



Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>SPACE EDUCATION</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>EDUCATE THE PUBLIC ABOUT SPACE EXPLORATION, ITS BENEFIT TO SOCIETY &amp; PROMOTIONS OF SPACE EXPLORATION</u> (Grants \$ _____)	28a	1,924
29	_____ (Grants \$ _____)	29a	
30	_____ (Grants \$ _____)	30a	
31	Other program services (attach schedule) (Grants \$ _____)	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>1,924</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name <u>PAUL S SHANLEY</u> Str <u>4847 MOCKINGBRD</u> City <u>OLD HICKORY</u> ST <u>TN</u> ZIP <u>37138</u>	Title <u>PRES</u> Hr/WK <u>10</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>STEVE ALPERT</u> Str <u>24 W 40TH ST</u> City <u>NY</u> ST <u>NY</u> ZIP <u>10018</u>	Title <u>V P</u> Hr/WK <u>9</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>LAURIE MCALEENAN</u> Str <u>4550 MEMORY LA</u> City <u>TITUSVILLE</u> ST <u>FL</u> ZIP <u>32780</u>	Title <u>TREAS</u> Hr/WK <u>7</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		X
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed		FL
42	The books are in care of Name <u>AMY HOUTS GILFRICH</u> Business check here <input type="checkbox"/> Telephone no <u>321-4499020</u> Located at <u>425 RIVERDALE DR CAPE C</u> City _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in _____ and enter the amount of tax-exempt interest received or accrued during the year _____		

Under penalties of perjury, I declare that I have examined this return, including schedules and attachments, and the information therein is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Please Sign Here  
 Signature of officer: Laurie McAleenan  
 Type or print name and title: LAURIE MCALEENAN TREASURER

Paid Preparer's Use Only  
 Preparer's signature: [Signature] Date: \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: ELLIOTT KORB  
308 7TH AVE, BKLYN, NY 11211

**Society of Performers, Artists, Athletes, and Celebrities for Space Exploration, Inc.**

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Paid of any  
kind +  
no expense acct  
to anyone*