate basis	_					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a		✓			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b					

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer Identification number

63

_		ace & Rocke	t Center Found	ation					63	1	1265839
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	oart.) Se	e instru	ctions.
The	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 through	h 11, ch	eck only	one box	.)	
1			•	rches, or association	•	-		•		•	
2				on 170(b)(1)(A)(ii). (Att							
3				nospital service organ		•	ın sectio	n 170(b)(1)(A)(iii).		
4	=	A medical re	search organiza	tion operated in conj)(A)(iii). Enter the
		hospital's na	me, city, and st	ate:							
5			ion operated for (b)(1)(A)(iv). (Coi	the benefit of a collegent the benefit of a coll	ge or uni	versity ov	vned or d	perated	by a gov	ernmenta	I unit described in
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit	describe	d in sect	ion 170(b)(1)(A)(v).	
7				receives a substantia (1)(A)(vi). (Complete P		its suppo	ort from a	governm	ental un	t or from	the general public
8	П			in section 170(b)(1)	-	complete	Part II)				
9	$\overline{\Box}$			receives: (1) more that			-	m contrib	utions m	nemhersh	in fees, and aross
	_	-	-	ed to its exempt funct							
		-		ent income and unre		-		•			
				after June 30, 1975.							,
10			_	nd operated exclusive				-	-	(2)(4)	
11	\square			and operated exclusive							r to carny out the
••				blicly supported organ							
				it describes the type							
		a ☐ Type		* :	☑ Тур				-		Type III-Other
_	Z	• •		ify that the organizat			•	•			
Ŭ				n managers and other							
			section 509(a)(2)				, ражиону	Ouppo.10	- 0.9		
f				a written determinati	on from	the IRS	that it ie	a Type I	Type II	or Type	Ill supporting
-		_	check this box		011 110111	1110 1110	uiat it is	a Type I	, Type II	, or Type	
g		•		the organization acce	nted anv	oift or c	ontributio	on from a	nv of the	<i>.</i>	
3		following per		and digameation adde	prod uniy	9 0. 0			, 0	•	
				r indirectly controls, e	either alo	ne or too	ether wit	h person	s descri	bed in (u)	Yes No
				ning body of the supp				porcon			11g(i) 🗸
			=	rson described in (i) a							11g(ii) 🗸
				of a person described							11g(iii) ✓
h				ation about the suppo							
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi)	Is the	(vii) Amount of
	org	janization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col ized in the	support
		,		(see instructions))	governing	accomment.		ort?		S ?	
					Yes	No	Yes	No	Yes	No	
Alai	bama	Space		6	·	İ					
Scie	ence	Exhibit	63-0585103		✓		✓		✓		2,301,978
										 	
											<u> </u>
								l			· · · · · · · · · · · · · · · · · · ·
					l	1	i	I	ļ	1	

	(Complete only if you check					and 170(b)	(1)(4)(4)
	tion A. Public Support		·				
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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			ļ			
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	<u> </u>	<u> </u>		<u> </u>		
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
	tion C. Computation of Public Sup					T., 1	
14	Public support percentage for 2009 (line to	• •	•	1, column (f))		15	<u>%</u>
15 16a	Public support percentage from 2008 Sch 33% % support test—2009. If the organization qualifies	zation did not	check the box		line 14 is 331/3	% or more, cl	heck this box
b	33%% support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and a more test—20 more, and a more test—20 m	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Pa	art IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did by the o	acts-and-circun inces" test. The	nstances" test, organization qu	check this box alifies as a publi	and stop here. cly supported or	Explain in Parganization .	rt IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
с 8	Add lines 7a and 7b						
Sec	tion B. Total Support		·		L	I	<u> </u>
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						<u> </u>
11	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 assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourt	h, or fifth tax y	ear as a section	on 501(c)(3)
Sec	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •					
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	ne 13, column		15 16	<u>%</u> %
Sec	tion D. Computation of Investmen	·					
17	Investment income percentage for 200	•		-		17 18	<u> </u>
18 19a	Investment income percentage from 20 33½ % support tests – 2009. If the organization						
	17 is not more than 33%%, check this b 33%% support tests—2008. If the organ line 18 is not more than 33%%, check this	ox and stop he	e <mark>re.</mark> The organ check a box or	ization qualifies n line 14 or line	s as a publicly 19a, and line 1	supported orga	anization ► □ 33/3 %, and
20							

Schedule A (F	omi 990 or 990-EZ)	2009					Page 4
Part IV	Supplement	al Information	. Complete this Part III, line 12	part to provid . Provide any c	e the explanation other additional in	s required by Parformation. See in	art II, line 10;
		· · · · ·					
			•	•••••			*************************
	•••••	•••••					•••••
••		•••••		••••			
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		•					
			•••••		••••		
						·	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Employer identification number **U.S. Space & Rocket Center Foundation** 63 : 1265839 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b c Number of conservation easements on a certified historic structure included in (a) . . . d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **>** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Scher	dule D (Form 990) 2009					Page 2
_	t III Organizations Maintain	ng Collections	of Art, Historic	al Treasures, or	Other Similar Ass	
3,	Using the organization's acquisition collection items (check all that appl	, accession, and c	•			
а	Public exhibition		a 🗌	Loan or exchange	programs	
b	Scholarly research		e 🗌	Other	• • • • • • • • • • • • • • • • • • • •	•••••
С	Preservation for future general	tions				
4	Provide a description of the organize Part XIV.	ation's collections	s and explain ho	w they further the	organization's exer	npt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive do r than to be mainta	onations of art, hi	storical treasures, one organization's co	r other similar lection?	Yes No
Pai	Escrow and Custodial A IV, line 9, or reported an				ered "Yes" to Form	n 990, Part
	Is the organization an agent, truster included on Form 990, Part X?				r other assets not	Yes No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the follow	ing table:		
				-	1	ount
C						
d	Additions during the year				-	
е	Distributions during the year					
f	Ending balance					
b	Did the organization include an am- If "Yes," explain the arrangement in	Part XIV.				∐ Yes ∐ No
Pai	t V Endowment Funds. Co	mplete if the org	ganization ansv	vered "Yes" to Fo	orm 990, Part IV,	line 10.
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions	<u> </u>				
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f g	Administrative expenses End of year balance					

b If "Yes" to 3a(ii), are the related organizatiDescribe in Part XIV the intended uses of	•			[3b j
Part VI Investments—Land, Building	gs, and Equipment	. See Form 990, P	art X, line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
d Equipment		75,000	0	75,000
Total, Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part X	column (B), line 10(c)) >	

3a Are there endowment funds not in the possession of the organization that are held and administered for the

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ %

organization by:

(i) unrelated organizations(ii) related organizations

Yes

3a(i)

3a(ii)

No

Part VII Investments—Other Securitie	es. See Form 990 Part X I	ine 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other	•	
	•	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 12.)		
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related		ine 13
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶		
Part IX Other Assets. See Form 990, F		
	(a) Description	(b) Book value
		
•		
Total. (Column (b) must equal Form 990, Part X, co		
Part X Other Liabilities. See Form 990 1. (a) Description of liability	J, Part X, line 25. (b) Amount	
Federal income taxes	(b) Amount	1
		1
]
		4
		-
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		1
2. FIN 48 Footnote. In Part XIV, provide the text		tion's financial statements that reports the
organization's liability for uncertain tax positions	under FIN 48.	The state of the s

_	dule D (Form 990) 2009		Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S		nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	<u></u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	<u> </u>
5	Donated services and use of facilities	5	
6	Investment expenses	6 7	
7	Prior period adjustments	8	
8	Other (Describe in Part XIV.)	9	·
9 10	Total adjustments (net). Add lines 4 through 8	10	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu		r Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
ь	Donated services and use of facilities	1	
c	Recoveries of prior year grants	7	
d	Other (Describe in Part XIV.)	1	
e	Add lines 2a through 2d ,	20	e
3	Subtract line 2e from line 1	3	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	╝	
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	44	С
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		7. l
Pa	1 XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses p	per Return
1	Total expenses and losses per audited financial statements	_1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b		\dashv	
C	Other losses	4	
d		ط ءَ	
	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	-	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	-1	
	integration expenses for metalog of the order of the orde	┪	
	Other (Describe in Part XIV.)	- 4	c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4:	Part IV. lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a		
	part to provide any additional information.		•
		• • • • • •	

Schedule D (For	rm 990) 200 9	Page 5
Part XIV	Supplemental Information (continued)	·
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		• • • • • • • • • • • • • • • • • • • •
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I General Information on Grants and Assistance

U.S. Space & Rocket Center Foundation

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public

OMB No. 1545-0047 2009

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Inspection Employer identification number

1265839

63

Schedule I (Form 990) 2009 ŝ Programs Support ______ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . (d) Amount of cash grant 2,068,770 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable 170(b)(1)(A)(v) the selection criteria used to award the grants or assistance? 63-0585103 (B) EIN Enter total number of other organizations Alabama Space Science Exhibit 1 (a) Name and address of organization or government Huntsville, AL 35805 Part II

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009
Part III Grants a

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part		ovide the informatic	on required in Part	to provide the information required in Part I, line 2, and any other additional information.	additional information.
All scholarships and grants are made to the Alabama Space Science Exhibit Commission (DBA U.S. Space & Rocket Center). Competitive Scholarship applications	ıma Space Scienc	e Exhibit Commissic	on (DBA U.S. Space	& Rocket Center). Compo	etitive Scholarship applications
are submitted by a deadline to the U.S. Space & Rocket Center Scholarship office. The application includes designing a mission patch, writing a comprehensive essay,	ocket Center School	olarship office. The	application includes	designing a mission pat	ch, writing a comprehensive essay,
3 letters of recommendation, and a description of an experiment the applican was involved in.	an experiment the	applican was invol	ved in.		
International Space Camp Scholarship recipients must be current year State Teacher of the Year sanctioned by the Council of Chief State School Officers.	must be current y	ear State Teacher of	the Year sanctioned	by the Council of Chief	State School Officers.
				1	

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

U.S. Space & Rocket Center Foundation 63 1265839 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?.... 5b If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization?............ 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VIII, line 1a.

		(R) Breakdown of W-2	and/or 1099-MISC compensation				
(A) Name	1	(f) Base compensation	(II) Other reportable compensation	compensation	benefits	(a)-(b(a)	reported in prior Form 990-EZ
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Schedule J (

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	ition, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this par	
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Schedule J (Form 890) 2009

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Employer Identification number

U.S. Space & Rocket Center Foundation 63 1265839 Continuation of Form 990 page 2, part III Grants (\$59,500) These funds were allocated to the U.S. Space & Rocket Center to support travelling museum exhibits. Grants (\$52,043) These funds were unrestricted by the donor and allocated to the U.S. Space & Rocket Center to support overall museum operations and education programs. Expenses (\$5,058) These funds were expended to cover travel costs for Apollo Astronauts to attend one of the Space & Rocket Center Events. 990 Part VI - Question 11 -- The 990 and required schedules are sent electronically to directors prior to filing. A printed copy of the form will be given to the members at the next scheduled Board of Directors Meeting. Question 12c -- Officers of the Foundation are required to file a Statement of Economic Interest report with the State of Alabama Ethics Commission annually. The US Space & Rocket Center Director tracks compliance with this policy. Question 15a and 15b - The U.S. Space & Rocket Center utilizes a Wage Grade System developed by an external consultant. Salaries are reviewed and assessed each year through participation with the Madison County Camber of Commerce Wage and Benefit Survey. The Center is also required to conduct a wage grade evaluation and comparison each year through the Affimative Action plan. Question 19 -- The organization's governing documents are available to the public upon request by mail, e-mail, or phone.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. Attach to Form 990.

2009

OMB No. 1545-0047

Open to Public

Inspection Employer identification number

(f)
Direct controlling
entity 1265839 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it (e) End-of-year assets 63 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state
or foreign country) Primary activity (a)Name, address, and EIN of disregarded entity U. S. Space & Rocket Center Foundation Part I H +4

Part II	had one or more related tax-exempt organizations during the tax year.)	ng the tax year.)				
	(a) Name, address, and EiN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Alabama One Tran	Alabama Space Science Exhibit Commission One Tranquility Base, Huntsville, AL 35805	Museum	Alabama	170(b)(1)(A)(v)		N/A

Schedule R (Form 990) 2009

Cat. No. 50135Y

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

C 뉴 열린 수 5 후 0 호	Complete if the organizations Complete if the organizations Complete if the organizations Complete if the organizations Complete if the organizations Complete if the organizations Complete if the organizations Complete if the organizations Complete if the organizations Complete if the organization Complete if the orga	Page 2	ion answered "Yes" to Form 990, Part IV, line 34	tt Share of total income Share of end-of-year Blocations? Share of total income assets altocations? Share of total income assets assets form 1065) (form 1065)	Yes No Yes No							Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(d) (e) (f) (f) (g) (h) Direct controlling Type of entry Share of total income Share of Percentage entity (C corp., S corp., or trust)							
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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?	
		1a /
Gift. grant, or capital contribution to other organization(s)		1b /
	•	10 /
Loans or loan quarantees to or for other organization(s)		1d /
		40
e Loans or loan guarantees by other organization(s)		D .
		*
f Sale of assets to other organization(s)		<u> </u>
g Purchase of assets from other organization(s)		7 B
		<u>۲</u>
i Lease of facilities, equipment, or other assets to other organization(s)		>
		->-
		· /·
K Performance of services of membership of fundraising solicitations for other organization(s)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Performance of services of membership of informating solicitations by other organization(s)		1m /
_		7
n Snaring or paid employees		
• Doimpumement soid to other execution for economics		10
b Reimbursement haid by other organization for expenses		1p ~
	•	
q Other transfer of cash or property to other organization(s)		1g /
اء		1r \
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	relationships and transac	ction thresholds.
(a) Name of other organization		(c) Amount involved
	type (a-r)	
Alabama Space Science Exhibit Commission	q	2,068,770
Alabama Space Science Exhibit Commission		297,373
(3)		
(4)		
(6)		
	Schedule	Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c)	(g)	9	9	(9)		S	(6)	ε	_
Name, address, and EIN of entity	Pnmary activity		Are all par	ສ		Disproportionate		Gener	ું હ
		(state or foreign country)	section 501(c)(3) organizations?			allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	aging ner?
		:	Yes	S.	1-	Yes No	_	Yes	Š
						· 			

Schedule R (Form 990) 2009