

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

2011

OMB No 1545-0047

A	For the	e 2011 cale	endar year, or tax year beginni	ng September 26	, 2011, and	l ending	Septem	ber 30	, 20 12			
В	Check if	f applicable	C Name of organization				ı	D Employe	er identification	number		
		s change	Doing Business As U.S. Space	e & Rocket Center Foundat	ion				63-1265839			
	Name c	-	Number and street (or P O box it	f mail is not delivered to street ad	dress) R	oom/suite	1	E Telephor	ne number			
$\overline{\Box}$	Initial re	_	One Tranquility Base						256-430-6702			
$\overline{\Box}$	Termina		City or town, state or country, an	d ZIP + 4								
П		ed return	Huntsville, AL 35805-3371					G Gross re	ceipts \$	2383236.0		
$\overline{\Box}$		tion pending		ficer					for affiliates? Ye	s V No		
_	H(b) Are all affiliates included? Yes No											
_	Tay-eye	empt status	✓ 501(c)(3)	c) () ◀ (insert no) ☐ 49-	47(a)(1) or \Box	527			list (see instruct			
<u>:</u>	Website		acecamp.com	c)(+1 (a)(1) O1 La	021	H(c) Group					
ĸ			_	ociation Other >	L Year o	of formation			of legal domicile	AL		
_	art I	Summ		outer	12.00.0			1	or regar connent			
	1		escribe the organization's m	ission or most significant	activities:	The miss	ion of this	organiza	tion is to sup	nort .		
	'	-	fundraising, the education pro	_	-							
9			CAMP, SPACE ACADEMY for I							ps to		
ığ		SPACE (JAMP, SPACE ACADEMY TO I	Educators, Museum Exhibit	s, and outer	euucauo	iiai events	and prog	ji 01113.			
Activities & Governance		Chool: th	nis box ▶☐ if the organization	an discontinued to operat				250/ of	to not conote			
ģ	2		_	-	-			3	its fiet assets	9		
જ	3		of voting members of the go					4		9		
Ëë	4		of independent voting memi	•				5		0		
Ž	5		mber of individuals employed					<u> </u>				
Ac	6		mber of volunteers (estimate					6		65		
	7a		related business revenue fro					7a		0		
	b	Net unre	lated business taxable incor	ne from Form 990-1, line	34		Prior Yea	7b	O:::::::=	0		
	1 _					-			Current			
9	8		itions and grants (Part VIII, III	•			2,	,112,689		2,385,721		
ē	9	_	service revenue (Part VIII, III			_		0		0		
Revenue	10		ent income (Part VIII, column	* * * * * * * * * * * * * * * * * * * *				468		4398		
_	11		venue (Part VIII, column (A),					0		0		
_	12		enue-add lines 8 through 1					,113,157		2,390,119		
	13		ınd sımilar amounts paid (Pa		-		1,	,819,240		2,253,267		
	14		paid to or for members (Par									
S	15	Salaries,	other compensation, employe	ee benefits (Part IX, column	(A), lines 5-	10)						
Š	16a	Profession	onal fundraising fees (Part IX	(, column (A), line 11e) .		· <u> </u>						
Expenses	b	Total fun	ndraising expenses (Part IX, o	column (D), line 25) 🕨								
ш	17		penses (Part IX, column (A),			¬. L		290,554		18,417		
	18	Total exp	penses. Add lines 13–17 (mu	ist equal Part lЖ ေတြက် (Ą) <u>/,[iri@</u> 25)	 - L	2,	,107,794		2,271,685		
	19	Revenue	e less expenses. Subtract lin	e 18 from line 12 ...				3,363		118,435		
5 8	3					S) Beg	ginning of Cur	rent Year	End of	Year		
Sets	20	Total ass	sets (Part X, line 16)	[0] . WAY 2 0	2013 . [<u>ن</u> الر		742,046		462,174		
Net Assets	21	Total liat	bilities (Part X, line 26)			٤١. L_		624,102		225,794		
ž	22	Net asse	ets or fund balances. Subtra	ct line 21 from(line:20) 🗏 🏻	<u> 1. UT</u>			117,944		236,380		
P	art II	Signa	ture Block	<u> </u>								
			ury, I declare that I have examined t						my knowledge a	nd belief, it is		
tn	ie, corre	ct, and comp	olete Declaration of preparer (other	pan officer) is based on all inform	ation of which	preparer ha	as any knowle	edge				
			- Immel &	AX 1071112	Ž			<u> </u>	-10-13			
Si	gn	Sigr	nature of officer				Dat		1			
He	ere		Jenniter	Crozier-	Execu	uti	10 DI	irec	TOV			
		Тур	e or print name and title									
D,	aid	Print/Ty	ype preparer's name	Preparer's signature		Date		Check	☐ If PTIN			
	epare	er						self-em				
	se On	1	name >				Firm	's EIN ▶				
U :	oc On	עיי איי	address ▶					ne no				
Ma	v the I		ss this return with the prepar	er shown above? (see ins	tructions) .				TY	es No		

Form **990** (2011)

Form 99	0 (2011) Page 2
Part I	
	Check if Schedule O contains a response to any question in this Part III
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 sponsorships.
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	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$
4b	(Code:) (Expenses \$0 including grants of \$731,515) (Revenue \$0) The Foundation granted funds to the U.S. Space & Rocket Center to fund additional museum exhibitions. During the fiscal year the
	museum hosted three traveling exhibits. The first was a Field Museum exhibit called Mammoths and Mastodons. Following that, the museum hosted an ASTC exhibit titled Black Holes: Space Warps and Time Twists. The third exhibit hosted was an Evergreen production called MathAlive! This highly interactive exhibit focused on everyday entertainment and disciplines and taught the math involved in the subjects. They included areas such as music, dance, bridge designing, snow boarding, fashion design and
	space exploration to name just a few. This exhibit was extremely popular and attracted teachers and their students from around the Southeast. In addition to the traveling exhibit we added two permanent exhibits. These were high-fidelity dioramas of the moon scape and mars surface with space stations and other miniature depictions of life on other planets. Other exhibit grants are funding
	projects that were still in development at the close of the fiscal year.
4c	(Code:) (Expenses \$0 including grants of \$157,950) (Revenue \$0) The Foundation solicited funds from corporate and private donors to sponsor several major events throughout the year. The first event took place in February December, a celebration of the 40th year since the Apollo 17 mission, the final Apollo mission to go to
	the moon. In February we celebrated what would have been Dr. Wernher von Braun's 100th birthday with a black tie dinner under
	the Saturn V Rocket. We also held several smaller summer events. In total the sponsorships supported more than 2,000 people
	for the various different milestone events. The events were all hosted by the U.S. Space & Rocket Center but underwritten by funds raised by the Foundation. These events support the missions of the Foundation and keep the community at large engaged
	and up to date on what is current in the Museum.
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ 290,543) (Revenue \$)
40	Total program service expenses > 2 202 115

Form 99				age 3
Part	V Checklist of Required Schedules	1		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		1
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		<u>·</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		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? <i>If "Yes," complete Schedule D, Part II</i>	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		1
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	/	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	✓	and the
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	· · · · ·	1
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	1	
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		✓
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		✓
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	-	/
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	If "Yes," complete Schedule G, Part III	19	<u> </u>	1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	<u> </u>	✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	1	1

Part	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		✓
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	✓	
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	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		1
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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		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		1
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	

art	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		<u>.</u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	l		
С	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 (see instructions)			-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	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			1
_	account)?	4a		•
Ð	If "Yes," enter the name of the foreign country: ► See instructions for 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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	✓	<u> </u>
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	. 1		ļ
٠.	and services provided to the payor?	7a	1	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		/
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
•	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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	}		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See										
Cooti	Check if Schedule O contains a response to any question in this Part VI	<u>· ·</u>	<u> </u>	Ц						
Secti	on A. Governing Body and Management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee; explain in Schedule O.		res	NO						
b 2 3	Enter the number of voting members included in line 1a, above, who are independent . 1b 9 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		✓						
J	supervision of officers, directors, or trustees, or key employees to a management company or other person? .									
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6		√ √ √						
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		1						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a b	The governing body?	8a 8b	√	\vdash						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co								
10a	Did the arganization have local chapters branches as affiliates?	40-	Yes	No						
b	Did the organization have local chapters, branches, or affiliates?	10a 10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	√							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓							
13	Did the organization have a written whistleblower policy?	13	1							
14 15	Did the organization have a written document retention and destruction policy?	14		✓						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
a	The organization's CEO, Executive Director, or top management official	15a	√	ļ						
b	Other officers or key employees of the organization	15b	1	ļ						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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								
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								
Secti	on C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)						
19	Own website Another's website V Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy,						
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Jennifer Crozier, One Tranquility Base, Huntsville, AL 35805 256-430-6702	of the	;							

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Co	mpensated	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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization noi	r any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per	office	er and			or/trust		compensation	compensation from related	amount of other
	week (describe	Individual trustee or director	ins	Д	ξe	em His	ξ	from the	related organizations	compensation
	hours for	dire	titut	Officer	en	ploy	Former	organization	(W-2/1099-MISC)	from the
	related organizations	함	lon.		Key employee	e c	_	(W-2/1099-MISC)		organization and related
	ın Schedule	rus	t t		yee	mg				organizations
	O)	8	Institutional trustee			Highest compensated employee				
			•		<u> </u>	ed.				
(1) Dr. Waymon Burke										
Chairman	.5	1								
(2) Dr. Helen McAlpine	 	H	\vdash	<u> </u>	 					
Vice Chairman	.15	✓	1							
(3) Mr. Daniel Montgomery		<u> </u>	t		<u> </u>				-	-
Secretary/Treasurer	.10	1								
(4) Mr. James L. Flinn III			1		-					
Director	.05	✓								
(5) Mrs. Jan Smith										
Director	.05	1			١					
(6) Mrs. Jean Wessel Templeton										
Director	.05	✓_								
(7) Mrs. Linda Smith					Γ					
Director	.05	✓			<u> </u>			<u> </u>		
(8) Mrs. Dorothy Davidson										
Director	.05	1		L						
(9) Mr. Tom Butler]	1			ļ					
Director	.05	✓		L	<u> </u>	ļ				
(10) Dr. Deborah Barnhart			1	ļ						
Chief Executive Officer	4.0			✓	L.				212,784	
(11) Mrs. Jennifer Crozier		1		ŀ	1	}				
Executive Director	30.		<u> </u>	✓	ļ	<u> </u>			80,614	
(12)	-									
(13)	<u> </u>	-	T	十	-			<u> </u>		
		ļ				ļ				
(14)	1						1			
		1	1	1	1	1	í		1	i

Part	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule	do x, office Individua	ot ch	Pos neck is pe	C) ition more rson	and the state of t	one i an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	e from	Esti amo o comp froi orgai and	(F) mated punt of ther ensation the nization related	on n I
(4 E)		0)	66	ıstee			nsated	_						
(15)														
(16)														
<u>(17)</u>													•	
(18)					-								<u> </u>	
(19)									"					
(20)						-					-			
(21)														
(00)			<u> </u>			_		-						
(24)														
(25)														
1b c	Sub-total	-	n A					> >			0 3,398			
2	Total number of individuals (including bur reportable compensation from the organic	t not limited	to th	ose	· list	ted	above	e) w	ho received m			of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											4	1	
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	ıvıdual 			
Section	on B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·				l	
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	C	(C) Compens	ation	
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				

Part	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
इ इ	1a	Federated campaigns 1a	-	10.0		
ra Z	ь	Membership dues 1b				
G,E	c	Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts	ď	Related organizations 1d				
a,G	e	Government grants (contributions) 1e 528,878				1
Sil	f	All other contributions, gifts, grants,				
he		and similar amounts not included above 1f 1,461,242				
اع ظِ	g	Noncash contributions included in lines 1a-1f. \$ 400,000.				
an Co	h	Total. Add lines 1a–1f	2,385,722			
		Business Code				
Program Service Revenue	2a				· 	
æ	b					
ice	С					
Šen	d					
Ē	e					
gre	f	All other program service revenue .	1			
<u>~</u> _	g	Total. Add lines 2a–2f ▶	00			i
	3	Investment income (including dividends, interest,				
	1	and other similar amounts) ▶	4,398			
	4	Income from investment of tax-exempt bond proceeds ►				
	5	Royalties				
	_	(i) Real (ii) Personal	-			
	6a	Gross rents	}			
	b	Less: rental expenses	1			,
	°.	Rental income or (loss)				
	d	Net rental income or (loss)				· · · · · · · · · · · · · · · · · · ·
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory	-			
	ь	Less. cost or other basis				
	c	and sales expenses . Gain or (loss)	-			
	d	Net gain or (loss)				
ē	8a	Gross income from fundraising				
venue	00	events (not including \$	İ			
		of contributions reported on line 1c).	1			
Other Re		See Part IV, line 18 a				
흝	Ь	Less: direct expenses b	†			
0		Net income or (loss) from fundraising events . ▶				
		Gross income from gaming activities.	<u> </u>	İ		
		See Part IV, line 19 a				
	b	Less: direct expenses b	1			
	C	Net income or (loss) from gaming activities		l		/
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b] _]		
	С	Net income or (loss) from sales of inventory		,		
		Miscellaneous Revenue Business Code		l		
	11a		ļ. <u> </u>	ļ		
	b		 	ļ		
	C		ļ <u></u> -			
	d	All other revenue	 			
	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions ▶	2,390,120	'I	1	1

Part IX Statement of Functional Expenses

Section 501(c)(3) a	nd 501(c)(4) o	organizations must	complete all columns.	All other organizations r	nust complete columi	n (A) but are not
required to comple	ete columns (E	3). (C). and (D).				

Check if Schedule O contains a response to any question in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,253,267	2,253,267				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members 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 8	Other salaries and wages				225		
9 10 11	Other employee benefits						
a b c	Management						
d e	Lobbying						
f g	Investment management fees Other	170		170			
12 13 14	Advertising and promotion	409 576		409 576			
15 16	Royalties						
17 18	Travel	12,065	7,064	2,463	2,538		
19 20	Conferences, conventions, and meetings . Interest						
21 22 23	Payments to affiliates						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
a b	Brick pavers Event Supplies	2,508 2,389	1,784	150	2,508 456		
c d	Benevolence	300	.,.01	300			
e 25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,271,685	2,262,115	4,068	5,501		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						

Part X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	5,649	1	1,242
2	Savings and temporary cash investments	298,508	2	149,83
3	Pledges and grants receivable, net	331,570	3	137,18
4	Accounts receivable, net	31,358	4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	0	5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary			
7	employees' beneficiary organizations (see instructions)	0		
7	Notes and loans receivable, net	0		
٠ ا	Inventories for sale or use			
9	Prepaid expenses and deferred charges	0	9	·····
10a				
1 .	other basis. Complete Part VI of Schedule D 75,000			
b		75,000		75,000
11	Investments—publicly traded securities	0		
12	Investments—other securities. See Part IV, line 11	0		
13	Investments—program-related. See Part IV, line 11	0		98,91
14	Intangible assets	0		
15	Other assets. See Part IV, line 11	0		
16	Total assets. Add lines 1 through 15 (must equal line 34)	742,046	_	462,17
17	Accounts payable and accrued expenses	21,199		61
18	Grants payable	602,903		225,18
19	Deferred revenue	0		· · · · · · · · · · · · · · · · · · ·
20	Tax-exempt bond liabilities	0		
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
22	Payables to current and former officers, directors, trustees, key			
[employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
	•	0		
_ 20	Secured mortgages and notes payable to unrelated third parties	0		
24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	o		
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	624,102		225,79
+26	Organizations that follow SFAS 117, check here ▶ ☐ and complete	024,102	20	223,73
3	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		-	
29	Permanently restricted net assets	0		
29	Organizations that do not follow SFAS 117, check here ▶ ✓ and		25	
	complete lines 30 through 34.			
27 28 29 30 31 32 33	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		 	
32	Retained earnings, endowment, accumulated income, or other funds.	117,944		236,38
32	Total net assets or fund balances	117,944	-	236,38
ž 33 34	Total liabilities and net assets/fund balances	902,519		462,17
	Total habilities and het assets/fully baldifices	302,313	<u> </u>	Form 990 (201

Page 1	2
--------	---

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)			0,120
2	Total expenses (must equal Part IX, column (A), line 25)			1,685
3	Revenue less expenses. Subtract line 2 from line 1			B,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		11	7,944
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		23	6,379
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other	. [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			Ì
	Schedule O.	ļ]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
С	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?	2c	✓	L
	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 separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	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	,		<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	m 990	(2011)

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** U.S. Space & Rocket Center Foundation 63-1265839 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d ☐ Type III-Other e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Νo 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support col (i) of your governing document? above or IRC section (i) organized in the support? (see instructions)) Yes Nο Yes No Yes (A) Alabama Space Science Exhibit 63-0585103 2,270,229 (B) (C) (D) (E)

Total

Part	(Complete only if you checked th							
	Part III. If the organization fails to							
	on A. Public Support							_
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						l	
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							_
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 Sooti	Public support. Subtract line 5 from line 4. on B. Total Support	_						_
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	(f) Total	_
7	Amounts from line 4	(a) 2007	(0) 2008	(6) 2009	(a) 2010	(e) 2011	(f) Total	-
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12		<u>-</u>
13	First five years. If the Form 990 is for th							
C4:	organization, check this box and stop her	<u>e</u>	· · · · ·	· · · · · ·		· · · ·	<u> </u>]
<u> 3ecu</u> 14	on C. Computation of Public Suppor			4				_
15	Public support percentage for 2011 (line 6 Public support percentage from 2010 Sch					15	%	_
16a	331/3% support test—2011. If the organiz							<u>'</u>
	box and stop here. The organization qual							٦
b	331/3% support test—2010. If the organicheck this box and stop here. The organic					15 is 33 ¹ / ₃ %		
17a								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization misupported organization	on meets the ets the	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the	nis box and st onisting states and states and states and states and states are also and states are also are also and states are also are	, and line op here. a publicly	_
18	Private foundation. If the organization did						_	J
	instructions							כ

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 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.)

Secti	on A. Public Support			<u> </u>			
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 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	The value of services or facilities			,, .	***		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support			="			
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						<u> </u>
10a	,						
	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						
	•						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
40	- -	<u> </u>					
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,						<u> </u>
	and 12.)						
14	First five years. If the Form 990 is for the	L ne organization	ı n's first secon	d third fourth	or fifth tax v	ear as a sectio	n 501(c)(3)
•	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Support						
15	Public support percentage for 2011 (line			3, column (f))		15	%
16	Public support percentage from 2010 Sci		-				%
_	on D. Computation of Investment In						
17	Investment income percentage for 2011		_	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2010			-			%
19a	331/3% support tests-2011. If the organ	ization did not	check the box	on line 14, ai	nd line 15 is m	nore than 331/39	%, and line
	17 is not more than 331,8%, check this box						
b	331/3% support tests-2010. If the organization						33 ¹ /3%, and
	line 18 is not more than 331/3%, check this	box and stop h	nere. The organ	ization qualifies	as a publicly s	upported organ	ization 🕨 🔲
20	Private foundation. If the organization d	d not check a	box on line 14	, 19a, or 19b. o	check this box	and see instru	ctions ▶ 🗍

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	•	
•		

•		
	······································	
	······································	

SCHEDULE D (Form 990)

Supplemental Financial Statements

2011

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

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. (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 5 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 ☐ Yes ☐ No 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 education) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat 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 Total number of conservation easements . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 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 170(h)(4)(B) 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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: (i) Revenues included in Form 990, Part VIII, line 1 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 (ASC 958) relating to these items: Assets included in Form 990, Part X

Part	Organizations Maintaining						
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the	follow	ring that are a sig	nificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange	e progr	ams	
b	☐ Scholarly research		e 🗌 Other		_		
С	☐ Preservation for future generations						
4	Provide a description of the organizat	ion's collections a	ınd explaın how th	ney further t	he org	anızation's exemp	t purpose in Part
	XIV.						
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar						
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Part	line 9, or reported an amoun	t on Form 990, F	Part X, line 21.				
1a	Is the organization an agent, trustee,	custodian or oth	er intermediary fo	r contribution	ons or	other assets not	
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the following to	able:	_	T	
					<u> </u>	+	ount
C	Beginning balance				1c		
d	Additions during the year				1d	- j	
e	Distributions during the year				1e		
f On	Ending balance				1f		☐ Yes ☐ No
2a h	Did the organization include an amour If "Yes," explain the arrangement in Pa		art A, line 21? .				□ res □ No
Par			ation answered	"Yes" to Fi	orm 9	90 Part IV line	in
, ai	Endownione i dildo: Compi	(a) Current year	(b) Prior year	(c) Two years			
1a	Beginning of year balance	214,980	215,150		13,384	220,108	1
b	Contributions	28,185	2.0,.00		,		
C	Net investment earnings, gains, and						
_	losses	823	1,464		1,765	902	
d	Grants or scholarships	623	1,634			7,625	
e	Other expenditures for facilities and		 				
	programs						
f	Administrative expenses						
g	End of year balance	243,365	214,980	2	15,150	213,384	
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	, column (a)) held a	as:	
а	Board designated or quasi-endowmer	nt 🕨	%				
b		77 04					
C	Temporarily restricted endowment ▶						
	The percentages in lines 2a, 2b, and 2						
3a	Are there endowment funds not in the	e possession of th	e organization tha	at are held a	and ad	ministered for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i) ✓
	(ii) related organizations						3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organi						3b ✓
4	Describe in Part XIV the intended uses						
Par							
	Description of property	(a) Cost or ot (investm	,	or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land	·					
b	Buildings	·					
C	Leasehold improvements	·					
d	Equipment	·		75,000		0	75,000
e	Other	<u>:</u>	1	(D) :			
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9:	90, Part X, columr	n (B), line 10	(c).)	<u> ▶ _</u>	75,000

Part VII Investments - Other Securities	See Form 990, Part X, I	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<u>(I)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related	J. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Stocks	i	end of year market value	
(2) Bonds	1	end of year market value	
(3) Short term reserves	18,804	end of year market value	
(4)			
(5)			
_(6)			
(8)			
(9)	<u> </u>		
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)			
	pt V lino 15	L	
	a) Description		(b) Book value
	a) Description		(b) DOOK VAIGO
(1)			
(2)	· · · · · · · · · · · · · · · · · · ·		
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		·	
Total. (Column (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X Other Liabilities. See Form 990.		··· · · · · · · · · · · · · · · · · ·	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		1	
(2)			
(3)]	
(4)]	
(5)			
(6)			
(7) (8)			
(8)]	
(9)]	
(10)]	
(11)]	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		<u> </u>	
2 FIN 49 (ASC 740) Footpote In Bort VIV provide	the toyt of the feetnets to	the erganization's financial states	monte that reports the

COLICGO	10 D (10111 330) 2011			rage 🕶
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nent	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Re	turn	
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	4		
b	Donated services and use of facilities	4		
C	Recoveries of prior year grants	_		
d	Other (Describe in Part XIV.)	┥.	- 1	
e	Add lines 2a through 2d		- 	
3	Subtract line 2e from line 1	_3	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_		
b	Other (Describe in Part XIV.)	\dashv .	_	
С 5	Add lines 4a and 4b			
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses			
1	Total expenses and losses per audited financial statements		neturii	-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<u> </u>	<u> </u>	
-а	Donated services and use of facilities			
b	Prior year adjustments	-		
c	Other losses	_		
d	Other (Describe in Part XIV.)	_		
e	Add lines 2a through 2d	- 2	· e	
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, 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	4	<u></u>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Part	XIV Supplemental Information			
Part V	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also coidditional information.			

	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
		
		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

	ı
T	ľ
_	ľ
0	
W	
	ľ

OMB No. 1545-0047

Open to Public Inspection

% □ (h) Purpose of grant or assistance Employer identification number Programs Support to 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. ✓ Yes 63-1265839 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' 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 **Exhibts** (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 400,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 1,853,267 grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable 170(b)(1)(A)(v the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 63-0585103 (P) EIN U.S. Space & Rocket Center Foundation 1 (a) Name and address of organization (1) Alabama Space Science Exhibit Name of the organization Commission Part II Part I ල 12 2 € 8 <u></u> 6 9 E

Schedule I (Form 990) (2011)

Cat. No. 50055P

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

Part III	Grants and Other Assistance to Individuals	ividuals in the U	nited States. Com	plete if the organiza	ation answered "Yes" to	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is	space is needed.				
	(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
-						•
2						-
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	e this part to pro	vide the information	required in Part I,	line 2, and any other ado	itional information.
As a Foun	As a Foundation supporting another organization in accordance with IRC 509(a)(3) all donations made to our 501(c)(3) are designated to be granted to the Alabama Space Science Exhibit	ordance with IRC 50	9(a)(3) all donations m	ade to our 501(c)(3) ar	designated to be granted to	the Alabama Space Science Exhibit
Commissing to the U.S.	Commission in accordance with the donors restrictions and desires. All scholarship grains are awarded through a competitive scholarship process and are submitted unlevery to the U.S. Space & Rocket Center scholarship office. The application includes designing a mission patch, writing a comprehensive essay, 3 letters of recommendation, and a description	and desires. All sch e application includ	olarsnip grants are aw es designing a missior	arded through a comp η patch, writing a com	etitive scholarship application brehensive essay, 3 letters of	recommendation, and a description
of an expe	of an experiment the applicant was involved in. International Space	onal Space Camp pa	rticipants must be the	current U.S. Teacher	of the Year sanctioned by the	. Camp participants must be the current U.S. Teacher of the Year sanctioned by the Council of Chief State School Officers
1 1 1 1 1 1 1 1 1 1 1 1 1 1						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
						Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

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 2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

U.S. Space & Rocket Center Foundation 63-1265839 **Questions Regarding Compensation** Ves Nο 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☐ Compensation committee ✓ Written employment contract Independent compensation consultant ✓ Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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: Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 5 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: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? 6a 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 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part III

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note. The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, Iine 1a, applicable column (L) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC compensation	or eact	Isted individual mus (B) Breakdown of	st equal the total amo W-2 and/or 1099-MIS	SC compensation	t VII, Section A, line I	a, applicable colum	n (<i>U)</i> and (E) amount	s for that individual.
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
				compensation				
Deborah E. Barnhart	(1)	201,000		5,538		6,245	212,784	0
	Ξ							
	8							
2	E							
	8							
m	8							
	Ξ							
4	€	111111111111111111111111111111111111111						
	8							
c)	€				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	0							
9	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	€							
7	≘		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	0							
80	€							
	(8)							
6	€							
	8							
10	<u>(ii)</u>							
	(2)							
11	E							
	8							
12	E							
	())					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
13	(ii)							
	(6)							
14	(ii)							
	(6)							
15								
	8							
16	≘							
							Sch	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 Page 3	က္
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	≕
	:
	1
	i
	1
	1
	:
	:
	ł
	ļ
	1
	ŀ
	:
	<u> </u>
	:
Schedule J (Form 990) 2011	Ę

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

U.S. Space & Rocket Center Foundaiton	63-1265839
Continuation from Form 990 Page 2, part III	
Grants (274,426) This amount was donated to the Foundation with no restrictions and granted to the U	. S. Space & Rocket Center where
it was subsequently used for underwriting the marketing and promotion of traveling expenses. Funds	were also utilized for the repairs and
maintenance of various permanent museum exhibits.	
Grants (16,117) This amount was used by the Foundation to cover various office, travel, IT, and other	program and internal fundraising
expenses.	
990 Part VI, question 11b - The 990 and required schedules will be sent electronically to directors prio	to filing and a printed copy will be
provided at the next scheduled board of directors meeting.	
Question 12c - The policy is monitored through mandatory competitive bid processes and full disclos	ure statements.
Question 15a and b 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 Chamber of Comme	rce Wage and Benefit Survey. The
Center is also required to conduct a wage grade evaluation and comparison each year through the Af	firmative Action plan.
Question 19- The organization's governing documents are available to the public upon request by ma	l, e-mail, or phone.

Schedule O (Form 990 or 990-E2) (2011)	Page 2
	Employer identification number
	-
,	
······	······································

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

Related Organizations and Unrelated Partnerships

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

Open to Public

Inspection Employer identification number 63-1265839

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) U.S. Space & Rocket Center Founation

(a) Name, address, and EIN of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(6)					
(4)					
(5)					
(9)					
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	omplete if the organization ax year.)	answered "Yes" to	5 Form 990, Part	IV, line 34 beca	use it had
(a) Name, address, and EIN of related organization Prim.	(b) (c) (c) Primary activity or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
					Yes No
(1) Alabama Space Science Exhibit Commission One Tranquility Base, Huntsville, AL 35805	Alabama	170(b)(1)(A)(v)		N/A	>
(2)					-
(6)					
(4)					
(5)					
(9)					
(2)					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat	Cat. No. 50135Y		Schedule	Schedule R (Form 990) 2011

Page 2	ion answered "Yes" to Form 990, Part IV, line 34	(g) (h) (l) (g) (k) Share of end-of- Dispriportunate year assets allocations? Schedule K-1 partner? (Form 1065)	Yes No Yes No								organization answered "Yes" to Form 990, Part IV, 3 the tax year.)	(d) (f) (g) (h) (g) (h) Direct controlling Type of entity (C corp., S corp. income end-of-year assets ownership or trust)								Schedule R (Form 990) 2011
orm 990) 2011	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	a) (b) (c) (d) ss, and EIN Primary activity Legal Direct controlling domicile entity ganization (state or foreign country)									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.)	(a) (b) Name, address, and EIN of related organization Primary activity								
Schedule R (Form 990) 2011	Part III	(a) Name, address, and E of related organization		(1)	(2)	(6)	(4)	(5)	(9)	(A)	Part IV	ļ Ž	E)	(3)	(3)	(4)	(2)	(9)	(3)	

Schedule R (Form 990) 2011 Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36

Note Complete line 1 if any entity is listed in Darte II III or IV of this school ile				Yes	8	1
	d organizations listed	in Parts II-IV?	L	ļ		-
a Receipt of (i) interest (iii) annuaties (iii) rovalties or (iv) rent from a controlled entity		•			>	1
	•		9	>		i
_			<u> </u>		>	1
			7			1
d Loans or loan guarantees to or for related organization(s)			2 ·	1	>	'n
e Loans or loan guarantees by related organization(s)			- -		>	t
			*			\neg
T Sale of assets to related organization(s)			<u> </u>	1	•	
g Purchase of assets from related organization(s)			B		>	- 1
h Exchange of assets with related organization(s)			∓		<u> </u>	
i Lease of facilities, equipment, or other assets to related organization(s)			;=		>	
						ı
i Lease of facilities, equipment, or other assets from related organization(s)			; =	>	<u> </u>	1
k Performance of services or membership or fundraising solicitations for related organization(s)			¥	>	_	1
Performance of services or membership or fundraising solicitations by related organization(s)			=		>	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Ę.	>	_	
			두	>		
				_		
o Reimbursement paid to related organization(s) for expenses			و		>	1
			d-		>	
q Other transfer of cash or property to related organization(s)			14		<u> </u>	1 1
			+		<i>></i>	
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.	ne, including covered	relationships and tran	saction th	resho	olds.	
	(a)	(0)		<u>5</u>		ı
Name of other organization	Transaction type (a–r)	Amount involved	Method of determining amount involved	detem t involv	mining /ed	
Alabama Space Science Exhibit Commission (1)	q	2,253,267	2,253,267 Program needs	spaar		1 1
Alabama Space Science Exhibit Commission (2)	į	200	500 MOA			
Alabama Space Science Exhibit Commission (3)	u	293,398 Salary	Salary			
(4)						
(5)						1
(9)						
		Sche	Schedule R (Form 990) 2011	1996 1996	0) 2011	1

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) (d) (d) (e) (d) (e) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	<u></u>	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1	(I) General or managing partifer?	(k) Percentage ownership
			from tax under section 512-514)	organizations?			Yes No	(FOILL 1069)	Yes No	,
(1)									-	
(2)										
(6)								:		
(4)									-	
(5)										
(9)										
(<u>a</u>)										
(8)										
(6)										
(10)										
(11)							_			
(12)										
(13)										
(14)										
(15)										
(16)	,									
								Sche	dule R (For	Schedule R (Form 990) 2011

Schedule R (F	Form 990) 2011	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
		·····
		
		••••