

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder 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

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tions.Vatican Observatory Foundation
2017 East Lee Street
Tucson, AZ 85719

D Employer identification number

86-0559994

E Telephone number

(520) 795-9866

F Accounting method

☐ Cash☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If yes, enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If no, attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit group GEN ▶

M Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

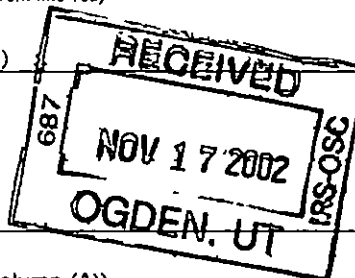
G Web site ▶ http://clavius.as.arizona.edu/vo/

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K 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 ▶ 1,950,451

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received						
	a Direct public support	1a	410,964				
	b Indirect public support	1b					
	c Government contributions (grants)	1c					
	d Total (add lines 1a through 1c) (cash \$ 355,576 noncash \$ 55,388)	1d	410,964				
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	33,314				
	3 Membership dues and assessments	3					
	4 Interest on savings and temporary cash investments	4	28,530				
	5 Dividends and interest from securities	5	61,360				
	6a Gross rents	6a					
b Less rental expenses	6b						
c Net rental income or (loss) (subtract line 6b from line 6a)	6c						
7 Other investment income (describe ▶)	7						
EXPENSES	8a Gross amount from sales of assets other than inventory	(A) Securities	1,400,533	8a			
	b Less cost or other basis and sales expenses		1,558,143	8b			
	c Gain or (loss) (attach schedule) Statement 1		-157,610	8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	-157,610		
	9 Special events and activities (attach schedule)						
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a					
	b Less direct expenses other than fundraising expenses	9b					
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less cost of goods sold	10b					
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c						
11 Other revenue (from Part VII, line 103)	11	15,750					
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	392,308					
13 Program services (from line 44, column (B))	13	479,936					
14 Management and general (from line 44, column (C))	14	94,142					
15 Fundraising (from line 44, column (D))	15	134,064					
16 Payments to affiliates (attach schedule)	16						
17 Total expenses (add lines 16 and 44 column (A))	17	708,142					
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-315,834					
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,514,773					
20 Other changes in net assets or fund balances (attach explanation) See Statement 2	20	-424,333					
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,774,606					



14

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.

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 (att sch) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	209,808	160,850		48,958
27 Pension plan contributions	27				
28 Other employee benefits	28	4,381			4,381
29 Payroll taxes	29	3,745			3,745
30 Professional fundraising fees	30				
31 Accounting fees	31	25,780		25,780	
32 Legal fees	32	9,982		9,982	
33 Supplies	33	8,285	8,038		247
34 Telephone	34	163	163		
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37	8,252	8,252		
38 Printing and publications	38	5,499			5,499
39 Travel	39	17,044		5,742	11,302
40 Conferences, conventions, and meetings	40	20,000	20,000		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	104,046	104,046		
43 Other expenses not covered above (itemize)					
a See Statement 3	43a	291,157	178,587	52,638	59,932
b	43b				
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	708,142	479,936	94,142	134,064

Joint Costs Check ☐ if you are following SOP 98-2Are 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 AccomplishmentsWhat is the organization's primary exempt purpose? Astronomical research

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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a The foundation operates telescope and observatory facilities in conjunction with the University of Arizona, Steward Observatory for scientific and educational purposes (Grants and allocations \$ _____)	459,892
b The foundation receives and administers royalties received on books written by members of the Vatican Observatory staff, which furthers its educational & scientific goals (Grants and allocations \$ _____)	20,044
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B) program services)	479,936

Part IV Balance Sheets (See 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
ASSETS	45	Cash — non-interest bearing		10,870	45	75,991
	46	Savings and temporary cash investments		286,944	46	335,039
	47a	Accounts receivable	47a			
		b Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a	28,747		
		b Less allowance for doubtful accounts	48b		48c	28,747
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees and key employees (attach schedule)			50	
	51a	Other notes & loans receivable (attach sch)	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) See St 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,443,931	54	3,827,569
	55a	Investments — land, buildings, & equipment basis	55a			
		b Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments — other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a	3,312,445			
	b Less accumulated depreciation (attach schedule) Statement 5	57b	786,336	2,630,154	57c	2,526,109
58	Other assets (describe ► See Statement 6)		71,494	58	43,183	
59	Total assets (add lines 45 through 58) (must equal line 74)		7,565,681	59	6,836,638	
LIABILITIES	60	Accounts payable and accrued expenses		1,143	60	1,638
	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 ► See Statement 7)		49,765	65	60,394
66	Total liabilities (add lines 60 through 65)		50,908	66	62,032	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		3,513,704	67	2,715,512
	68	Temporarily restricted		12,988	68	21,013
	69	Permanently restricted		3,988,081	69	4,038,081
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	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			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		7,514,773	73	6,774,606
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		7,565,681	74	6,836,638

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.

BAA

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

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements	a	- 32,025	a	Total expenses and losses per audited financial statements	a	707,730
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on line a but not on line 17 Form 990		
(1)	Net unrealized gains on investments \$ - 424,333			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)			(4)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) through (4)	b	- 424,333		Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	392,308	c	Line a minus line b	c	707,730
d	Amounts included on line 12 Form 990 but not on line a			d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)			(2)	Other (specify)		
	----- \$				See Stmt 8 \$ 412		
	Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	412
e	Total revenue per line 12, Form 990 (line c plus line d)	e	392,308	e	Total expenses per line 17 Form 990 (line c plus line d)	e	708,142

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)
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[illegible]

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?

If 'Yes,' attach schedule → see instructions

► ☐ Yes ☒ No

Part VI Other Information (See specific 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	76	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	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes' has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes' attach a statement	79	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?	80a	X
b If 'Yes,' enter the name of the organization: <u>Vatican Observatory Research Group</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures. See line 81 instructions	81a	0
b Did the organization file Form 1120-POL for this year?	81b	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?	82a	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.)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	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.	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	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?	85h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	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.)	87b	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	88	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911: <u>0</u> Section 4912: <u>0</u> Section 4955: <u>0</u>		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes' attach a statement explaining each transaction	89b	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: <u>Arizona</u>		
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	1
91 The books are in care of: <u>Keegan, Linscott, & Kenon, P</u> Telephone number: <u>(520) 884-0176</u> Located at: <u>33 N Stone Ave, Suite 101 Tucson, AZ</u> ZIP + 4: <u>85701</u>		
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	92	N/A

Part VII Analysis of Income-Producing Activities (See 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 Book Royalties					20,044
b Calendar Income					13,270
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	28,530	
96 Dividends & interest from securities			14	61,360	
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-157,610
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b Misc Income					15,750
c					
d					
e					
104 Subtotal (add columns (B) (D), and (E))				89,890	-108,546
105 Total (add line 104, columns (B) (D), and (E))					-18,656

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 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)
1	See Statement 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date 11/12/02

VICE PRESIDENT

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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)

Supplementary Information — (see separate instructions)

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

OMB No 1545-0047

2001

Name of the Organization

Vatican Observatory Foundation

Employer Identification Number

86-0559994

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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
Nancy Knoche 2017 E Lee St , Tucson, AZ	Development Off 40	48,958	8,008	1,500
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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	0	

Part III Statements About Activities (See 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: \$ N/A

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 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

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

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.

Part IV Reason for Non-Private Foundation Status (See 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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	445,481	1,792,304	1,038,984	226,150	3,502,919
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.	17,257	34,208	15,387	15,130	81,982
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.	285,593	179,352	1,887	131,382	598,214
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. See Stmt. 11.	15,000	202			15,202
23 Total of lines 15 through 22.	763,331	2,006,066	1,056,258	372,662	4,198,317
24 Line 23 minus line 17.	746,074	1,971,858	1,040,871	357,532	4,116,335
25 Enter 1% of line 23.	7,633	20,061	10,563	3,727	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.					26a 82,327
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 1,500,395
c Total support for Section 509(a)(1) test. Enter line 24, column (e).					26c 4,116,335
d Add: Amounts from column (e) for lines 18 598,214 19					26d 2,113,811
22 15,202 26b 1,500,395					26e 2,002,524
e Public support (line 26c minus line 26d total).					26f 48.65 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).					
27 Organizations described on line 12 N/A					
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.	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
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.	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
c Add: Amounts from column (e) for lines 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					27d _____
d Add: Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total).					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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 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?		
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?		
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)		

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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 —	The lobbying nontaxable amount is —		
Not over \$500,000	20% of the amount on line 40		
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	41	
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		
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)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable 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 instructions)

N/A

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization

Vatican Observatory Foundation

Employer Identification Number

86-0559994

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section*

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990 PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7) (8) or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

- ☒ For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- ☐ For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- ☐ For a Section 501(c)(7), (8) or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ or on line 1 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ or 990-PF)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

Vatican Observatory Foundation

86-0559994

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3		\$ 55,388	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
4		\$ 26,163	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
5		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
6		\$ 19,720	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

Vatican Observatory Foundation

86-0559994

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 12,928	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
8		\$ 12,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
9		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Employer Identification Number

86-0559994

[illegible]

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Vatican Observatory Foundation

86-0559994

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Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price	1,400,533
Cost or Other Basis	1,558,143

Total Gain (Loss) Publicly Traded Securities \$ -157,610

Total Net Gain (Loss) From Noninventory Sales \$ -157,610

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Net Unrealized Loss on Securities		\$ -424,333
	Total	\$ <u>-424,333</u>

Statement 3
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Auto. Fuel & Lubricant	2,477	2,477		
Fundraising	53,867			53,867
Indirect Charges	43,460	43,460		
Insurance	16,629		12,771	3,858
Investment Fees	38,912		38,912	
MGIO expenses	95,101	95,101		
Miscellaneous	2,709	1,313	955	441
Newsletter	1,766			1,766
Outside Services	2,600	2,600		
Royalty Expense	20,044	20,044		
Utilities	13,592	13,592		
Total	\$ <u>291,157</u>	\$ <u>178,587</u>	\$ <u>52,638</u>	\$ <u>59,932</u>

Statement 4
Form 990, Part IV, Line 54
Investments - Securities

<u>Corporate Stocks</u>	<u>Valuation Method</u>	<u>Amount</u>
Common equity securities	Market Value	\$ 2,751,232
	Total	\$ <u>2,751,232</u>
Corporate debt securities	Market Value	0

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Vatican Observatory Foundation

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Statement 4 (continued)
Form 990, Part IV, Line 54
Investments - Securities

<u>Other Securities</u>	<u>Valuation Method</u>	<u>Amount</u>
Mutual funds	Market Value	\$ 1,076,337
	Total	\$ 1,076,337
Total Investments - Securities		<u>\$ 3,827,569</u>

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum Deprec</u>	<u>Book Value</u>
Automobiles / Transportation Equipment	\$ 24,278	\$ 24,278	\$ 0
Furniture and Fixtures	86,817	50,885	35,932
Machinery and Equipment	1,559,796	260,142	1,299,654
Buildings	1,641,554	451,031	1,190,523
Total	<u>\$ 3,312,445</u>	<u>\$ 786,336</u>	<u>\$ 2,526,109</u>

Statement 6
Form 990, Part IV, Line 58
Other Assets

Deposits	\$ 126
Noncurrent pledges receivable	40,332
Prepaid insurance	2,725
Total	<u>\$ 43,183</u>

Statement 7
Form 990, Part IV, Line 65
Other Liabilities

Commissioning liability	\$ 49,765
Royalties payable	10,629
Total	<u>\$ 60,394</u>

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Vatican Observatory Foundation

86-0559994

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Statement 8
Form 990, Part IV-B, Line d(2)
Other Amounts

Timing expense

Total	\$	412
	\$	412

Statement 9
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Dr. George V. Coyne, S. J. V-00120 Citta del Vaticano Rome, Italy,	President As needed	\$ 0	\$ 0	\$ 0
Dr. Christopher J. Corbally 2844 E. First Street Tucson, AZ 85716	1st Vice-Pres As needed	0	0	0
Dr. Richard P. Boyle, S. J. 2017 E. Lee Street Tucson, AZ 85719	2nd Vice-Pres As needed	0	0	0
Charles S. Currie One Dupont Circle NW Suite 405 Washington, DC 20036	Director As needed	0	0	0
Dr. William R. Stoeger, S. J. 2017 East Lee Street Tucson, AZ 85719	Secretary As needed	0	0	0
Sheila Grinnell 600 East Washington Street Phoenix, AZ 85004	Director As needed	0	0	0
Dr. Emmanuel M. Carreira, S. J. John Carroll University Cleveland, OH 44118	Director As needed	0	0	0
Mrs. Karen Dalby 353 N. Gunston Drive Los Angeles, CA 90049	Director As needed	0	0	0
Mr. Paul M. Henkels 985 Jolly Road Blue Bell, PA 19422	Treasurer As needed	0	0	0
Bro. John B. Hollywood, S. J. Jesuit Community, Georgetown U Washington, D C , 20057	Director As needed	0	0	0

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Vatican Observatory Foundation

86-0559994

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Statement 9 (continued)

Form 990, Part V

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Mrs Paula O D'Angelo 700A South Laflin Street Chicago, IL 60607	Director None	\$ 0	\$ 0	\$ 0
Mr Peter P Mullen 919 Third Avenue New York, NY 10022	Director As needed	0	0	0
Dr Faith Vilas 609 Quintana Roo Place Seabrock, TX 77586	Director As needed	0	0	0
Dr Charles W Polzer, S J 2844 East First Street Tucson, AZ 85716	Director As needed	0	0	0
His Excel Giulio Sacchetti V-00120 Vatican City State Rome, Italy,	Director As needed	0	0	0
Dr Brendan D Thomson, M D 5251 West Campbell, Suite 200 Phoenix, AZ 85301	Director As needed	0	0	0
Mr Manuel J Espinoza 1100 Louisiana Suite 4100 Houston, TX 77002	Director As needed	0	0	0
Mr James C McGee 5620 Softwind Drive Glendale, AZ 85310	Director As needed	0	0	0
Mr Christopher P Hitchcock 29500 Solon Road Solon, OH 44139	Director As needed	0	0	0
Total		\$ 0	\$ 0	\$ 0

Statement 10

Form 990, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93A	The Vatican Observatory staff write scientific publications based on their research findings. The foundation administers these royalties in furtherance of its exempt purpose.
93B	The Foundation uses calendar income to further its exempt purpose of astronomical research and discovery.

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Vatican Observatory Foundation

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Statement 10 (continued)

Form 990, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
99	The Foundation uses partnership income to further its exempt purpose of astronomical research and discovery
100	The Foundation uses proceeds from the sale of various investments, described in the balance sheet statements, to help further its exempt purpose of astronomical research and discovery
103B	The foundation received payments from The University of Notre Dame for viewing time of the Vatican's telescope All income is used to further the organization's exempt purpose

Statement 11

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
Other Investment Income	\$ 0	\$ 202	\$ 0	\$ 0	\$ 202
Other Income	15,000	0	0	0	15,000
Total	<u>\$ 15,000</u>	<u>\$ 202</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 15,202</u>

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Vatican Observatory Foundation

86-0559994

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Part II, Statement of Functional Expenses, Line 26, Other Salaries and Wages

Please note that the Vatican Observatory Foundation has one employee. Except for \$48,958 paid to Nancy Knoche, the only organization's employee, salaries and wages are an allocation from the University of Arizona for the operation, upkeep and maintenance of the telescope.

- If filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or Print	Name of Exempt Organization	Employer Identification Number
	Vatican Observatory Foundation	86-0559994
	Number, Street and Room or Suite Number If a P.O. Box See Instructions	For IRS Use Only
File by the extended due date for filing the return See instructions	2017 East Lee Street	
	City, Town or Post Office, State and ZIP Code For a Foreign Address, See Instructions	
	Tucson, AZ 85719	

Check type of return to be filed (file a separate application for each return)

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (Section 401(a) or 408(a) trust) ☐ Form 1041 A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a group return, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15, 2002
 5 For calendar year 2001, or other tax year beginning _____, 20____ and ending _____, 20____
 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 c Balance due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature Carly CPA Title _____ Date 8/14/02

Notice to Applicant – To be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
☐ Other _____

Director _____ By _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month address different than the one entered above

Type or Print	Name
	Keegan, Linscott & Kenon, P.C.
	Number and Street (include suite, room, or apartment number) or a P.O. Box Number
	33 N Stone #101
	City or Town, Province or State, and Country (including postal or ZIP code)
	Tucson, AZ 85701

EXTENSION APPROVED
SEP 09 2002
LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note:** Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer Identification Number
	Vatican Observatory Foundation	86-0559994
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions.	
	2017 East Lee Street	
	City, Town or Post Office. For a foreign address, see instructions.	State ZIP Code
	Tucson, AZ 85719	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☒ calendar year 20 01 or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0**c Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0**Signature and Verification**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ CPA Date ▶ 5/6/12

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8868** (12-2000)