Paid

Preparer

Use Only

Sophie Zheng



CHANGE OF ACCOUNTING PERIOD

2949317402107

Return of Organization Exempt From Income Tax
Under section 501(c); 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

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

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. 2017 A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending DEC 31. C Name of organization D Employer identification number Address change Association of Space Explorers USA Name change 94-2992746 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 141 Bay Area Blvd. 281.280.8172 City or town, state or province, country, and ZIP or foreign postal code 90,202. G Gross receipts \$ Amended Webster, TX 77598 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer Andrew Turnage for subordinates? pending same as C above H(b) Are all subordinates included? Yes Tax-exempt status X = 501(c)(3) = 501(c)(6)) (insert no.) If "No." attach a list (see instructions) J Website: ▶ www.space-explorers.org H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1985 M State of legal domicile: CA Part I | Summary Briefly describe the organization's mission or most significant activities. The Association of Space Governance Explorers (ASE) promotes education and the exploration of space, Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 1 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 13 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990 Line 0. **Prior Year Current Year** may 83,751. Contributions and grants (Part VIII, line 1h) 298,885 Revenue 17 2018 Program service revenue (Part VIII, line 20) 52,795 2,284. 4. and 7d) 321. 1,248. 10 Investment income (Part VIII, column (A), lines 3 Other revenue (Part VIII, column (A), lines 5, 6d (8) and 11e 1,703 2,863. 11 353,704 90,146. Total revenue - add lines 8 through 11 (must equal Part VIII 1,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. ο. Benefits paid to or for members (Part IX, column (A), line 4) 79,077 48,130. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 О. 5,306. b Total fundraising expenses (Part IX, column (D), line 25) 46,382 18,100. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 125,459 67,230. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 228,245 22,916. Assets or Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 393,885. 416,801. 0 О. 21 Total liabilities (Part X, line 26) Net / 393,885. 22 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Andrew Turnage, Executive Director Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature

May the IRS discuss this return with the preparer shown above? (see instructions)

Houston, TX 77046

Firm's address ▶ One Greenway Plaza,

Firm's name Sophie S Zheng P

1-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Cont

Suite 1018

Form **990** (2017)

No

P00527265

27-3653823

X Yes_

Continuation

Phone no. 713.871.2370

05/08/18 "self-employed

Firm's EIN

		-2992746	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission.		
	The Association of Space Explorers (ASE) is the internation	nal	
	professional and educational association of men and women	who have	
	flown in Earth orbit. ASE's mission is to apply the unique	perspect	ive
	of its members to: promote the global benefits of space sc	ience,	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by expenses	;
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$		<u>147.</u>)
	Annual Planetary Congress/Professional Forum. The annual p		
	Congress allows the members to work towards the organization		<u>ion </u>
	and vision by providing broad and deep professional technic		
	interchanges among the members and attendees. Valuable ex	···	<u>f</u>
	information and expertise are created by astronaut reunion		
	Presentations are delivered to the general public at the a		
	Congress. The organization provides online accessible info		<u>with</u>
	weekly interchange through the ASE downlinks. Member/Astro		
	appearances at schools and other public forums provide a p		
		This shor	<u>t</u>
	year does not include the annual Planetary Congress but does	<u>es have</u>	
	expenses for the planning of the upcoming Congress.		
4b	(Code) (Expenses \$ 7,271. including grants of \$ 1,000.) (Revenue \$)
	The organization participates in numerous educational activations and increase future generations around		
	designed to educate and inspire future generations around of space science, exploration and international cooperation		ILB
	component of ASE's mission is to enable and grow a technic		
	knowledgeable and proficient future workforce, which is particularly		
	national education imperative to ensure our nation's future		
	and scientific prosperity. As part of ASE's general outre		
	our astronaut and cosmonaut members visit schools, univers		
	youth groups world-wide and interact with thousands of teach		
	parents and students each year. ASE continuously explores		wavs
	to engage and inspire the next generation of scientists, as		
	engineers.		
4c	(Code) (Expenses \$2 , 412 . including grants of \$) (Revenue \$)		<u>)</u>
	Planet Stewardship. ASE provides members opportunities to	communica	te
	their unique perspective of Earth to help stimulate humani		
	responsibility for the future of our planet.		
	Among ASE's premier activities in the area of environmental	l educati	on
	is the partnership in the development and deployment of the	<u>e on-orbi</u>	t
	astronaut earth photography tool Windows on Earth. ASE al	so is a	
	driving force in promoting international planning for Near	Earth	
	Objects (NEO) deflections and works with the United Nation		
	implement ASE NEO recommendations. ASE members are have a	<u>lso testi</u>	<u>fied</u>
	before the US congress on astronaut medical support.		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 50 , 144 .		
		Form 9	90 (2017)

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Form 990 (2017) Association of Space Explorers USA Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		, .	
_	If "Yes," complete Schedule A	2	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		^	\vdash
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			- 11
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			 -
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	<u></u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	 	
ı	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
	complete Schedule G, Part III	19	Щ_	<u> </u>

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
þ	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	051		v
06	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		<u> </u>
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		X
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		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	 3		
.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		<u>X</u>
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		X
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	X	
		Form	990 ((2017)

Form	r 1990 (2		_	94-299	<u> 2746</u>	5 F	age 5
Pai	rt 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				1	<u>, L </u>
•			1 1			Yes	No
1a		the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		<u>0</u>		İ
b		the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		<u>0</u>		1
С		e organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gamıng			
		oling) winnings to prize winners?	1 1	•••	1c	 	-
2 a		the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				ļ	
		or the calendar year ending with or within the year covered by this return	2a		니	١,,,	
b		east one is reported on line 2a, did the organization file all required federal employment tax retu		••	2b	<u> </u>	-
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	is)		1.	-	١,,
3а		ne organization have unrelated business gross income of \$1,000 or more during the year?	_	••	3a		X
þ		s," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	-	
4a		y time during the calendar year, did the organization have an interest in, or a signature or other					177
		cial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	╄	X
b		s," enter the name of the foreign country:		. (50.40)			
_		nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts (FBAR)			v
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?	40		5a	1	X
b		by taxable party notify the organization that it was or is a party to a prohibited tax shelter trans.	action	••	5b	1	_^
C		s," to line 5a or 5b, did the organization file Form 8886-T?	ho oraș	···	<u>5c</u>	┼	
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did t ontributions that were not tax deductible as charitable contributions?	ine orga	ariization solicit	6a		X
L		ortributions that were not tax deductible as charitable contributions? s," did the organization include with every solicitation an express statement that such contribu	itione o	r aifte	0a	1	A
D		not tax deductible?	1110113 0	i giits	6b	1	
7		nizations that may receive deductible contributions under section 170(c).			OB	1	
' a		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices r	provided to the payor	7 7a	1	X
b		s," did the organization notify the donor of the value of the goods or services provided?	J. 1.000 F	novidua io ino payo.	7b	 	†
-		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas red	uıred	1.0	 	1
Ŭ		Form 8282?			7c	,	X
d		s," indicate the number of Forms 8282 filed during the year	7d				
e		ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		t?	7e		
f		ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf		••	7f		
g		organization received a contribution of qualified intellectual property, did the organization file F		199 as required?	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8		soring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
		soring organization have excess business holdings at any time during the year?			8		X
9	Spon	soring organizations maintaining donor advised funds.					
а	Did th	ne sponsoring organization make any taxable distributions under section 4966?		••	9a		X
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Secti	on 501(c)(7) organizations. Enter					
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	_		
11	Secti	on 501(c)(12) organizations. Enter:	1	ı			
а	Gross	s income from members or shareholders	11a		_		
b	Gross	s income from other sources (Do not net amounts due or paid to other sources against			i		
	amou	ints due or received from them)	11b		_		
122	Sacti	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 10411	2	12a	1	1

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Note. See the instructions for additional information the organization must report on Schedule O.b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand .

14b Form **990** (2017)

13a

14a

12b

13b

13

Form 990 (2017) Association of Space Explorers USA 94-2992746 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C 	. See i	nstructions	S.					
•	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_		9					
	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.	-							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other						
	officer, director, trustee, or key employee?				2		<u> </u>		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervisi	on					
	of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?		4		<u> </u>		
5	Did the organization become aware during the year of a significant diversion of the organization's as-	sets?			5		<u> </u>		
6	Did the organization have members or stockholders?				6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
	more members of the governing body?				7a	х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or						
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:						
а	The governing body?				8a	Х			
b	Each committee with authority to act on behalf of the governing body?				8b	Х			
9									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> </u>		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)						
				·		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?				10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates	,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the	form?	11a	_X			
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			••	12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escnbe						
	in Schedule O how this was done				12c	X			
13	Did the organization have a written whistleblower policy?				13		X		
14	Did the organization have a written document retention and destruction policy?				14		<u>X</u>		
15	Did the process for determining compensation of the following persons include a review and approv	al by ır	ndependen	t					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a		X		
b	Other officers or key employees of the organization				15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a						
	taxable entity during the year?				16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	participatio	n			-		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatıo	n's						
	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶CA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sect	ion 501(c)(3)s only) a	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website X Another's website X Upon request Other (explain	ın Sci	hedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest p	olicy, and	d finan	cıal			
	statements available to the public during the tax year.		•						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records:	▶					
	Andrew Turnage - 281-280-8172								
	141 Bay Area Blvd., Webster, TX 77598								

Form 990 (2017)	Associa	ation of	f Space	Explorers	USA	

94-2992746

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 (A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average			Pos	ition	ther		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	eck more than one s person is both an a director/trustee)		n an	compensation	compensation	amount of
	week	⊢	er an	dad			tee)	from	from related	other
	(list any	Individual trustee or director			ļ	L		the	organizations	compensation
	hours for related	eord	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	tast .	Institutional trustee		yee	E E		(** 27 1000 141100)		and related
	below	dual	utto	₌	Key employee	est co loyee	<u>=</u>			organizations
	line)	É	ınstr	Officer	Key	Highest compensated employee	For			·
(1) Michael Lopez-Alegria	7.00				ļ]				
President		X		X				0.	0.	0.
(2) Richard Richards	2.00				ļ					
Vice-President		X		X		<u> </u>		0.	0.	0.
(3) Karol Bobko	2.00				ŀ			_	_	
Director		X		<u> </u>		<u> </u>		0.	0.	0.
(4) Roy Bridges, Jr.	5.00									
Director		X	<u> </u>			<u> </u>		0.	0.	0.
(5) Mark Brown	2.00		ĺ		ĺ	ĺ				
Director		X		ļ	<u> </u>			0.	0.	0.
(6) Susan Helms	2.00								•	•
Director		X	<u> </u>	 	 	├		0.	0.	0.
(7) Richard Hieb	2.00		 			Į	i			•
Director	1 00	X	├	┝		├-	_	0.	0.	0.
(8) Thomas Jones	1.00	x					İ	0.	0.	_
Director	2.00	Δ	-	 	-	├			0.	0.
(9) Jan Davis	2.00	х						0.	0.	0.
Director (10) John-David Bartoe	12.00		-	-		-	_	-		
Treasurer	12.00		ł	X				0.	0.	
(11) Andy Turnage	40.00	<u> </u>	 		T	<u> </u>	_			
Executive Director	20100			x	1	l		44,710.	0.	0.
BACCACTVC BITCOCCT						\vdash				
				1		1				
						1				
_]				<u> </u>				
		L				<u> </u>				
-		1	[İ	(1				
		<u> </u>	<u> </u>			<u> </u>				
	<u></u>									
			<u></u>	L_		1			L	

Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for related	(do i	(C) Position do not check more than one ox, unless person is both an fficer and a director/trustee)			than dis both	one n an eee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estin amo ot compe	n the
	organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and r organi	
									 -		
		-								<u> </u>	
								44 6 4 4			
1b Sub-total							-	44,710.	0	-	0.
c Total from continuation sheets to Part Vi	II, Section A						>	0. 44,710.	0	•	0.
 Total number of individuals (including but r compensation from the organization 	ot limited to th	nose	liste	ed a	bove	e) wh	o re	eceived more than \$100	0,000 of reportable	Т	0 es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	yee,	or	highest compensated e	mployee on	3	X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab 0,000? If "Yes,	le co ," <i>co</i> .	mpl	ete :	Sche	edule	e J f	for such individual		4	x
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ed organization or indiv	idual for services	5	х
Complete this table for your five highest country the organization. Report compensation for										nsation fro	m
(A) Name and business			ONI					(B) Description of s		(C) Compens	ation
										.	
										·····	
Total number of independent contractors (\$100,000 of compensation from the organ		not li	mite	d to		se li O	stec	d above) who received r	nore than	Form 9	90 (0047)

	•	Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
•		Oneskii Gonedale G cont	ams a response	or note to any min	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	All other contributions, gifts, gran similar amounts not included abo	its, and ve 1f	7,950. 75,801. Business Code	83,751.			
Program Service Revenue	b c d e		ress	900099	1,513. 750.	1,513. 750.		
<u></u>	f ~	All other program service reversed. Add lines 2a-2f	enue	900099	21. 2,284.	21.		
Other Revenue	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		•	1,248.			1,248.
	b	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities	(II) Personal				
	d 8 a b	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	of (1c) See a b					
	9 a b c	Gross income from gaming ac Part IV, line 19	ctivities. See a b ning activities	>				
		Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	es of inventory ue		2,863.	2,863.		
	b c d e	All other revenue Total. Add lines 11a-11d		>				
	40	Total revenue See instructions		▶ l	90 146	5.147.	0	. 1 2418.

ecti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-	•	•	mplete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2	individuals See Part IV, line 22	1,000.	1,000.		
•	Grants and other assistance to foreign	1,000.	1,000.		
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members				
4	Compensation of current officers, directors,				
5		44,710.	33,165.	6,706.	4,839.
_	trustees, and key employees	44,710.	33,103.	0,700.	4,033.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2 420	2,440.	513.	467.
10	Payroll taxes	3,420.	4,440.	313.	40/•
11	Fees for services (non-employees)				
	Management	976.		976.	
b	Legal	9/0.		9/0.	
	Accounting .		<u> </u>		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
g	, ,				
	column (A) amount, list line 11g expenses on Sch 0.)	· · ·			
12	Advertising and promotion	4 256	2 120	1 126	
13	Office expenses	4,256.	3,130. 191.	1,126. 1,12 4 .	
14	Information technology	1,315.	191.	1,144.	
15	Royalties .	616		616.	
16	Occupancy	616.	4 600	910.	
17	Travel	4,688.	4,688.		· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6 240	E 530	710	
19	Conferences, conventions, and meetings	6,249.	5,530.	719.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			-	
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					
b					
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	67,230.	50,144.	11,780.	5,306.
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 I if following SOP 98-2 (ASC 958-720)		-		

Form 990 (2017)
Part X Balance Sheet

	,	0 1 0 1 1 0				
		Check if Schedule O contains a response or not	e to any line in this Part X		T	·
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	_	393,885.	1	416,801.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net			4	
i	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation				
		Part II of Schedule L		_ 5		
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ঠ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		_6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation .	10b		10c	· · · · · · · · · · · · · · · · · · ·
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line	-1	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	<u></u>		_ 15	
	16_	Total assets. Add lines 1 through 15 (must equ	al line 34)	393,885.	16	416,801.
	17	Accounts payable and accrued expenses	-		17	
	18	Grants payable .		18		
	19	Deferred revenue		_ 19		
	20	Tax-exempt bond liabilities		_20		
	21	Escrow or custodial account liability Complete I	Г		21	
es	22	Loans and other payables to current and former				
Ħ		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	<u> </u>		22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	·		24	
	25	Other liabilities (including federal income tax, pa	·			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D	-	0.	25	0.
	26_	Total liabilities. Add lines 17 through 25	N -51 - 5	<u> </u>	26	<u> </u>
		Organizations that follow SFAS 117 (ASC 958	•			
Ses	07	complete lines 27 through 29, and lines 33 and	ia 34.		27	
lan	27	Unrestricted net assets	·		28	
Ba	28	Temporarily restricted net assets Permanently restricted net assets	ļ		29	
Ę.	29	Organizations that do not follow SFAS 117 (A	SC 959) shock here		_23	
Ē			SC 956), Check here			
Net Assets or Fund Balances	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds		0.	30	0.
sse	31	Paid-in or capital surplus, or land, building, or ed	The state of the s	0.	31	0.
t As	32	Retained earnings, endowment, accumulated in		393,885.	32	416,801.
Š	33	Total net assets or fund balances		393,885.	33	416,801.
	34	Total liabilities and net assets/fund balances		393,885.		416,801.

	1990 (2017) Association of Space Explorers USA	<u>94-299</u>	<u> 2746</u>	Page	<u>12</u>
Pa	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				ᆚ
•		[[_
1	Total revenue (must equal Part VIII, column (A), line 12)	1),14	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,23	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,91	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	393	<u>, 88</u>	<u>5.</u>
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			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,]]			
	_column (B))	10	416	80	<u>1.</u>
Pa	rt XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>_</u>
				Yes N	10
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1		
	separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	1	Ì	
	consolidated basis, or both.		1 1	- }	
	Separate basis Consolidated basis Both consolidated and separate basis			Ì	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		-	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		-	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X_</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	L	
			Form 9	990 (20	17)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		Asso	ciation of	<u> Space Explo</u>	rers	USA		9	<u>4-2992746</u>	
Parl	t I	Reason for Public (Charity Status (/	All organizations must co	omplete th	ıs part.) Se	e instructions			
he or	ganı	zation is not a private found								
1 [Ĭ	A church, convention of ch	•	•	•	•	YAYO.		_	
2	ī	A school described in secti					N-30-		16	
3	=i	A hospital or a cooperative					a			
4	=	A medical research organiz					•	(iii) Enter	the hospital's name	
7 .		city, and state:	anon operated in col	injunionion maria neopia	. 000011001	J 300010	11 17 0(15)(1)(17)	inij. Linto:	ti te nospitai s name,	
5 [\neg	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
J _	_	section 170(b)(1)(A)(iv). (C	, , , ,							
6 [\neg									
7	=			ernment or governmental unit described in section 170(b)(1)(A)(v). y receives a substantial part of its support from a governmental unit or from the general public described in						
, _				intial part of its support	ioni a gov	emmema	uriit or ironi tr	e general	public described in	
^ _	\neg	section 170(b)(1)(A)(vi). (Co		(4)(4)(-i) (Commists Don	4 II V					
8 L	=	A community trust describe								
9 L		An agricultural research org								
		or university or a non-land-g	grant college or agric	diture (see instructions)	. Enter the	name, city	, and state of	trie colleg	je Of	
10 E	⊽	university	Un	. Ab an 00 1/00/ of the ave						
10 L	A	An organization that normal								
		activities related to its exem							=	
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	irea by the org	janization	arter June 30, 1975	
	\neg	See section 509(a)(2). (Cor		al éa éasé fau alal.a as	datu. Caa		20/-3/43			
11 L	=	An organization organized a	-	•	-					
12 L		An organization organized a	-	•	-		-	•	•	
		more publicly supported org	_						Drieck the box in	
_		lines 12a through 12d that				•		-	, giveng	
а	L	Type I. A supporting orga	•	•	•					
		the supported organization		- • • •	a majority	or trie direc	ctors or trustee	3S OF THE S	supporting	
	Γ	organization You must o	•		+.aa.u+b+	la aummant	d arganization	n/a\ bu ba	v.i.a.a	
b	<u> </u>	Type II. A supporting orga	•				•	• • •	-	
		control or management or organization(s). You mus			anie perse	ons mai co	ntroi or manaç	ie me sah	pponed	
_	$\overline{}$	Type III functionally inte	•		ın connoc	tion with	and functional	v intograt	ad with	
C	_	its supported organization	-	= = :				y iiitegiati	eu wiiii,	
d	Г	Type III non-functionally		•	-	-	=	tod organ	ration(o)	
u	L		·							
		that is not functionally int requirement (see instruction	-	- •	-		-	an attent	IV C 11655	
_		Check this box if the orga	•	•				II. Tuno III.		
е		functionally integrated, or					Type i, Type i	i, Type iii		
	Ento	r the number of supported of		many integrated support	ing organi	Zalion			<u> </u>	
		ide the following information	•	od organization(s)						
y) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10	Yes	No	support (see in:	structions)	support (see instructions)	
				above (see instructions))				-		
										
									-	
									· · · · · · · · · · · · · · · · · · ·	
					 				-	
					 				 	

Schedule A (Form 990 or 990 EZ) 2017 Association of Space Explorers USA Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 **Section B. Total Support** (a) 2013 (c) 2015 (b) 2014 Calendar year (or fiscal year beginning in) (d) 2016 (e) 2017 (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 VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (ine 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		·				
	ınclude any "unusual grants.")	54,898.	58,219.	36,450.	298,885.	83,751.	532,203.
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	9,450.	1,447.	8,899.	1,703.	2,863.	
3	Gross receipts from activities that			•	1.	•	
	are not an unrelated trade or bus- iness under section 513		35,830.	39,861.	52,795.	2,284.	130,770.
4	Tax revenues levied for the organ-	-	İ				
	ızatıon'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	64,348.	95,496.	85,210.	353,383.	88,898.	687,335.
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			**********			0.
t	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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						687,335.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 6	64,348.	95,496.	85,210.	353,383.	88,898.	687,335.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	75.	200.	504.	321.	1,248.	2,348.
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses	•					
	acquired after June 30, 1975						
c	Add lines 10a and 10b	75.	200.	504.	321.	1,248.	2,348.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support (Add lines 9, 10c, 11, and 12)	64,423.	95,696.	85,714.	353,704.	90,146.	689,683.
	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here					· · · · · · · · · · · · · · · · · · ·	
Sec	ction C. Computation of Publi	c Support Per	centage				
15	,, ,		•	olumn (f))		15	99.66 %
	Public support percentage from 2016				· · · · ·	16	<u>99.32 %</u>
	ction D. Computation of Inves						
17	Investment income percentage for 20			e 13, column (f))		17	.34 %
18	· ·	•	· ·			18	.12 %
19a	a 33 1/3% support tests - 2017. If the	•					
t	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization	n did not check a b	ox on line 14, 19a	, or 19b, check th	is box and see ins	tructions	▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. Al	Supporting	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		_
3b		
3c		
4a		
4b		
4-		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		!
1		
<u> </u>	1 90-EZ1	2017

ocne ocne	t IV Supporting Organizations (continued)	94/4	0 Pa	age 5
rd	rt IV Supporting Organizations (continued)		Vo-	NI-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		44-		
L	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	لـــل	
	tion B. Type i cupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ	res	NO
١	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		1		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
^	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	11		
Sec	tion D. All Type III Supporting Organizations		Г	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u></u>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	truction		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a _		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.]	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	Schodulo A (Form C		~ 	0047

	edule A (Form 990 or 990 EZ) 2017 Association of Space Ex			94-2992746 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain	ın Part VI) See instructions . Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6	·	
7	Recoveries of prior-year distributions	7	· · · · ·	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting o	rganization (see
	instructions)			

Pa	t V Type III Non-Functionally Integrated 509			4-2992/46 Page 7
	on D - Distributions	(a)(o) Supporting Orga	anizations (continueu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(provide details in Part VI) See instructions.			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	=		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2017			
а		·		
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount	, "3, <u>s</u> , , , , ,		
<u>i</u>	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.	<u> </u>		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	<u> </u>		
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8_	Breakdown of line 7.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
<u>a</u>	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017 Association of Space Explorers USA Part VI Supplemental Information, Provide the explanations required by Part II, line 10, Part II, line 17a or	94-2992746 Page 8
Yeart VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D.	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
(See instructions)	
Schedule A - Public Support 2017 Column	
The organization has decided to change it's year end from J	une 30 to
December 31 in order to more	
	•
accurately reflect it's annual programs and simplify report	ing.
	
	N
	

732028 10-06-17

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

732211 09-07-17

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Association of Space Explorers USA Employer identification number 94-2992746

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization Employer identification number Association of Space Explorers USA 94-2992746 public to inspire and promote education in science, technology, engineering and mathematics. ASE-USA member astronauts also engage with students and teachers throughout the year in the USA with school and university visits and lectures, as well as via partnerships with other educational organizations. Form 990, Part VI, Section A, line 6: The organization is a member organization that is made up exclusively of people that have flown in Earth Orbit. A person shall be a Member if he/she meets the requirements and has advised a director in writing of his/her desire to be a member by submitting an application, if his/her application has been reviewed and approved by the Board of Directors, and if he/she has not been enjoined by the Board with regard to the nonpayment of any annual dues that the Board may set. Form 990, Part VI, Section A, line 7a: Members in good standing have the right to nominate and elect directors to the nine member board in annual elections Form 990, Part VI, Section B, line 11b: The organization's submits the prepared annual tax return (Form 990 or 990EZ) to the Treasurer of the board, who forwards the completed copy to the entire Board of Dirctors for review before the return is filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

ASE requires the executive director (ED) and all board members to annually disclose any conflicts of interest. The Executive Director provides all

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Association of Space Explorers USA	Employer identification number 94-2992746
board members disclosure statements and monitors the comp	liance. The ED
also completes a conflict of interest disclosure and repo	rts the results to
the board president who will then determine the agenda fo	r board
discussion. The meeting's minutes document the board dis	cussion and
review.	
Form 990, Part VI, Section B, Line 15b:	
The organization's finance committee annually reviews the	executive
director's salary and comparable market data to determine	an appropriate
salary level. The finance committee makes recommendation	s to the board of
directors to vote on at the January board meeting each ye	ar.
Form 990, Part VI, Section C, Line 19:	
The organization's tax returns, exemption application and	governing
documents are available on Guidestar.org via the Urban In	stitute and held
in a public file for review upon request	