

Return of Organization Exempt From

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

Department of the Treasury Internal Revenue Service

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

HURRICANE WILMA

B No. 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: U.S. SPACEWALK OF FAME FOUNDATION. D Employer identification number: 59-3267408. E Telephone number: (321) 264-0434. F Accounting method: X Cash, Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: N/A

J Organization type (check only one): X 501(c) (3), 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

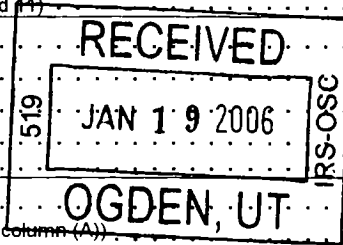
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 116,547.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes X No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes X No. I Group Exemption Number. M Check X if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Rental income; 7 Other investment income; 8 Net gain or (loss) from sales of assets; 9 Special events and activities; 10 Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

SCANNED JAN 19 2006



For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

**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 22 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 \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	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			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35	3,693.	3,693.	
36	Occupancy	36	1,585.	1,585.	
37	Equipment rental and maintenance	37	295.	295.	
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	430.	430.	
43	Other expenses not covered above (itemize) <b>STMT 2</b>	43a	82,935.	35,379.	47,556.
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	44	88,938.	35,379.	53,559.

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 25 of the instructions.)

What is the organization's primary exempt purpose? <b>STMT 3</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a <u>APOLLO, GEMINI, MERCURY, SPACE SHUTTLES, AND SPACE STATION MEMORIALS</u>  (Grants and allocations \$ _____)	33,879.
b <u>FUNDRAISER TO EDUCATE PEOPLE ON HISTORY OF SPACE PROGRAM</u>  (Grants and allocations \$ _____)	1,500.
c _____  (Grants and allocations \$ _____)	
d _____  (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	35,379.

**Part IV Balance Sheets** (See page 25 of the instructions.)

				(A)		(B)	
		<i>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>		Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing . . . . .		73,132	45	68,489	
	46	Savings and temporary cash investments . . . . .			46		
	47a	Accounts receivable . . . . .	47a				
	b	Less allowance for doubtful accounts . . . . .	47b		47c		
	48a	Pledges receivable . . . . .	48a				
	b	Less allowance for doubtful accounts . . . . .	48b		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) . . . . .	51a				
	b	Less allowance for doubtful accounts . . . . .	51b		51c		
	52	Inventories for sale or use . . . . .			52		
	53	Prepaid expenses and deferred charges . . . . .			53		
	54	Investments - securities (attach schedule) . . . . .		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55a	Investments - land, buildings, and equipment basis . . . . .	55a				
b	Less accumulated depreciation (attach schedule) . . . . .	55b		55c			
56	Investments - other (attach schedule) . . . . .			56			
57a	Land, buildings, and equipment basis <b>STMT 4</b> . . . . .	57a	13,484				
b	Less accumulated depreciation (attach schedule) . . . . .	57b	13,162	752	57c	322	
58	Other assets (describe <input type="checkbox"/> <b>STMT 5</b> ) . . . . .			NONE	58	617	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .			73,884	59	69,428	
Liabilities	60	Accounts payable and accrued expenses . . . . .			60		
	61	Grants payable . . . . .			61		
	62	Deferred revenue . . . . .			62		
	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 <input type="checkbox"/> <b>STMT 5</b> ) . . . . .			7,985	65	7,985	
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .			7,985	66	7,985	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>						
	67	Unrestricted . . . . .			67		
	68	Temporarily restricted . . . . .			68		
	69	Permanently restricted . . . . .			69		
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74</b>						
	70	Capital stock, trust principal, or current funds . . . . .			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71		
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		65,899	72	61,443	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .		65,899	73	61,443		
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		73,884	74	69,428		

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return NOT APPLICABLE

Form with two columns: Part IV-A (Revenue reconciliation) and Part IV-B (Expense reconciliation). Includes lines a-e for both sections, with sub-questions (1) and (2) for adjustments.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account. Row 1 contains 'SEE STATEMENT 6'.

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

Part VI Other Information (See page 28 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
78 a	Did the organization have unrelated business gross income 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?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		N/A
80 a	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? If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		X
81 a	Enter direct and indirect political expenditures. See line 81 instructions. <span style="float:right">81a</span>		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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? 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) <span style="float:right">82b</span>		X
		N/A	
83 a	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	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
84 b		N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 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 <span style="float:right">85c</span>		N/A
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d</span>		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e</span>		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f</span>		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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 <span style="float:right">86a</span>		N/A
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b</span>		N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders <span style="float:right">87a</span>		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right">87b</span>		N/A
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
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> N/A		
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 <span style="float:right">89b</span>		N/A
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">89b</span>		N/A
90 a	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> FLORIDA		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) <span style="float:right">90b</span>		0
91	The books are in care of <input checked="" type="checkbox"/> ROBERT ADCOCK Telephone no <input checked="" type="checkbox"/> 321-632-3115 Located at <input checked="" type="checkbox"/> 1346 NELSON COURT, ROCKLEDGE, FL ZIP + 4 <input checked="" type="checkbox"/> 32955		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92</span>		N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a 4 DAYS IN MAY					1,500.
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .			03	1,125.	
95 Interest on savings and temporary cash investments . . . . .			14	256.	
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 . . . . .					24,261.
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				1,381.	25,761.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					27,142.

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 34 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)
93A	FUNDRAISER WITH ANOTHER COMPANY TO EDUCATE PEOPLE ABOUT THE HISTORY OF AMERICA'S SPACE PROGRAM
102A	INVENTORY SALES ARE USED TO PROMOTE A RIVERWALK IN ORDER TO HONOR AMERICA'S SPACE PROGRAM

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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 34 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 and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.

Signature of officer: *Charles B Mars*

Type or print name and title: Charles B. Mars

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**Paid Preparer's Use Only**

Preparer's signature: *Heusa A Budine*

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY INC. 410 INDIAN RIVER AVE TITUSVILLE, FL

**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

**2004**

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. SPACEWALK OF FAME FOUNDATION**

Employer identification number

**59-3267408**

**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 benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. 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	▶ NONE	

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

Schedule A (Form 990 or 990-EZ) 2004

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

	Yes	No
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 amounts on line 38, Part VI-A, or line 1 of Part VI-B) . . . . .		X
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		
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)		
a Sale, exchange, or leasing of property? . . . . .	2a	X
b Lending of money or other extension of credit? . . . . .	2b	X
c Furnishing of goods, services, or facilities? . . . . .	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
e Transfer of any part of its income or assets? . . . . .	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . .	3a	X
b Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) . . . . .	106,583.	142,448.	253,223.	85,407.	587,661.
16 Membership fees received . . . . .	300.	3,055.	713.	6,025.	10,093.
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 . . . . .	33,566.	80,154.	19,811.	NONE	133,531.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	21.	2,099.	1,085.	18.	3,223.
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22 . . . . .	140,470.	227,756.	274,832.	91,450.	734,508.
24 Line 23 minus line 17 . . . . .	106,904.	147,602.	255,021.	91,450.	600,977.
25 Enter 1% of line 23 . . . . .	1,405.	2,278.	2,748.	915.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 <b>NOT APPLICABLE</b> . . . . .					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 2000 through 2003 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 _____					26d
22 _____ 26b _____					26e
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					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
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					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____					
17 _____ 133,531. 20 _____ 21 _____					27c 731,285.
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total) . . . . .					27e 731,285.
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . . . . .					27f 734,508.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					27g 99.5612 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					27h 0.4388 %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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) **NOT APPLICABLE**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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 ) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

**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) **NOT APPLICABLE**

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

**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 )

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

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

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	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h ) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			

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 11 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?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of		
(i) Cash		<b>X</b>
(ii) Other assets		<b>X</b>
<b>b</b> Other transactions		
(i) Sales or exchanges of assets with a noncharitable exempt organization		<b>X</b>
(ii) Purchases of assets from a noncharitable exempt organization		<b>X</b>
(iii) Rental of facilities, equipment, or other assets		<b>X</b>
(iv) Reimbursement arrangements		<b>X</b>
(v) Loans or loan guarantees		<b>X</b>
(vi) Performance of services or membership or fundraising solicitations		<b>X</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees		<b>X</b>

**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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
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

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART I - COST OF GOODS SOLD

DESCRIPTION	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
MATERIAL & SUPPLIES				29,506.		29,506.
SALES TAX				2,559.		2,559.
TOTALS				32,065		32,065

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
ADMINISTRATIVE EXPENSES	29,548.		29,548.
OFFICE EXPENSE	2,380.		2,380.
MONUMENT EXPENSES	33,879.	33,879.	
INSURANCE	1,359.		1,359.
RENT EXPENSE	11,510.		11,510.
ADVERTISING & PROMOTION	2,759.		2,759.
4 DAYS IN MAY	1,500.	1,500.	
<b>TOTALS</b>	<b>82,935.</b>	<b>35,379.</b>	<b>47,556.</b>

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

TO PROMOTE RIVERWALK IN ORDER TO HONOR AMERICA'S SPACE PROGRAM

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL					
ASSET DESCRIPTION	METHOD/CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
20 CHAIRS	M7	300.			300.	260	27.		287.
KIOSK CABINET	M7	1,000.			1,000.	863.	89.		952.
OFFICE COPIER	M7	500.			500.	419.	44.		463.
TELEVISION/VCR	M7	220.			220.	193.	19.		212.
PORTABLE COMPUTER	M5	1,200.			1,200.	1,145.	55.		1,200.
DESK TOP COMPUTER	M5	600.			600.	573.	27.		600.
KIOSK COMPUTER	M5	3,014			3,014	3,014			3,014
OFFICE PRINTER	M5	450.			450.	429	21.		450
OFFICE SCANNER	M5	450.			450.	429	21.		450.
OFFICE COMPUTER	M5	1,000.			1,000.	952	48		1,000
COMPUTER SOFTWARE		3,800.			3,800.	3,735.	63		3,798
MS OFFICE/PUBLISHE		950			950.	934.	16.		950.
TOTALS		13,484.			13,484.	12,946.			13,376.



FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PERSONAL LOANS	7,985.	7,985.
TOTALS	----- 7,985. =====	----- 7,985. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHARLIE MARS 3970 PINETOP BLVD. TITUSVILLE, FL 32796	PRESIDENT	30		
FRANCIS REILLY 506 LAKE DRIVE TITUSVILLE, FL 32780	VICE PRESIDENT	10		
JOHN O'REGAN 2736 YORKSHIRE DRIVE TITUSVILLE, FL 32796	MEDIA VICE PRESIDENT	30		
ROBERT ADCOCK 1346 NELSON COURT ROCKLEDGE, FL 32955	TREASURER	8		
SUE HINNANT 2870 LA CITA LANE TITUSVILLE, FL 32780	SECRETARY	20		
CALVIN FOWLER 100 W. BAY DRIVE COCOA BEACH, FL 32931-2404	BOARD OF DIRECTORS	10		
DAN LABLANC DELAWARE NORTH PARKS SERVICES OF SPACEPORT, INC. MAIL CODE DNPS KENNEDY SPACE CENTER, FL 32899	BOARD OF DIRECTORS	0		
BRUCE WEINICK P.O. BOX 21233	BOARD OF DIRECTORS	0		

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KENNEDY SPACE CENTER, FL 32815				
ROY THARPE P.O. BOX 21233 MAIL CDE 7210-C100	BOARD OF DIRECTOR	0		
KENNEDY SPACE CENTER, FL 32899				
RICK DAVIGNON 3685 MIRIAM DRIVE TITUSVILLE, FL 32796	BOARD OF DIRECTORS	0		
TERRI BURDINE 410 INDIAN RIVER AVENUE TITUSVILLE, FL 32796-3512	BOARD OF DIRECTORS	0		
HANK EVANS 1534 RIVERSIDE DRIVE TITUSVILLE, FL 32780	BOARD OF DIRECTORS	0		
LEE D. SOLID 765 RIVER OAKS LANE MERRITT ISLAND, FL 32953-4325	BOARD OF DIRECTORS	0		
SAM T. BEDDINGFIELD 2748 NOTTINGHAM COURT TITUSVILLE, FL 32796-3721	BOARD OF DIRECTORS	0		
LYNDA WEATHERMAN 597 HAVERLY COURT SUITE 100 ROCKLEDGE, FL 32955	BOARD OF DIRECTORS	0		

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS AND OTHER EXPENSE ACCT	COMPENSATION	TITLE AND TIME DEVOTED TO POSITION	NAME AND ADDRESS
--	--------------	------------------------------------	------------------

		BOARD OF DIRECTORS	DAVE STEWART 609 GARDEN STREET TITUSVILLE, FL 32796-3494
--	--	--------------------	--

		BOARD OF DIRECTORS	BRENDA MULBERRY 616 N. COURTENAY PARKWAY MERRITT ISLAND, FL 32953
--	--	--------------------	---

		BOARD OF DIRECTORS	FRED HAISE 9038 NORTH POINT DRIVE BAYTOWN, TX 77520
--	--	--------------------	---

		BOARD OF DIRECTORS	JEFF GRAY 801 MARINA ROAD TITUSVILLE, FL 32796
--	--	--------------------	--

GRAND TOTALS

Description of Property

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
20 CHAIRS	11/03/1998	300	100.000			300.	260.	287.	200DE	HY			7		27.
KIOSK CABINET	12/10/1998	1,000.	100.000			1,000.	863.	952.	200DE	HY			7		89.
OFFICE COPIER	06/23/2000	500.	100.000			500.	419	463.	200DE	MQ			7		44.
TELEVISION/VCR	06/23/2000	220.	100.000			220.	193.	212	200DE	MQ			7		19.
PORTABLE COMPUTER	11/03/1998	1,200.	100.000			1,200.	1,145.	1,200.	200DE	HY			5		55.
DESK TOP COMPUTER	11/03/1998	600.	100.000			600.	573.	600	200DE	HY			5		27.
KIOSK COMPUTER	12/10/1998	3,014.	100.000			3,014.	3,014.	3,014.	200DE	HY			5		
OFFICE PRINTER	12/10/1998	450.	100.000			450	429.	450.	200DE	HY			5		21.
OFFICE SCANNER	12/10/1998	450.	100.000			450.	429.	450.	200DE	HY			5		21.
OFFICE COMPUTER	12/10/1998	1,000.	100.000			1,000.	952.	1,000.	200DE	HY			5		48
Less Retired Assets . . . . .															
Subtotals . . . . .		8,734.				8,734	8,277	8,628							351.

Listed Property

Asset description	Date placed in service	Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets . . . . .											
Subtotals . . . . .											
TOTALS . . . . .		8,734.				8,734.	8,277.	8,628.			351.

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
COMPUTER SOFTWARE	12/10/1998	3,800.					3,735	3,798.	A	60.000	63.
MS OFFICE/PUBLISHE	12/10/1998	950.					934.	950.	A	60.000	16.
TOTALS . . . . .		4,750					4,669.	4,748.			79.

\*Assets Retired  
JSA  
4X9024 1 000