

Form 990

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

2002

Open to Public Inspection

Header section containing: A For the 2002 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization; D Employer ID number; E Telephone number; F Accounting method.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ); G Web site; J Organization type; K Check here; L Gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Main table with columns for line numbers, descriptions, and amounts. Includes sub-tables for 8a (Securities/Other) and 9a (Special events). Total revenue (line 12) is 45,181. Total expenses (line 17) is 10,820. Net assets at end of year (line 21) is 292,094.

RECEIVED MAY 10 2003 COCDEA, FL

SCANNED

10 P

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers directors etc	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	1,500	1,500	
32	Legal fees	32			
33	Supplies	33	345	345	
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions and meetings	40	210	105	105
41	Interest	41			
42	Depreciation, depletion etc (attach schedule)	42	816	816	
43	Other expenses not covered above (itemize) a	43a			
	b SEE STATEMENT 3	43b	7,949	1,427	3,522
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	10,820	2,348	5,472

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes" enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____
 (iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others)
<p>► AIR FORCE MUSEUM SUPPORT All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)</p> <p>a SEE STATEMENT 4</p> <p>(Grants and allocations \$ _____)</p>	2,243
<p>b MUSEUM GENERAL AND ADMINISTRATIVE EXPENSES</p> <p>(Grants and allocations \$ _____)</p>	105
<p>c</p> <p>(Grants and allocations \$ _____)</p>	
<p>d</p> <p>(Grants and allocations \$ _____)</p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	2,348

Part IV Balance Sheets (See page 24 of the instructions)

Note	Where required attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	24,897	45	24,351
46	Savings and temporary cash investments	226,554	46	264,856
47a	Accounts receivable			
b	Less allowance for doubtful accounts		47c	
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers directors, trustees and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use	21,346	52	17,756
53	Prepaid expenses and deferred charges		53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	12,363		
b	Less accumulated depreciation (attach schedule) SEE STMT 5	11,955	916 57c	408
58	Other assets (describe)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	273,713	59	307,371
60	Accounts payable and accrued expenses	19	60	27
61	Grants payable		61	
62	Deferred revenue SEE STMT 6	15,250	62	15,250
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	15,269	66	15,277
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted		67	
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds	258,444	70	292,094
71	Paid-in or capital surplus or land building, and equipment fund		71	
72	Retained earnings endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	258,444	73	292,094
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	273,713	74	307,371

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.
DAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

a	Total revenue gains & other support per audited financial statements	a
b	Amounts included on line a but not on line 12 Form 990	
	(1) Net unrealized gains on investments \$	
	(2) Donated services and use of facilities \$	
	(3) Recoveries of prior year grants \$	
	(4) Other (specify)	
	\$	
	Add amounts on lines (1) through (4)	b
c	Line a minus line b	c
d	Amounts included on line 12, Form 990 but not on line a	
	(1) Investment expenses not included on line 6b, Form 990 \$	
	(2) Other (specify)	
	\$	
	Add amounts on lines (1) and (2)	d
e	Total revenue per line 12 Form 990 (line c plus line d)	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a
b	Amounts included on line a but not on line 17 Form 990	
	(1) Donated services and use of facilities \$	
	(2) Prior year adjustments reported on line 20, Form 990 \$	
	(3) Losses reported on line 20, Form 990 \$	
	(4) Other (specify)	
	\$	
	Add amounts on lines (1) through (4)	b
c	Line a minus line b	c
d	Amounts included on line 17, Form 990 but not on line a	
	(1) Investment expenses not included on line 6b, Form 990 \$	
	(2) Other (specify)	
	\$	
	Add amounts on lines (1) and (2)	d
e	Total expenses per line 17, Form 990 (line c plus line d)	e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED LIST	1+ EACH	0	0	0

75 Did any officer director trustee or key employee receive aggregate compensation of more than \$100 000 from your organization and all related organizations, of which more than \$10 000 was provided by the related organizations? Yes No
 If "Yes," attach schedule-see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation dissolution, termination or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies trustees, officers etc to any other exempt or nonexempt organization?		X
b	If "Yes " enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instr		
b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes " did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter a 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)		
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes " complete Part IX		X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 section 4912 <input type="checkbox"/> 0 , section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs 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 a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955, and 4958		0
d	Enter Amount of tax on line 89c, above reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> FL		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		
91	The books are in care of <input type="checkbox"/> DAVIES, HOUSER, ET.AL., PA Located at <input type="checkbox"/> 535 DELANNOY AVENUE, COCOA FL	Telephone no <input type="checkbox"/> 321-636-0426 ZIP + 4 <input type="checkbox"/> 32922	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a TOUR COMMISSIONS					37,883
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,579	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					-382
103 Other revenue					
a _____					
b SALES TAX COMMISSION					7
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		6,579	37,508
105 Total (add line 104, columns (B), (D), and (E))					44,087

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
●	
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year pay premiums, directly or indirectly on a personal benefit contract? Yes No
- Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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

Signature of officer: *Stephen Houser*

Type or print name and title: **Stephen Houser Treasurer**

Paid Preparer's Use Only

Preparer's signature: *Stephen Houser*

Firm's name (or yours if self-employed): **DAVIES, HOUSER & S**

address and ZIP + 4: **P.O. BOX 129 COCOA, FL 32923-0**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions)

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**U.S.A.F. SPACE & MISSILE MUSEUM
FOUNDATION**

Employer identification number

59-2964584

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50 000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50 000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
<p>1 During the year has the organization attempted to influence national, state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amount on line 38, Part VI-A or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	X
<p>2 During the year has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors trustees directors officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer director trustee majority owner or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
<p>a Sale exchange or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods services or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of exp if more than \$1 000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 Does the organization make grants for scholarships fellowships student loans etc? (See Note below)</p>	3	X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	4	X
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5** A church, convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11 or 12.) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	1,146	5,354	111,463	4,216	122,179
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	18,734	52,051	33,755	62,308	166,848
18 Gross inc from int. dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties & unrelated busn. taxable inc (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	9,122	8,646	5,218	1,842	24,828
19 Net income from unrelated business activities not included in line 18					
20 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets.					
23 Total of lines 15 through 22	29,002	66,051	150,436	68,366	313,855
24 Line 23 minus line 17	10,268	14,000	116,681	6,058	147,007
25 Enter 1% of line 23	290	661	1,504	684	

26 Organizations described on lines 10 or 11	a	Enter 2% of amount in column (e), line 24	▶	26a	
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		▶	26b	
c	Total support for section 509(a)(1) test. Enter line 24, column (e).		▶	26c	
d	Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		▶	26d	
e	Public support (line 26c minus line 26d total)		▶	26e	
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	%

27 Organizations described on line 12	a	For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
(2001)	(2000)	2,000	(1999)	2,000	(1998)	2,000

b	For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				
(2001)	(2000)	(1999)	(1998)		
c	Add: Amounts from column (e) for lines 15 <u>122,179</u> 16 _____ 17 <u>166,848</u> 20 _____ 21 _____		▶	27c	289,027
d	Add: Line 27a total <u>6,000</u> and line 27b total _____		▶	27d	6,000
e	Public support (line 27c total minus line 27d total)		▶	27e	283,027
f	Total support for section 509(a)(2) test. Enter amount on line 23, column (e)		▶	27f	313,855
g	Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	27g	90.1776%
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	27h	7.9107%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No" please explain (If you need more space, attach a separate statement)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions, programs and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above please explain (If you need more space, attach a separate statement)	32d		
33 Does the organization discriminate by race in any way with respect to			
a Students rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities? If you answered "Yes" to any of the above please explain (If you need more space attach a separate statement)	33h		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587 covering racial nondiscrimination? If "No" attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	41	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44 you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instr)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators their staffs, government officials or a legislative body
- h Rallies demonstrations, seminars, conventions speeches, lectures or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i) through b(vi), c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked box for No)

b If "Yes" complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

Form **4562**

Depreciation and Amortization

OMB No 1545-0172

(Including Information on Listed Property)

2002

Department of the Treasury
Internal Revenue Service

▶ See separate instructions

▶ Attach to your tax return

Attachment Sequence No **67**

Name(s) shown on return **U.S.A.F. SPACE & MISSILE MUSEUM
FOUNDATION**

Identifying number
59-2964584

Business or activity to which this form relates

EXEMPT ORGANIZATION

Part I Election To Expense Certain Tangible Property Under Section 179

Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less enter 0- If married filing separately see pg 2 of the instr	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c) lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	▶ 13	

Note Do not use Part II or Part III below for listed property. Instead use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instr)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	816
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts check here	▶ <input type="checkbox"/>	

Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see page 6 of the instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12 lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	816
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

Form **4562** (2002)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution See page 8 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes" is the evidence written?				Yes	No	
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost				
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 7 of the instructions)									25			
26 Property used more than 50% in a qualified business use (see page 7 of the instructions)												
		%										
		%										
27 Property used 50% or less in a qualified business use (see page 7 of the instructions)												
		%				S/L-						
		%				S/L-						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28			
29 Add amounts in column (i) line 26. Enter here and on line 7, page 1										29		

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner" or related person.

If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles-see page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions)		

Note If your answer to 37, 38, 39, 40, or 41 is "Yes" do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year (see page 9 of the instructions)					
43 Amortization of costs that began before your 2002 tax year					43
44 Total Add amounts in column (f). See page 9 of the instructions for where to report					44

Federal Statements**Statement 1 - Form 990, Line 10c - Sales of Inventory**

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
GIFT SHOP	\$ 2,956	\$ 2,197	\$ 759
50TH ANNIVERSARY	343	1,484	-1,141
TOTAL	<u>\$ 3,299</u>	<u>\$ 3,681</u>	<u>\$ -382</u>

Federal Statements**Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
CORRECTION OF PRIOR YEAR DEPRECIATION	\$ 308
CORRECTION OF PRIOR YEAR BUMPER 8 LITHOS (U) INVENT	-1,019
TOTAL	<u>\$ -711</u>

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
MAINTENANCE & RESTORATION				
CONTRACT ADMINISTRATIVE	6,000		3,000	3,000
TAXES AND LICENSES	81	81		
BANK CHARGES	292		292	
DUES & SUBSCRIPTIONS	50		50	
NAVAHO MOVING EXPENSE				
VOLUNTEERS DINNER	1,346	1,346		
ADVERTISING	180		180	
MISCELLANEOUS				
PROGRAM SERVICES				
 TOTAL	 <u>\$ 7,949</u>	 <u>\$ 1,427</u>	 <u>\$ 3,522</u>	 <u>\$ 3,000</u>

Statement 4 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

CONSTRUCTION, MAINTENANCE, AND RESTORATION OF MUSEUM
EXHIBITS AND DISPLAYS THE MUSEUM HOUSES APPROXIMATELY
100 ROCKETS, MISSILES, RELATED SPACE HARDWARE, AND INDOOR
EXHIBITS THE FOUNDATION FUNDS NECESSARY MATERIALS AND
SUPPLIES

Federal Statements**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
FIXED ASSETS	\$ 12,363	\$ 11,447	\$ 12,363	\$ 11,955
TOTAL	\$ 12,363	\$ 11,447	\$ 12,363	\$ 11,955

Statement 6 - Form 990, Part IV, Line 62 - Deferred Revenue

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
HISTORICAL MARKERS	\$ 15,250	\$ 15,250
TOTAL	\$ 15,250	\$ 15,250

ATTACHMENT B
Officers, Directors, Trustees, and Principal Salaried Executive Personnel

Please list officers, directors, trustees, and principal salaried executive personnel

- | | | |
|----|--|---------------------------------|
| 1. | Name (last name first) <u>HOUSER, STEPHEN C</u> | Title <u>Treasurer/Treasury</u> |
| | Home Address <u>POST OFFICE BOX 129</u> | Daytime Phone _____ |
| | City, State, and Zip <u>COCOA, FL 32929-0129</u> | Salaried (Y/N) <u>N</u> |
| 2. | Name (last name first) <u>MORRELL, JIMMEY</u> | Title <u>Chairman</u> |
| | Home Address <u>289 SANDY RUN</u> | Daytime Phone _____ |
| | City, State, and Zip <u>MELBOURNE, FL 32940</u> | Salaried (Y/N) <u>N</u> |
| 3. | Name (last name first) <u>PARRISH, DAVE</u> | Title <u>Vice President</u> |
| | Home Address <u>271 SANDY RUN</u> | Daytime Phone _____ |
| | City, State, and Zip <u>MELBOURNE, FL 32940</u> | Salaried (Y/N) <u>N</u> |
| 4. | Name (last name first) <u>SPENCE, MICHAEL</u> | Title <u>Secretary</u> |
| | Home Address <u>THE AEROSPACE CORPORATION, 243 TEQUESTA HARBOR DRIVE</u> | Daytime Phone _____ |
| | City, State, and Zip <u>MERRITT ISLAND, FL 32592</u> | Salaried (Y/N) <u>N</u> |
| 5. | Name (last name first) <u>KING, MAXWELL C.</u> | Title <u>VP OF DEVELOPMENT</u> |
| | Home Address <u>1384 WALTON HEATH COURT</u> | Daytime Phone _____ |
| | City, State, and Zip <u>ROCKLEDGE, FL 32955</u> | Salaried (Y/N) <u>N</u> |
| 6. | Name (last name first) <u>ARNOLD, LEE</u> | Title <u>CORPORATE COUNSEL</u> |
| | Home Address <u>235 HOLIDAY LANE</u> | Daytime Phone _____ |
| | City, State, and Zip <u>WINTER SPRINGS, FL 32708-3203</u> | Salaried (Y/N) <u>N</u> |
| 7. | Name (last name first) <u>HANRAHAN, TIM</u> | Title <u>DIRECTOR</u> |
| | Home Address <u>215 HEDGECOCK COURT</u> | Daytime Phone _____ |
| | City, State, and Zip <u>SATELLITE BEACH, FL 32937</u> | Salaried (Y/N) <u>N</u> |

ATTACHEMENT B CONTINUED ON NEXT PAGE

ATTACHEMENT B
(continued)

Officers, Directors, Trustees, and Principal Salaried Executive Personnel

Name MOLITOR, DON
Home Address 1775 COGSWELL
City, State, and Zip ROCKLEDGE, FL 32955

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

Name BANKE, JIM
Home Address 1692 CLOVER CIRCLE
City, State, and Zip MELBOURNE, FL 32940

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

Name BJERNING, GENE
Home Address 215 BYATREE DR., SUITE 1
City, State, and Zip MELBOURNE, FL 32940

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

Name JOHNSON, JERRY
Home Address 1980 N. ATLANTIC AVE, SUITE 630
City, State, and Zip COCOA BEACH, FL 32931

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

Name KETCHAM, RODNEY
Home Address 1980 N. ATLANTIC AVE #918
City, State, and Zip COCOA BEACH, FL 32931-0677

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

Name LARIVEE, RON
Home Address P.O. BOX 21233 MC:KA91-F500
City, State, and Zip KENNEDY SPACE CENTER, FL
32815-0233

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

Name BECK, DON
Home Address 817 DIXON BLVD, 6-B
City, State, and Zip COCOA, FL 32922

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

Name LEHNERTZ, Mike
Home Address 12225 JUPITER ST. MS:8100
City, State, and Zip PATRICK AFB, FL 32925

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

Name LEBLANC, DAN
Home Address MAIL CODE: DNPS
City, State, and Zip KENNEDY SPACE CENTER, FL
32899

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

Name SANSOM, DIXIE
Home Address P.O. BOX 267
City, State, and Zip CAPE CANAVERAL, FL 32920

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

Name EYE, TOM
Home Address 180 W. SKID STRIP RD., (CCAS)
City, State, and Zip PATRICK AFB, FL 32925

Title DIRECTOR
Daytime Phone _____
Salaried (Y/N) N

ATTACHEMENT B
(continued)

Officers, Directors, Trustees, and Principal Salaried Executive Personnel

Name PERRY, EMILY Title DIRECTOR
Home Address 191 MUSEUM CIRCLE Daytime Phone _____
City, State, and Zip PATRICK AFB, FL 32925-2535 Salaried (Y/N) N

Name BIDDIX, PATRICK Title DIRECTOR
Home Address 1100 N. WICKHAM ROAD Daytime Phone _____
City, State, and Zip MELBOURNE, FL 32935 Salaried (Y/N) N

Name NEWLIN, BEN Title DIRECTOR
Home Address P.O. BOX 10210 Daytime Phone _____
City, State, and Zip LAKE BUENA VISTA, FL 32830 Salaried (Y/N) N

Name GORMEL, EDMOND Title DIRECTOR
Home Address 100 SPACEPORT WAY Daytime Phone _____
City, State, and Zip CAPE CANAVERAL, FL 32920 Salaried (Y/N) N

Name BUTCHKO, MIKE Title DIRECTOR
Home Address P.O. BOX 21237 MC:SGS-5380 Daytime Phone _____
City, State, and Zip KENNEDY SPACE CENTER, FL
32815-0237 Salaried (Y/N) N

Name _____ Title _____
Home Address _____ Daytime Phone _____
City, State, and Zip _____ Salaried (Y/N) _____

Name _____ Title _____
Home Address _____ Daytime Phone _____
City, State, and Zip _____ Salaried (Y/N) _____

Name _____ Title _____
Home Address _____ Daytime Phone _____
City, State, and Zip _____ Salaried (Y/N) _____

Name _____ Title _____
Home Address _____ Daytime Phone _____
City, State, and Zip _____ Salaried (Y/N) _____

Name _____ Title _____
Home Address _____ Daytime Phone _____
City, State, and Zip _____ Salaried (Y/N) _____

Name _____ Title _____
Home Address _____ Daytime Phone _____
City, State, and Zip _____ Salaried (Y/N) _____