

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



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Depa	artment of nal Reven	the Treasury ue Service	► Informatio	n about Fo	orm 990 and its i	nstructions is at	t www.irs.g	ov/form99	0.	Inspec	tion		
A	For the	2013 cale	ndar year, or tax year be	eginning	October 1	, 2013, a	and ending	Septe	mber 28	, 20 14			
В		applicable	C Name of organization U.S				_		D Employe	er identification n	umber		
	Address		Doing Business As							63-1265839			
	Name ch	-	Number and street (or P O	box if mail	s not delivered to st	treet address)	Room/suite		E Telephor				
	Initial ret		One Tranquility Base						256-460-6702				
$\overline{\Box}$	Terminat		City or town, state or provi	ince, country	, and ZIP or foreign	postal code							
$\overline{\Box}$	Amende		Huntsville, AL 35805-33	.71	_				G Gross re	ceipts \$	1,871,263		
Ħ			F Name and address of prince		Dr. Deborah B	arnhart		H(a) Is this a c	roup return for s		. ✓ No		
	Аррисан		Same as C above		D DODO . a D.			1 ''	•	s included? Ves	=		
$\overline{}$	Tay-over	mpt status	✓ 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527	⊣ `′		list (see instruction			
÷	Website			<u> </u>) = (mbort no)	+3+1 (a)(1) GI	<u>J21</u>	-	exemption	·	•		
K			cecamp.com ✓ Corporation ☐ Trust ☐	Associatio	n	I Ve	ar of formatio			of legal domicile	AL		
_	art I	Summ			II	<u> </u>	ar or rommano	2000	IN Otate	or legal domicile	AL_		
	1		escribe the organization	o'e missio	n or most signif	icant activities:	The mice	ion of this	organizat	tion is to suppo	\		
Ф	l '	-	-										
Activities & Governance	1		undraising, the education								s to		
Ľ			AMP, SPACE ACADEMY										
Š	2		is box ▶☐ if the organ			-	-		1 1	its net assets.	_		
Ğ	3		of voting members of t	_						· · · · ·	9		
တ္	4		of independent voting		_				— — —		9		
ij	5		nber of individuals emp	-	-				5		0		
흦	6		nber of volunteers (esti						6		120		
Ă	7a		elated business revent						7a				
	b	Net unrel	ated business taxable	ıncome fr	om Form 990-T	, line 34			7b				
<u>o</u>								Prior Y	ear	Current Y	ear		
	8		tions and grants (Part \				· · _		2,016,506		1,869,766		
Revenue	9	Program	service revenue (Part \	VIII, line 2o	g)		· · L		0		0		
ě	10	Investme	nt income (Part VIII, co	olumn (A),	lines 3, 4, and 7	⁷ d)			6,089		1,497		
<u>«</u>	11	Other rev	enue (Part VIII, column	r (A), lines	5, 6d, 8c, 9c, 1	0c, and 11e) .			0				
	12	Total reve	enue – add lines 8 throug	igh (Fina	ist equal Part VII	II, column (A), lı	ne 12)		2,022,595		1,871,263		
	13	Grants a	nd sımılar amounts par	d (Part IX.	column (A), line	es 1–3)			2,120,724		1,838,572		
	14		paid to or formembers				🗀						
w	15		other compensation, en				5–10)						
Expenses	16a		onal fundraising fees (P		- · · - · · JI/6 . WI		· · · · / -						
ě	Ь		draising expenses (Par				0						
찣	17		penses (Part IX, colum						22,986		20,807		
	18		penses. Add lines 13-1			•	}		2,143,710				
	19		less expenses. Subtra	-	-		_				1,859,379		
_	+	nevenue	less expenses. Subtra	ici iiile 10	nomino iz .	<u></u>		ginning of C	(121,115) urrent Year	End of Ye	11,884		
ts or	20	Total acc	ote (Port V. Juno 16)				F						
SSe	20		sets (Part X, line 16)				· ·		340,413		253,787		
Net Assets	21		oilities (Part X, line 26)				· ·		225,148		126,638		
			ts or fund balances. So ture Block	ubtract iin	e 21 from line 2	<u> </u>	· · ·		115,265		127,149		
_	art II	<u>~</u>											
U	nder pena Je correc	alties of perju	iry, I declare that I have exam lete Declaration of preparer (nined this ret (other than o	um, including accor fficer) is based on al	apanying schedule	s and statem ich or e narer h	ents, and to las any know	the best of r dedae	ny knowledge and	d belief, it is		
		T .			C/h./	90	- ·	-T	4/				
٥:		1		un	Sen		WA		ate 4	1-15			
	gn	Sign	lature of officer	الساما	6		CIL			1	L .		
П	ere			<u>enni</u>	TUY ()	COZIEK	- LK	ecu-	712.	DIFCO	1 V /		
_			or print name and title				15						
Pá	aid	Print/Ty	pe preparer's name	15	reparer's signature		Date	3	Check [
	epare	er							self-emp	ployed			
	se On	1	name ►					<u>F</u> ır	m's EIN ▶				
			address ▶					Ph	one no				
Ma	ay the II	RS discus	s this return with the p	reparer sh	own above? (se	ee instructions)			<u> </u>	🔲 Ye	s 🗌 No		
	- Danas	wante Dank	etion Act Notice see th		instructions		Cat Na	110007		Ганн	<u>000 (2012)</u>		

orm 99	0 (2013) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The U.S. Space \$ Rocket Center Foundation supports the educational programs and projects of the U.S. Space & Rocket Center and Space Camp, through grants, fundraising, scholarships, events, and corporate programs.
	opace camp, anough grants, fund along, scholaronps, events, and corporate programs.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 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 \$including grants of \$1,366,195) (Revenue \$)
	Through the fundraising efforts efforts of the Foundation, donations are made and allocated to the U.S. Space & Rocket Center for scholarships to attend Space Camp and other educational museum programs. Space Camp and affiliated programs provide hands
	on learning of Science, Technology, Engineering, and Math (STEM) in an immersive setting using Space Exploration as the theme
	and backdrop. This same technique is applied to our educator programs and not only teaches our educators but provides learning
	tools and inspiration that they can take back to the classroom. In FY14 258 teachers received scholarships to attend Space Academy
	for Educators, and 599 students or special needs children were scholarship recipients. Based on restrictions from donors, travel,
	expenses are often covered by the scholarship funds in addition to lodging and meals throughout the program. More information
	about the programs of the U.S. Space & Rocket Center can be found at www.spacecamp.com.
4b	(Code:) (Expenses \$including grants of \$308,604) (Revenue \$)
	The Foundation granted funds to the U.S. Space & Rocket Center to fund additional museum exhibitions. During the fiscal year the
	museum hosted five traveling exhibits. The first was an exhibit titled "Raise the Roof" (Science Museum of Minnesota). The exhibit
	featured full sized and miniature structures and buildings to teach the architect and engineering of buildings. Following that we hosted GPS Adventures which taught skills in navigation, from compasses and maps to GPS and satellites. At the same time we
	hosted a photographic exhibition titled "Two Lines" which depicted the similarities and differences of the Korean DMZ and the
	Berlin Wall. In August we exhibited a Smithsonian Institution exhibit titled "Black Wings" which told the history of African American
	pilots and astronauts and the discriminating challenges they had to overcome. In August we also opened a new permanent exhibit
	called "NASA's Great Observatories" displaying graphics and models of the 5 great observatories from Compton Gamma Ray to
	the yet to be deployed "James Webb Space Telescope". All of the exhibits have strong educational components and come with
	Educational materials for the teachers.
4c	(Code:) (Expenses \$including grants of \$133,382) (Revenue \$)
	The Foundation solicited funds from corporate and private donors to sponsor several major events throughout the year. The following
	events were supported by these funds: July 4th Fireworks, Be-Ready Camp, Inventors' Ball, the NASA Rover Challenge Races, the
	Pass the Torch series of speakers which is open and free to the public, and the annual Space Exploration Celebration. All of the
	aformentioned events were 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.
	Other program services (Describe in Schedule O.)
4u	(Expenses \$ Including grants of \$ 51,083) (Revenue \$)
4e	Total program control expenses > 1.950.364

Part I	V 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 (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			١,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		✓
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	├	<u> </u>	
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8_	<u> </u>	✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		-
.0	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	4102		Œ× _n ,
	VII, VIII, IX, or X as applicable	4.5		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	<u> </u>	78 7	£ /
	complete Schedule D, Part VI	11a	✓	
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		✓
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c	✓	
ū	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
_	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	116		
	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 and XII	12a		V
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		1	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
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 (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	L	✓_
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			,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	 	
		1 AD	L	<u> </u>

Part	Checklist of Required Schedules (continued)		<u> </u>	ugo i
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	
22	Did the organization report more than \$5,000 of grants or 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		1
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 25a	24a		1
	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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
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		1
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		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	29		1
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	_	✓
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓	
	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Check if Schedule O contains a response of note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	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			
þ	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?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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		/
b	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 5c		1
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		-
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa	· ·	\vdash
-	afts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a	√	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	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		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		- - -
9	Sponsoring organizations maintaining donor advised funds.	۳		+▼
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:			-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
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		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł		[
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	-	
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		+*-

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	See in:	struct	ions.
Secti	on A. Governing Body and Management		<u> </u>	· <u>·</u>
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.		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
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		1
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	4 5 6		√ ✓
b	one or more members of the governing body?	7a 7b		√
8 a b 9	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8a 8b	√	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 ue C	ode.)	✓
	(manual notal	,40 0	Yes	No
10a 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 b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 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	1	
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy?	14		1
a b	The organization's CEO, Executive Director, or top management official	15a 15b	√	
16a	, , , , , , , , , , , , , , , , , , ,			
b	with a taxable entity during the year?	16a 16b		\
	ion 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 ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	polic	y, and
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	e 	

	·						
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Con	pensated E	mployees, 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 peither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization no	or any relate	d org	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
		1		•	C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per week (list any	office	er and		irect	or/trus	<u> </u>	compensation from	compensation from related	amount of other
	hours for	우豆	ng:	Officer	<u>6</u>	emg	Former	the	organizations	compensation
	related	l red	<u>Ē</u>	Cer	/em	hest	퍨	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted		ona		Key employee	8 8	`	(W-2/1099-MISC)		organization and related
	line)	rust	 		yee	npe				organizations
		8	Institutional trustee			Highest compensated employee				
					-					
(1) BG (Ret.) Dan Montgomery	. 									
Chairman	.5	✓		_	_		<u> </u>	 		
(2) Ms. Jan Smith						Ì				
Vice Chairman	.15	✓	ļ							
(3) Dr. Waymon Burke	. 									
Director	.05	✓				L				
(4) Ms. Jean Wessel Templeton										
Director	.05	✓			_		<u> </u>			
(5) Ms. Linda Smith										
Director	.05	/	_		<u> </u>					
(6) Ms. Dorothy Davidson					1	l				
Director	.05	<u> </u>		<u> </u>			L			
(7) Mr. Tom Butler				İ						
Director	.05	✓					L.			
(8) Mr. Arthur Orr										
Director	.05	✓		_						
(9) Mr. Owen Grant										
Director	.05	✓	<u> </u>							
(10) Dr. Deborah Barnhart]								
Chief Executive Officer	4.0			✓	L	<u> </u>			183,214	
(11) Ms. Jennifer Crozier										
Executive Director	20.0			✓	<u>L</u>	<u> </u>			72,733	
(12)		{								
(13)			\vdash							
(14)	1		-	\vdash			\vdash			
<u>117)</u>	-†	1	1	1			1	1		

	(A) Name and title	(B) Average hours per week (list any	box, u	unles er and	Pos ieck is pe	more rson irect	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation related		Estin	F) nated unt of ner
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-Mi		fron organ and r	nsation in the ization elated zations
(15)									-			-	_
(16)					\Box								
(17)								_			_		
(18)			ļ 	-	_	-		-			_		
(19)					_	-							
				-		_							
(20)			_		_	L							
(21)									<u> </u>				
(22)													•
(23)				† -				 					·
(24)				 							_		
(25)				<u> </u>	┢	<u> </u>		-					
1b	Sub-total	I	<u> </u>	L_	<u>_</u>	L_				255	,947		
c	Total from continuation sheets to Part	VII, Sectio		•		•		>			,947		
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m			of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	nest comper	nsated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	con	npe	nsatio					4	- 1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	ividual	5	1
	on B. Independent Contractors										A 400		
1	Complete this table for your five highest compensation from the organization. Reyear.	•		•									n's tax
	(A) Name and business add	dress							(B) Description of	services	C	(C) ompens	ation
								\vdash					
								F					
								上					
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who			

Part VIII		Statement of Revenue				
		Check if Schedule O contains a response or note to				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a				:
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
S, C	С	Fundraising events 1c				
Gift	d	Related organizations 1d				
imi	е	Government grants (contributions) 1e 22,535				
tio er S	f	All other contributions, gifts, grants,			1	
ig ∰		and similar amounts not included above 1f 1,836,731				
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f \$ 10,500				
	h	Total. Add lines 1a–1f	1,869,766			
nue	_	Business Code				
eve	2a					
æ	b					
<u> Ş</u>	С					
တ္တ	d					
Tan	e	All other program service revenue .				
Program Service Revenue	f g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,		• • •	· ·	<u> </u>
	•	and other similar amounts)	1,497			
	4	Income from investment of tax-exempt bond proceeds ▶	.,,,,,	•		
	5	Royalties	·			
		(i) Real (ii) Personal				
	6a	Gross rents				,
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Secunties (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				-
		and sales expenses .				
	C	Gain or (loss)				
	d	Net gain or (loss)			 	
venue	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a				
₹	b	Less: direct expenses b				
	c 9a	Net income or (loss) from fundraising events . Gross income from gaming activities. See Part IV, line 19				
	ь	Less: direct expenses b				
	C	Net income or (loss) from gaming activities	- -		· ·	-
	-	Gross sales of inventory, less				
		returns and allowances a			1	
	Ь	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory ▶	_			
		Miscellaneous Revenue Business Code	,			
	11a					
	b				1	
	С					
	d	All other revenue			<u> </u>	
	е	Total. Add lines 11a–11d ▶	ļ			
	l 12	Total revenue. See instructions	1.871.263		1	

_	(2013) Statement of Functional Expenses				Page 10
	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon-			· · · · · ·	
	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	1,838,572	1,838,572		
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				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	Management				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion			-	
13	Office expenses	115		115	
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel	14,869	14,869		
19	Conferences, conventions, and meetings .			-	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,089	3,089		
23	Insurance				
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.)				
а	Exhibit Expense	2,734	2,849		
b					
С		_			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,859,379	1,859,264	115	
26	Joint costs. Complete this line only if the 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** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 656 1 5.000 2 Savings and temporary cash investments 147,521 2 12,319 3 3 Pledges and grants receivable, net 48,481 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Inventories for sale or use 8 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 87,472 10c 3,088 89,433 Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11. 13 13 Investments—program-related. See Part IV, line 11 104.764 98.554 14 14 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34). 340.413 16 253,787 17 Accounts payable and accrued expenses 7,596 17 8,200 18 18 217,552 118,438 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 225,148 26 126,638 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 28 Temporarily restricted net assets 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 127,149 115,265 33 33 115,265 127,149 Total liabilities and net assets/fund balances 340,413 253,787 Form 990 (2013)

					raye iz
Par					
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,871,263
2	Total expenses (must equal Part IX, column (A), line 25)	2			,859,379
3	Revenue less expenses. Subtract line 2 from line 1	3			11,884
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	l			
	33, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<u></u>	<u>. </u>
				Ye	s No
1	Accounting method used to prepare the Form 990: ☐ Cash		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	n		
_	Schedule O.				-
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• . • .	. 2	3 🗸	
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	oiled o	or		
			1		
	Separate basis Consolidated basis Both consolidated and separate basis			ر ۔ ۔	-
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite		. 2t	<u> </u>	
	separate basis, consolidated basis, or both:	u on	a		
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	orcial	,		2
·	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	, 20	. ,	
	If the organization changed either its oversight process or selection process during the tax year, exp			, ,	
	Schedule O.	piulli l	''		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		_
	the Single Audit Act and OMB Circular A-133?		3a		1.
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th		1	+*
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		ັ _{3ໄ}		
					90 (2013)
			•	J J	- (2010)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer ic	dentification	n number	
	Space & Rocket Cer									65839	
Pai			rity Status (All orga						nstructio	ons.	
1 2 3 4	A church, condition A school descord A hospital or a A medical rese	vention of church ribed in section cooperative hos earch organization	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjuni	churches ch Schedi ation desc	describe ale E.) cribed in s	ed in sec section 1	tion 170(170(b)(1)((b)(1)(A)(i (A)(iii).		(iii). Enter	the
5	An organization	e, city, and state in operated for)(1)(A)(iv). (Com	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit de	scribed in
6 7	☐ A federal, state	e, or local govern n that normally	nment or government receives a substantia (A)(vi). (Complete Par	I part of					nit or fron	n the gene	eral public
8	☐ A community	rust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II.)					
9	receipts from support from	activities related	receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	ions—sul lated bus	oject to d siness tax	certain ex xable inc	ceptions	s, and (2) ss sectio	no more	e than 331	/3% of its
10 11	An organization	on organized ar ine or more pub	I operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	e benefit described	t of, to p	perform to the serion of the s	the funct a)(1) or se	tions of, ection 50	9(a)(2). Se	
e	other than fou or section 509 If the organiz	ndation manage (a)(2).	II c Type II that the organization ers and other than one written determination	is not co e or more	ntrolled deputies publicly the IRS t	lirectly or supporte	ndırecti ed organ	y by one izations o	or more described	I in section	d persons n 509(a)(1)
g	~ ·	17, 2006, has t	he organization acce			ontributio	n from a	ny of the	•		Ц
	(III) below,	the governing b	ndirectly controls, eithody of the supported on described in (i) abo	organızat	ion?			describe	d in (11) at 	nd 11g(i) 11g(ii)	Yes No ✓ ✓
	(iii) A 35% co	ntrolled entity of	a person described in	ı (ı) or (ıı) :	above? .					11g(iii)	1
r	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the orgai col (i)	vou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	1	of monetary
			(555 3153 5153 515	Yes	No	Yes	No	Yes	No		
(A) A	labama Space cience Exhibit	63-0585103	6	1		✓		1			1,838,572
(B)											
(C)											
(D)											
(E)											
]						

Part							
	(Complete only if you checked the Part III. If the organization fails to				•	• • • • • • • • • • • • • • • • • • •	alify under
Sacti	on A. Public Support	quality unde	er tile tests lis	sted below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	(a) 2009	(6) 2010	(0) 2011	(u) 2012	(6) 2015	(i) iotai
•	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						
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.						
_	on B. Total Support						<u> </u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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>			
12	Gross receipts from related activities, etc		•			12	
13 Section	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re	<u> </u>		-		
14	Public support percentage for 2013 (line			1 column (f)		14	%
15 16a	Public support percentage from 2012 Sci 331/3% support test—2013. If the organi	hedule A, Part zation did not	II, line 14 . check the box	on line 13, an		15	% check this
_	box and stop here. The organization qua						· · ▶ ∐
b	331/3% support test—2012. If the organ check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganızatıon .		- 🗆
17a	10%-facts-and-circumstances test—2: 10% or more, and if the organization me Part IV how the organization meets the "in organization	ets the "facts-	and-circumsta	ınces" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part IV how the organization in supported organization	tion meets the neets the "fact 	e "facts-and-c s-and-circums	rcumstances" tances" test.	test, check to the organization of the organization of the control	his box and son qualifies as	top here. a publicly ▶ □
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17	a, or 17b, ched	ck this box and	see

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.)

Coatio	on A. Public Support			, , , , , , , , , , , , , , , , , , ,		···,	
		(=) 0000	(h) 0010	(-) 0011	(4) 2010	(-) 0010	(6) Total
_	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	,					
	line 6.)						
	on B. Total Support		т	,		ī	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				İ		
	payments received on securities loans, rents,						
	royalties and income from similar sources .					ļ	
b	Unrelated business taxable income (less					}	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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		ļ	ļ			
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets			1	1	1	
_ =	(Explain in Part IV.)		ļ				
13	Total support. (Add lines 9, 10c, 11,				1	1	
	and 12.)	L	<u> </u>	<u> </u>	L	L	L
14	First five years. If the Form 990 is for the	-			•		1
<u> </u>	organization, check this box and stop he		· · · · ·	· · · · ·	· · · · ·	• • • •	<u> </u>
	on C. Computation of Public Suppor					1 4m T	
15	Public support percentage for 2013 (line						<u>%</u>
16	Public support percentage from 2012 Sci			<u> </u>	· · · · · ·	_ 16	<u>%</u>
	on D. Computation of Investment In			urling 40	(6)	14-1	
17	Investment income percentage for 2013 (<u>%</u>
18	Investment income percentage from 2012						<u>%</u>
19a	331/3% support tests—2013. If the organ						·
	17 is not more than 331/3%, check this box					-	_
b	331/3% support tests—2012. If the organization 1.0 is not more than 321/2% shock this						
	line 18 is not more than 331/3%, check this		_				
20	Private foundation. If the organization d	ia not check a	Dox on line 14	, 19a, or 19b,	cneck this box	and see instru	ictions 🕨 🔲

	-orm 990 or 990-E∠) 2013	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions).	and
••••		
•••		
•••••		
····		·
		·
	······	
	······································	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer Identification number Name of the organization U.S. Space & Rocket Center Foundation Part I 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). Addregate grants from (during year) . . 3 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? ☐ Yes ☐ No 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 ☐ 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 Total number of conservation easements 2a 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 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, 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 XIII, 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: 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:

Part	Organizations Maintaining	Collections of A	<u>rt, Historical T</u>	<u>reasures,</u> or Of	<u>ther S</u> imilar Ass	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and other	er records, chec	k any of the follow	wing that are a sign	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research		e 🗌 Other	***************************************		
С	☐ Preservation for future generations			**	***************************************	
4	Provide a description of the organizati XIII.	ion's collections and	d explain how th	ney further the org	ganızatıon's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be maintain	onations of art, ed as part of the	historical treasure e organization's co	s, or other similar	Yes 🗌 No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	answered "Yes" t	•	,	•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?					Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	the following ta	able:	An	nount
С	Beginning balance			10		
d	Additions during the year			1d		
е	Distributions during the year			1e	1	
f	Ending balance					
2a	Did the organization include an amoun					
	If "Yes," explain the arrangement in Pa	rt XIII. Check here i	f the explanation	n has been provide	ed in Part XIII .	<u></u> 🗀
Par						
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	243,365	243,365	214,980	215,150	213,384
b	Contributions	0	0	28,185	0	0
С	Net investment earnings, gains, and					
	losses	O	0	823	1,464	
d	Grants or scholarships	0	0	623	1,634	0
е	Other expenditures for facilities and programs					
	<u></u>					
f	Administrative expenses End of year balance	242.205	040.005	044.000	045.450	242.224
g 2	Provide the estimated percentage of the	243,365	243,365	214,980		213,384
a	Board designated or quasi-endowmen	•		, column (a)) nelu :	a5.	
b	Permanent endowment ►	%	6			
C	Temporarily restricted endowment ▶	· ⁷⁰				
•	The percentages in lines 2a, 2b, and 2		%			
За	Are there endowment funds not in the			at are held and ad	ministered for the)
	organization by:		g			Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organiz	zations listed as req	uired on Schedi	ule R?		3b ✓
4	Describe in Part XIII the intended uses	of the organization	's endowment fu	ınds.		
Par	Land, Buildings, and Equip Complete if the organization		o Form 990. P	art IV. line 11a. S	See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or othe	r basis (b) Cost o	r other basis (c)	Accumulated epreciation	(d) Book value
	Land	(iiivosaneii	-, (0		op. solution	
b	Buildings		- 			
C	Leasehold improvements					
d	Equipment			92,522	3,088	89,434
e	Other			32,322	3,000	59,434
	Add lines 1a through 1e. (Column (d) m	ust oqual Form 000	Port Y column	(P) line 10(a))		

Part VII	Investments - Other Securities				
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	,	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
IAI					
	••••••				
(E)					<u></u>
(F)					
(G)					
(H)					···
	b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII	Investments—Program Related		000 Dart IV Iva	. 11. O F	000 Dart V Irra 40
	Complete if the organization ans	wered "Yes" to For		1	
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(4) = .				<u>-</u>	
(1) Stocks				end of year market	
(2) Bonds				end of year market	
	erm Reserves	 	18,725	end of year market	t value
(4)					
(5)					
(6)			1		
(7)					
(8)			· · · · ·	-	
	b) must equal Form 990, Part X, col. (B) line 13.)				. "
Part IX	Other Assets.		<u> </u>		
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
		a) Description			(b) Book value
(1)			-		
(2)					
(3)		-			-
(4)					
(5)					
(6)					
(7)					
(8)					· · · · · · · · · · · · · · · · · · ·
(9)		· · · · · · · · · · · · · · · · · · ·			
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities. Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	line 25.	(h) Deelevelve	1		
(1) Federal ır	(a) Description of liability	(b) Book value			
(2)	come taxes				
(3)					
(4)					
(5)					
(6)					
(7)		 			
(8)					
(9)		<u> </u>			
	b) must equal Form 990, Part X, col (B) line 25.)				
	r uncertain tax positions. In Part XIII. prov	I	ote to the organization	n'e financial etatom	anto that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stat Complete if the organization answered "Yes" to Form 99	tements With Revenue per	Return.
1	Total revenue, gains, and other support per audited financial stateme	onte	11
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	mts	
- а	Net unrealized gains on investments	. 2a	
b	Donated services and use of facilities		-
C	Recoveries of prior year grants		-
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		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 XIII.)		1
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 12.)	5
Part			er Return.
	Complete if the organization answered "Yes" to Form 99		
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	. 2a	
b	Prior year adjustments	. 2b	7
C	Other losses]
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		2e
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 .] [
b	Other (Describe in Part XIII.)		<u> </u>
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)	5
	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and A. Dart IV. Irana 15 and Ol	Don't V. Book V. Book V. Book
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	part to provide any additional is	o, Fart v, line 4, Fart A, line
		-	
	•••••	***************************************	
			·····

Schedule D (Fo	orm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
		•••••
		•••••••••••••••••••••••••••••••••••••••
		•••••••

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

SCHEDULE I

2013	Open to Public
8	Open

SCHEDULE I (Form 990)	O ö	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	and Other Assistance to Organizations, nents, and Individuals in the United States e organization answered "Yes" to Form 990, Part IV, line 21 or 22.	tance to Orguals in the U	anizations, Inited States Part IV, line 21 or 3	a Si	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	▼ Infor	► Attach to Form 990. Information about Schedule Form 990 and its instructions is at www.irs.gov/form990.	► Attach to Form 990. Inle I (Form 990) and its instru	Form 990. d its instructions is	s at www.irs.gov/fc	төөо.	Open to Public Inspection
Name of the organization							Employer identification number
U.S. Space & Rocket Center Foundation	Ę						63-1265839
Part General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility	for the grants or assistar	ince, and
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	karion's procedur	es for monitorina t	he use of grant fur	nds in the United			3
	ssistance to Go	vernments and	Organizations i	n the United St	ates. Complete	if the organization ans	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Alabama Space Science Exhibit Commission	63-0585103	170(b)(1)(A)(v	1,828,072	10,500		Exhibits	Programs Support
(2)							
(6)							
(4)							
(5)							
(9)							
<u>(a)</u>							
(8)							
(6)							
(10)							
(11)					:		
(12)							
2 Enter total number of section 501(c)(3) and government or	501(c)(3) and gov		ganizations listed in the line 1 table	ne 1 table			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	See the Instruction	s for Form 990.			Cat. No 50055P		Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number U.S. Space & Rocket Center Foundation 63-1265839 Part | 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 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, but explain in Part III. ☐ Compensation committee ✓ Written employment contract Compensation survey or study ✓ Independent compensation consultant ☐ 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 filling 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: 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: 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

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.

(B) Breakdown of W-2 and/or 1099-MISC compensation	5	(B) Breakdown o	W-2 and/or 1099-Mis	- 1			מיניין, פספיים, יו יויס ימי שלאויספיים פספייון (כ) מינים (ב) מינים וייס יוימי וויפיזים מיני	
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	(F) Compensation reported as deferred in
				compensation				prior Form 990
	(197,839		o-		14,625	183,214	
1 Deborah E. Barnhart, CEO	Ξ							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	9							
2	≘							**************************************
	€							
8	≘					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		* * * * * * * * * * * * * * * * * * *
	8							
4	E		***	111111111111111111111111111111111111111	**************************************	111111111111111111111111111111111111111	 	
	€							
5	(ii)						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 1 1 1 1 1
	(8)							
9	Ξ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	8							
-	E	***************************************			999999999999999999999999999999999999999	• • • • • • • • • • • • • • • • • • •		
	8							
8	(<u>ii</u>)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***************************************
	(1)							
6	(ii)							1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9					
10	Ξ							
	=							
11	€							
	e			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
12	€							
	=							
13	€							
	e							
14	€							
	E							
15	E							
	=							
16	▣							

Schedule J (Form 990) 2013

polemental Information	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.										Schedule J (Form 990) 2013
Paralli Supplemental Inf	Provide the information, explain for any additional information.										

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

U.S. Space & Rocket Center Foundation 63-1265839 Continuation from Form 990 Page 2, Part 3 Unrestricted Contributions (51,083) Funds are granted to and utilized to support the mission of the U.S. Space & Rocket Center to include curriculum development, serving underserved schools to participate in field trips to the Rocket Center. 990 Part 6 Question 11b - The 990 and required schedules will be sent electronically to directors afer 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 disclosure statements. Questions 15a and b - The U.S. Space & Rocket Center utilizes a Wage Grade System developed by an external consultant. Salaries are are reviewed and assessed each year through participation with the Madison County Chamger of Commerce Wage and Benefit Survey. The Center is also required to conduct a wage grade evaluation and comparison each year through the Affirmative Action plan. Question 19 - The organization's governing documents are available to the public upon request by mail, e-mail, or phone. Part VI, Line 4: The organization made one significant change to its governing documents as follows: The organization amended its Articles of Incorporation in order to add to the organization's principal purposes the provision of grants and services to the U.S. Space & Rocket Center, such services to include the leasing of employees on a breakeven basis. This change is in no way intended to result in the inurement of any benefit to any private party or to otherwise impact the organization's tax-exempt status. To the contrary, the purpose of this change is merely to supplement the ways in which the Foundation accomplishes its tax-exempt purpose of supporting the activities of the U.S. Space and Rocket Center, which is overseen by the Alabama Space Science Exhibit Commission, an agency of the State of Alabama.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
	······
	••••••••••••••
······································	
	••••••
······	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

U.S. Space & Rocket Center Foundation

Part

Department of the Treasury Internal Revenue Service Name of the organization

	Ė
M	Ċ
	E
%	ŀ
<u>U</u>	ġ

OMB No. 1545-0047

Employer identification number Inspection

63-1265839

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 (f)
Direct controlling
entity ŝ Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling entity (e) End-of-year assets Ž (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 170(b)(1)(A)(v (c)
Legal domicile (state
or foreign country) Cat. No. 50135Y (c)
Legal domicile (state
or foreign country) Alabama Primary activity (b) Primary activity Museum For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) (a) Name, address, and EIN of related organization (1) Alabama Space Science Exhibit Commission One Tranquility Base, Huntsville, AL 35805 (9) Part II € Ñ ଷ ල 3 E ල ₹ 9 E

(I) Section 512(b)(13) controlled entity? (k) Percentage ownership Yes No Part IV, Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? ĝ (f) Share of total Yes псопе (9) Share of end-of- [0 year assets (e)
Type of entity
(C corp. S corp, or trust) (f) Share of total income (d)
| Direct controlling entity (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) (state or foreign country) (c) Legal domicile (d)
(Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV € ₹ Ε ල ß 8 9 E Ξ 2 ල 2 9

Schedule R (Form 990) 2013

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

During the xyear, defin the contraction of programment of the contractions tills of increase if it and the contraction of increase if it is a contraction of increase in a contraction of increase in the contraction of	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes	ဍ
yatites or (iv) rent from a controlled entity yatites or (iv) rent from a controlled entity tated organization(s) anization(s) anization(s) arization(s) arization(s) arization(s) arization(s) bor fundratising solicitations for related organization(s) or fundratising solicitations for related organization(s) or fundratising solicitations for related organization(s) itists, or of the assets with related organization(s) itists, or or the assets with related organization(s) itists, or organization(s) arted organization(s) arted organization(s) by eight or expenses arted organization(s) arter organization(s) arter organization(s) arter organization(s) arter organization(s) arter organization(s) arter organization(s) arter organization(s) arter organization(s) arter organization(s) arter organization(s) arter organization(s) arter organi	e organization engage in any of the following transactions with one	or more related orga	nizations listed in Part	:s II-IV?	-	1	
ted organization(s) elated organization(s) adviganization(s) sessets to related organization(s) sessets from related organization(s) or fundraising solicitations for related organization(s) or fundraising solicitations for related organization(s) sitis, or other assets with related organization(s) sitis, or other assets with related organization(s) sitis, or other assets with related organization(s) sitis, or other assets with related organization(s) sitis, or other assets attor(s) for expenses stron(s) for expenses strongenization(s) strongenization(s) strongenization(s) strongenization(s) strongenization(s) strongenization strongenization(s) strongeni	nuities (iii) royalties or (iv) rent from a controlled entity	•	•				>
elated organization(s) an ization(s) an ization(s) articles ation(s) articles articl	inbution to related organization(s)				1	>	
ation(s) are contact of the contact	ubution from related organization(s)			•	10		>
ation(s) assets to related organization(s) assets from related organization(s) assets from related organization(s) assets from related organization(s) act fundraising solicitations for related organization(s) act fundraising solicitations for related organization(s) act fundraising solicitations for related organization(s) act fundraising solicitations by related organization(s) act fundraising solicitations for information on who must complete this line, including covered relationsh altered organization(s) act fundraising for information on who must complete this line, including covered relationsh altered organization(s) and the instructions for information on who must complete this line, including covered relationsh altered organization(s) and the instructions for information on who must complete this line, including covered relationsh altered organization and the instructions for information on who must complete this line, including covered relationsh (a) the instructions for information on who must complete this line, including covered relationsh (a) the instructions for information on who must complete this line, including covered relationsh (b) the complete this line, including covered relationsh (b) the complete this line, including covered relationsh (b) the complete this line, including covered relationsh (b) the complete this line, including covered relationsh (b) the complete this line, including covered relationsh (c) the complete this line, including covered relationship covered relationship covered relationship covered relationship covered relationsh	to or for related organization(s)				14	_	>
ation(s) assets to related organization(s) assets from related organization(s) are functionally confunctionally by related organization(s)				1e		>	
ation(s) ssets from related organization(s) or fundraising solicitations for related organization(s) or fundraising solicitations for related organization(s) ilsts, or other assets with related organization(s) organization(s) stition(s) for expenses atton(s) for expenses atton(s) for expenses ated organization(s) s." see the instructions for information on who must complete this line, including covered relationshead organization (b) the fighth of the complete this line, including covered relationshead organization (a) the fighth of the complete this line, including covered relationshead organization (b) the fighth of the complete this line, including covered relationshead organization (b) the fighth of the complete this line, including covered relationshead organization (b) the fighth of the complete this line, including covered relationshead organization (c) the fighth of the complete this line, including covered relationshead organization on who must complete this line, including covered relationshead organization on who must complete this line, including covered relationshead organization on who must complete this line, including covered relationshead organization and the complete this line, including covered relationshead organizationshead						-	
ation(s) sseets for related organization(s) sseets from related organization(s) or fundraising solicitations for related organization(s) or fundraising solicitations for related organization(s) solicitations by related organization(s) solicitations by related organization(s) solicitations solicitations by related organization(s) solicitations for related organization(s) solicitations for information on who must complete this line, including covered relationsh related organization(s) solicitations for information on who must complete this line, including covered relationsh (b) seated organization solicitations for information on who must complete this line, including covered relationsh (b) solicitations for information on who must complete this line, including covered relationsh (b) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationsh (c) solicitations for information on who must complete this line, including covered relationship in the line of the line of the line of the line of the line of the line of the line of the line of the line of the	anization(s)				#		>
ation(s)	danization(s)				1g	_	>
sissets for related organization(s)	slated organization(s)				Ŧ		>
## state of the decomposition	lated organization(s)			•	1i		/
ssets from related organization(s) or fundraising solicitations for related organization(s) or fundraising solicitations by related organization(s) ilsts, or other assets with related organization(s) organization(s) stition(s) for expenses tation(s) for expenses tation(s) for expenses tation(s) for expenses tation(s) tated organization(s) tated organization(s) tated organization(s) tated organization(s) tated organization tated	ent, or other assets to related organization(s)				Ĺ		>
system related organization(s) or fundraising solicitations for related organization(s) or fundraising solicitations for related organization(s) organization(s) stition(s) for expenses attion(s) for expenses attion(s) for expenses attion(s) for expenses attion(s) at						1	
or fundraising solicitations for related organization(s)	ent, or other assets from related organization(s)				\dashv	>	
lists, or other assets with related organization(s)	membership or fundraising solicitations for related organization(s)				=	7	
lists, or other assets with related organization(s)	membership or fundraising solicitations by related organization(s)				Ę	1	\setminus
organization(s)	nent, mailing lists, or other assets with related organization(s)				두	\	
ation(s) for expenses	Sharing of paid employees with related organization(s)				은	\	
ation(s) for expenses					4	i	
ated organization(s)	ated organization(s) for expenses				2 5	<u> </u>	- >
ated organization(s)	iared organization(s) for expenses				2		•
s," see the instructions for information on who must complete this line, including covered relationsh (a) (b) Transaction type (a-s) b 1,838,572 Pr	roperty to related organization(s)				1r		>
(a) (b) (c) (d) Transaction (b) (v) (b) (c) (d) Amount involved type (a-5) (d) Amount involved (d) (e) (h) (e) (f) Amount involved (f) (g) Amount involved (h) (g) (h) (h) (h) (h) (h) (h)	Other transfer of cash or property from related organization(s)				18	П	>
(a)	above is "Yes," see the instructions for information on who must o	implete this line, inc	luding covered relation	nships and transactio	on thres	plods	<u>s</u>
b 1,838,572 n 255,947	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining	amount	involv	g g
n 255,947	(1) Alabama Space Science Exhibit Commission	9	1,838,572	Program Needs			
	(2) Alabama Space Science Exhibit Commission	-	255,947	Salary			

Schedule R (Form 990) 2013

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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) (e) (f) (g) (g) (g) (g) (h) (g) (g) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(I) Code V—UBI			(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-of-year assets	allocation	of Schedule K-1 (Form 1065)	managing partner?		wnership
			sections 512-514)	Yes No			Yes	Š	Yes	ę	
(1)	-									ļ	
(2)											
(6)											
(4)											
(5)										<u> </u>	
(9)										-	
(2)											
(8)										_	
(6)											
(10)										-	
(11)											
(12)											
(13)											
(14)											
(15)				-							
(16)											
								Sch	Schedule R (Form 990) 2013	Form 96	90) 2013