#### **Return of Organization Exempt from Income Tax**

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

OMB No 1545 0047 2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	Fort	the 2002 calend	dar year,	or tax year beginning	, 2002,	and er	nding_			1,		
В	Check	if applicable					<u>.</u>	D Emp	loyer Ide	entification Number	r	
	$\Box$	ddress change	Please use IRS label	Vatican Observatory	/ Foundation			86	6-0559994			
	$\vdash$	ame change	or print or type	2017 East Lee Stree					phone n			
	$\vdash$	-	See	Tucson, AZ 85719				1	•	795-9866		
	$\vdash$	nitial return	specific instruc								<del></del>	
	J F	ınal return	tions.					F Acce	ounting rod	Cash []	Accrual	
	LJA	mended return							Other (s	pecify)		
	[ ]A	pplication pending		on 501(c)(3) organizations and			l and l are not apple	cable to se	ction 52	7 organizations		
	_			table trusts must attach a com	pleted Schedule A		l (a) is this a grow	up return fo	or affiliati	es? Yes	X No	
_				1 990 or 990-EZ)	, ,		H (b) If Yes ente	r number o	of affiliati	es ►	_	
<u>G</u>	Web	site > http	<u>//cla</u>	vius as arizona edu	I/VO/	- 1.	(C) Are all attilia			Yes	∏ No	
j	Orga	inization type				, 1	(If No atta				<u></u>	
		ck only one)	•	X 501(c) 3 ◀ (insert no	) 4947(a)(1) or	527	•					
K	Chec	ck here 🏲 🗌 if	the organ	nization's gross receipts are no	ormally not more than		(d) Is this a sep				(C)	
	\$25,	000 The organ	nization ne	eed not file a return with the IF	RS but if the organization	on 📙	organization			yes Yes	X No	
	rece	ıved a Form 99 ı <b>e states requ</b> ii	0 Packag	je in the mail it should file a re	eturn without financial d			<del>~ </del>		<b>_</b>		
						ir	n Check ▶		_	zation is not requir		
		s receipts. Add l	lines 6b, 8	b, 9b and 10b to line 12 🕒 🏲 🛭	L,697,879		to attach Sc	hedule B (	(Form 99	90, 990 EZ, or 990	PF)	
Pa	rt I	Revenue	, Expen	ises, and Changes in Ne	t Assets or Fund B	alanc	es (See Instru	uctions)				
	1	Contributions	gifts, gra	ants, and similar amounts rece	ived							
	l a	Direct public :	support			1 a	284	,074				
		b Indirect public support  1b										
		: Government of		one (grante)		1 c			1 1			
		Total (add lines la through 1c) (ca		284,074 noncash	è				1 1 1	201	,074	
$\mathbb{S}$	٦			<del></del>			00)		2			
		<ul> <li>2 Program service revenue including government fees and contracts (from Part VII line 93)</li> <li>3 Membership dues and assessments</li> <li>4 Interest on savings and temporary cash investments</li> </ul>								13	,029	
7	3											
ח	4										,080	
400 1.4	5	Dividends and	d interest	from securities					5	28	,831	
- i	6a	Gross rents				6a			]			
	į b	Less rental e	xpenses			6 b			]			
ם כ	] c	: Net rental inc	ome or (le	oss) (subtract line 6b from line	6a)				6c			
_	7 Oil							)	7			
REVENUE	_			. ·	(A) Securities		(B) Othe	<u> </u>				
ζĚ	8a	Gross amoun than inventor		es of assels other	1,344,865	8a			1			
מ כ			•	is and sales expenses	1,660,222	8ь			1			
E	t t				-315,357	+ +	•		1			
	ı	Gain or (loss) (at		•		8 c			ا ۾ ا	215	257	
	ľ	•		ibine line 8c, columns (A) and	(B))				84	-315	, 35/	
	9			ivities (attach schedule)								
	a	Gross revenue	e (not inc	luding \$	of contributions							
		reported on li	ne 1a)			9a			]			
	b	Less direct e	xpenses (	other than fundraising expense	es.	9b			]			
	_ c	Net income or	r (loss) fre	om special events (subtract lin	e 9b from line 9a)				9 c			
	10 a	Gross sales o	f inventor	y, less returns and allowances		10-						
	Ιь	Less cost of	aoods sol	ld	REC	FIN	FD	_	1			
	ı		-	iles of inventory (attach schedule) (sub			OI		10 c			
	!			art VII, line 103)	121	_	ĺΧΙ		11			
	12	Total revenue	· (non) ·	es 1d, 2, 3, 4, 5, 6c 7, 8d, 9c,	ng and in AUG	102	003  Y		12	37	, 657	
					TUC, and 🕶		<u> </u>		1 . 1			
Ē	13	<del>-</del>		n line 44, column (B))	000		<u> </u>		13		,115	
EXPESSES	14	•	-	ral (from line 44, column (C))	OGD	EN,	UI		14		, 940.	
Ň	15			44, column (D))			<del></del>		15	92	, 424	
S E	16	-		(attach schedule)					16			
5	17			nes 16 and 44, column (A))					17		<u>, 479</u>	
A	18	Excess or (de	ficit) for t	he year (subtract line 17 from	line 12)				18	-539		
N S E E T T	19	Net assets or	fund bala	ances at beginning of year (from	m line 73, column (A))				19	6,774	,606	
N S E E T T	20	Other change:	s in net a	ssets or fund balances (attach	explanation)	Se	ee Stateme	ent 2	20	-514	,784	
_ s	21	Net assets or	fund bala	ances at end of year (combine	lines 18 19, and 20)				21	5,720	,000	
BA	A Fo	r Paperwork Re	eduction	Act Notice, see the separate ii	nstructions		TEEA0107L 09/04	/02		Form <b>99</b>	0 (2002)	

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 6b	include amounts reported on line , 8b 9b 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants	s and allocations (att sch)					
(casl	h \$					
non	cash \$)	22				
	fic assistance to individuals (att sch)	23				
	its paid to or for members (att sch)	24				
_	ensation of officers, directors, etc	25	150.045		·	
	r salaries and wages	26	170,247	119,787		50,460
	sion plan contributions	27				1 100
	er employee benefits	28	1,489			1,489
-	oil laxes	29	3,860		<del></del>	3,860
	essional fundraising fees	30				
	ounting fees.	31	29,365		29,365	
	il fees	32	3,450		3,450	
<b>33</b> Supp	olies	33	3,864	3,790		74
34 Tele	phone	34	271	271		
<b>35</b> Post	age and shipping	35				<u> </u>
<b>36</b> Occi.	ıpancy	36			_	
37 Equi	pment rental and maintenance	37	17,361	17,361		
<b>38</b> Print	ling and publications	38	3,239			3,239
<b>39</b> Trave	el	39	3,042		3,042	
40 Confe	rences, conventions, and meetings	40				
41 Inter	est	41				
42 Depre	ciation, depletion, etc (attach schedule)	42	98,732	98,732		
43 Other	expenses not covered above (itemize)					
a See	Statement 3	43 a	242,559	171,174	38,083	33,302
b		43b				
с		43c				
ď		43 d				
е		43e				
44 Total Organ carry	functional expenses (add lines 22 43) nizations completing columns (B) - (D), these totals to lines 13 - 15	44	577,479	411,115	73,940	92,424
	s Check I if you are following	SOP			,	,
	int costs from a combined education			solicitation reported ifE	3) Program services?	► Yes X No
	nter(i) the aggregate amount of thes					
\$			to management and ge	eneral \$	, and (iv) th	e amount allocated
fundrais	sing \$					
'art III	Statement of Program Serv	ice A	ccomplishments			
vhat is the	e organization's primary exempt pui	pose?	<ul><li>Astronomical</li></ul>	l research		Program Service Expenses
ll organiz	ations must describe their exempt i	ourpos	e achievements in a cle	ar and concise manner	State the number of	(Required for 501(c)(3) and (4) organizations and
ations ar	tations must describe their exempt in ved_publications issued, etc. Discuited the read to the charitable to the second to the charitable in the charitable	trusts	must also enter the amo	ount of grants & alloca	tions to others)	(4) organizations and 4947(a)(1) trusts but optional for others )
	foundation operates to					
	junction with the Unive					
	entific and educational					
			(Grants and	allocations \$	)	411,115
b					,	
						•
			(Grants and	allocations \$	)	
с			• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		
			_ ~	<b></b>	<del>-</del>	
			(Grants and	allocations \$		
d	<del>-</del>		(S. arita and			
				<del>-</del>		
				<b></b>		
			(Grants and	allocations \$		
e Olhei	r program services		<del></del>	allocations \$	) \	
	of Program Service Expenses (sho	uld ec	· · · · · · · · · · · · · · · · · · ·			411,115

Part IV Balance Sheets (See Instructions)

Note	Where required, attached schedules and amounts with column should be for end of year amounts only	nin the des	scription	(A) Beginning of year		(B) End of year	
	45 Cash – non interest bearing	-		75,991	45	17,903	
	46 Savings and temporary cash investments			335,039	46	41,498	
İ	47 a Accounts receivable	77a Accounts receivable 47a					
	<b>b</b> Less allowance for doubtful accounts	47 Ь			47 c		
	48 a Pledges receivable	48 a	96,581				
	<b>b</b> Less allowance for doubtful accounts	48 b		28,747	48 c	96,581	
	49 Grants receivable		49				
A S		Receivables from officers directors trustees and key employees (attach schedule)					
S S E T	51 a Other notes & loans receivable (attach sch)	51 a	Ì				
T S	b Less allowance for doubtful accounts.	51 b			51 c		
	52 Inventories for sale or use				52		
	53 Prepaid expenses and deferred charges		53				
	54 Investments – securities (attach schedule) See	St 4	Cost X FMV	3,827,569	54	3,160,819	
	55a Investments - land, buildings, & equipment basis	55 a					
	<b>b</b> Less accumulated depreciation (attach schedule)	55 b			55 c		
	56 Investments – other (attach schedule)	L			56		
	57a Land, buildings, and equipment basis	57 a	3,315,381			· •	
	<b>b</b> Less accumulated depreciation (attach schedule) Statement 5	57b	885,068	2,526,109	57 c	2,430,313	
1	58 Other assets (describe ► See Statement	6	)	43,183	58	22,672	
	59 Total assets (add lines 45 through 58) (must equa	l line 74)		6,836,638	59	5,769,786	
$\top$	60 Accounts payable and accrued expenses			1,638	60_	1,522	
[ -	61 Grants payable				61		
A B	62 Deferred revenue				62		
Ţ	63 Loans from officers, directors, trustees, and key employees (atta	ch schedule)	·		63		
Ī	64 a Tax exempt bond liabilities (attach schedule)				64 a		
•	b Mortgages and other notes payable (attach schedule)				64 b		
S	65 Other liabilities (describe ► See Statement	7	)	60,394	65	48,264	
	66 Total liabilities (add lines 60 through 65)			62,032	66	49,786	
	-	and comp	lete lines 67				
Ę	through 69 and lines 73 and 74			2 715 512		1 610 756	
ş	67 Unrestricted 68 Temporarily restricted.		}	2,715,512 21,013	67 68	1,610,756 21,013	
4VVET-V	68 Temporarily restricted. 69 Permanently restricted			4,038,081	69	4,088,231	
	rganizations that do not follow SFAS 117, check here	. [] an	d complete lines	4,030,001	103	4,000,231	
R O	70 through 74	a complete inics					
F UND	70 Capital stock, trust principal, or current funds.				70		
	71 Paid in or capital surplus, or land building, and ed	uipment f	und		71		
B	72 Retained earnings, endowment, accumulated incor		F	<del></del>	72		
BALANCES	73 Total net assets or fund balances (add lines 67 th 72, column (A) must equal line 19, column (B) mu	6 774 606		E 700 000			
				6,774,606	73	5,720,000	
	74 Total liabilities and net assets/fund balances (add	ilines b6	anu /3)	6,836,638	74	5,769,786	

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

75 Did any officer director, trustee, or ke	v employee receive aggregat	a companyation of mor	

than \$100 000 from your organization and all related organizations of which more than \$10 000 was provided by the related organizations?

► Yes

X No

Par	t VI Other Information (See 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?	77		X
	If 'Yes ' attach a conformed copy of the changes			
78 a	a Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78 a		Х
ı	b If 'Yes, has it filed a tax return on Form 990-T for this year?	78 b	N,	A
79	Was there a liquidation dissolution termination, or substantial contraction during the year? If Yes, attach a statement	79	•	х
80 8	a Is the organization related (other than by association with a statewide or nationwide organization) through common			
1	membership governing bodies trustees, officers, etc. to any other exempt or nonexempt organization? bit Yes, enter the name of the organization > Vatican Observatory Research Group	80 a	<u> </u>	<del> </del> -
	and check whether it is X exempt or nonexempt			i
81 :	a Enter direct or indirect political expenditures. See line 81 instructions   81 a   0			
	b Did the organization file Form 1120-POL for this year?	81 ь		Х
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?	82 a		х
(	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).			
93	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X	<del>                                     </del>
	a Did the organization comply with the disclosure requirements relating to dud pro duo contributions.	84 a	- 1	x
	b If 'Yes, did the organization include with every solicitation an express statement that such contributions or gifts were			<del>-:-</del> -
	not tax deductible?	84 b		A
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85 a		
ı	b Did the organization make only in house lobbying expenditures of \$2 000 or less?	85 b	N,	A_
	If 'Yes was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
	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			ĺ
	Taxable amount of lobbying and political expenditures (line 85d less 85e).  85f N/A			
9	g Does the organization elect to pay the section 6033(e) tax on the amount on line 851?	85 g	N	<u>A</u>
	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?	85 h	N,	<u>A</u>
86	1,			
	Ine 12 86a N/A			
	b Gross receipts, included on line 12, for public use of club facilities  86b N/A			
	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
89.	a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			$\overline{}$
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
ı	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	89 b		х
	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			
	a List the states with which a copy of this return is filed Arizona	90 b		$\frac{1}{1}$
	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)  The books are in care of Meegan, Linscott, & Kenon, P Telephone number (520) 884-0			
JI	Located at > 33 N Stone Ave , Suite 101 Tucson, AZ ZIP + 4 > 85701			· <b>–</b> –
Q?	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here			-
32	and enter the amount of tax exempt interest received or accrued during the tax year	147	••	N/A
BAA		Form	990	(2002)

86-0559994

Page 5

Vatican Observatory Foundation

Form 990 (2002)

		Unrelated	d business income	Excluded by se	ection 512 513 or 514	(E)
Note Enter otherwise ii	r gross amounts unless ndicated	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or exempt function income
<b>93</b> Pro	gram service revenue				-	
<u>a</u> <u>Bo</u>	ok Royalties					13,029
ь						
c						
d	<u> </u>					
e						<del></del>
	dicare/Medicaid payments					
-	& contracts from government agencies.					
	mbership dues and assessments			1.4	27 000	
	est on savings & temporary cash invmnts		· · · · · · · · · · · · · · · · · · ·	14	27,080	
	idends & interest from securities			14	28,831	
	rental income or (loss) from real estate		<del></del>			
	ot financed property	<del></del>	<del></del>	-		
	debt financed property			·		
	rental income or (loss) from pers prop er investment income					
	n or (loss) from sales of assets					
othe	er than inventory					-315,357
101 Net :	encome or (loss) from special events					
102 Gross	s profit or (loss) from sales of inventory					
103 Oth	er revenue a					·
b	<u>.</u>					
c						
d						
е						200 200
	otal (add columns (B) (D) and (E))				55,911	-302,328
	al (add line 104 columns (B), (D) a					-246,417
	105 plus line 1d, Part I should equ			mat Burace	00 (000 000)	
	Relationship of Activities to				•	
Line No	Explain how each activity for which of the organization's exempt purpo	n income is re oses (other th	eported in column (E) of an by providing funds	of Part VII contri for such purpose	buted importantly to the es)	e accomplishment
	See Statement 9					<del></del>
					<del></del>	
		<del> </del>	<del></del>		• •	
חמיל וע	Information Regarding Tax	abla Subar	diarios and Distan	anded Entitie	or (Can instructions)	
Parl IX	<del></del>					
	(A)	(B)	(C	)	(D)	(E)
	address, and EIN of corporation,	Percentage ownership in		activities	Total	End of year
V/A	nership, or disregarded entity	Ownership in	₹		income	assets
Y/ M		<del>- </del>	8	<del></del>		
· ·		<del> </del>	8			
	<del></del>	<del> </del>	- <del>8</del>		. <u>-</u> .	
Part X	Information Regarding Trai	isfers Ass	•	nal Benefit (	Contracts (See Instru	ctions )
	organization, during the year, receive any ful	<del> </del>				Yes X No
	ne organization, during the year, par	=	· ·			Yes X No
	ie organization, during the year, pay f 'Yes' to <b>(b),</b> file Form 8870 <b>and</b> Fo	•	•	i a personal bel	iont contract:	L 163 MINO
14016 //				schedules and states	nents, and to the best of my know	wiedge and belief it is
	Under penalties of perjury I declare that I have true correct and complete Declaration of pre	_ /-		tion of which prepare	r has any knowledge	A
Please	► Clustorles	- Colly	4		8/08/03	3
					Date	
			VICE - PR	ESUCUT		
				Date/2011	Check if Prepare General	er's SSN or PTIN (see I Instruction W)

#### 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 )

2002

OMB No 1545 0047

Di partment of the Treasury Internal Revenue Service

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

Employer identification number 86-0559994 Vatican Observatory Foundation Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions List each one If there are none enter 'None') (a) Name and address of each (b) Title and average (d) Contributions (c) Compensation (e) Expense to employee benefit account and other employee paid more than \$50,000 hours per week allowances devoted to position compensation Development Off Nancy Knoche 40 50,460 1,489 0 2017 E Lee St , Tucson, AZ Total number of other employees paid over \$50 000 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 (c) Compensation (b) Type of service None Total number of others receiving over \$50 000 for professional services

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 (b) 2000 (e) Total (a) 2001 beginning in) Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 532,816 445,481 1,792,304 1,038,984 3,809,585 Membership fees received 16 Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 33,314 17,257 34,208 15,387 100,166 charitable, etc. purpose 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 organ 89,890 285,593 179,352 1,887 556,722 ization after June 30, 1975 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets See Stmt 15,750 15,000 202 30,952 671,770 763,331 2,006,066 1,056,258 4,497,425 23 Total of lines 15 through 22 4,397,259 746,074 1,971,858 24 Line 23 minus line 17 638,456 1,040,871 6,718 7,633 20,061 10,563 25 Enter 1% of line 23 26 a 87,945 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your 1,463,827 return. Enter the total of all these excess amounts. 26 b c Total support for section 509(a)(1) test. Enter line 24 column (e) 26 c 4,397,259 d Add Amounts from column (e) for lines 556,722 30,952 2,051,501 1,463,827 26 d 2,345,758 e Public support (line 26c minus line 26d total). 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 53 35 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 (2001) \_ \_ \_ \_ \_ (2000) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (1999) \_ \_ \_ \_ \_ (1998) \_ \_ \_ \_ \_ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons') prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2001) \_ \_ \_ \_ (2000) \_ \_ 15 c Add Amounts from column (e) for lines 16 17 20 27 c d Add. Line 27a total and line 27b total 27 d e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test. Enter amount from line 23, column (e). a Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 a 울 h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants For an organization described in line 10, 11 or 12 that received any unusual grants during 1998 through 2001 prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the

nature of the grant. Do not file this list with your return. Do not include these grants in line 15

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
		,	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes, please describe, if 'No, please explain (If you need more space, attach a separate statement.)			
		•		ĺ
	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	<ul> <li>C Copies of all catalogues, brochures announcements and other written communications to the public dealing with student admissions, programs, and scholarships?</li> <li>d Copies of all material used by the organization or on its behalf to solicit contributions?</li> </ul>	32 c 32 d		
	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?	33 a		
	b Admissions policies?  c Employment of faculty or administrative staff?	33 b 33 c		· · · · · · · · · · · · · · · · · · ·
	d Scholarships or other financial assistance?	33 d		- <del></del>
,	e Educational policies?	33e		
1	Use of facilities?	33 f		
•	g Athletic programs?	33 g		
ı	h Other extracurricular activities?	33 h		<del></del>
	If you answered 'Yes' to any of the above please explain (If you need more space, attach a separate statement)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
ı	b Has the organization's right to such aid ever been revoked or suspended?  If you answered 'Yes' to either 34a or bill please explain using an attached statement	34 b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If No,' attach an explanation	35		

Ω	6-	Λ	ς	5	a	Q	q	Λ
v	v	v	•	J	_	_	_	7

Page 5

Par	t VI-A Lobbying Ex (To be complet	kpenditures by Ele ed ONLY by an eligible	cting Public Chari organization that filed	<b>ties</b> (See instr Form 5768)	ructions	)			N/A
Chec	ck ► a   if the organi	zation belongs to an af	filiated group Check	c► b if yo	ou chec	ked 'a' and	limited	t cont	rol' provisions apply
		imits on Lobbying	•			Affiliate	a) ed grou tals	ıρ	(b) To be completed for ALL electing
	(The term	'expenditures' means	amounts paid or incurr	ed )		,,,			organizations
36	Total lobbying expendit	ures to influence public	opinion (grassroots lo	bbying)	36				
37	Total lobbying expendil	<del>-</del>	• •	bying)	37	ļ			
38	Total lobbying expendit	•	37)		38				
39	Other exempt purpose	•			39				
40	Total exempt purpose e				40				
41	Lobbying nontaxable ar		-						
	If the amount on line 40		lobbying nontaxable a						
	Not over \$500 000		of the amount on line	-					
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000					Ì			
	Over \$1,000,000 but not over \$		000 plus 10% of the excess	•	41				
	Over \$1,500,000 but not over \$	. ,	000 plus 5% of the excess o	ver \$1,500,000	1				
40	Over \$17,000,000	•	000 000		42				
	Grassroots nontaxable a Subtract line 42 from line	•	•		42				
43 44	Subtract line 42 from lin				43		-		
	Caution If there is an a				<del></del>	<u>.                                    </u>			
	Caution in there is bir t		<u> </u>		FO	1763			
	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) 2002	<b>(b)</b> 2001	(c) 2000		1	( <b>d)</b> 999		(e) Total
45	Lobbying nontaxable amount								
<b>46</b>	Lobbying ceiling amount (150% of line 45(e))								
<b>47</b>	Total lobbying expenditures.	==							
48	Grassroots non taxable amount								
49	Grassroots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures								
Pan		ctivity by Nonelect only by organizations th			nstructio	ns )	,		N/A
Durir alter	ng the year, did the organ npt to influence public op	nization attempt to influ pinion on a legislative n	ience national, state or natter or referendum, t	local legislatio hrough the use	n, inclu of	ding any	Yes	No	Amount
a	Volunteers.								
b Paid staff or management (Include compensation in expenses reported on lines c through h)									
	c Media advertisements								
	Mailings to members, le	• •					$\vdash$		
	Publications, or publishing						<del>  </del>		
	Grants to other organizations			lagrelatora Est					
_	Direct contact with legis	•		-					
	Rallies demonstrations. Total lobbying expenditi		• •	any other me	ans.		┝╌┸		<del></del>
'	If 'Yes' to any of the abov	,	•	rintion of the Johl	hvina sa	tivities			<u> </u>
BAA		e arso attaci i a statemer	ii giving a detalled desci	THURST OF THE TOD	ynig at		edule A	(For	m 990 or 990 EZ) 2002

## Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	e reporting organization. Code (other than section	directly or ii	ndirectly engage in any of the followi organizations) or in section 527 rela	ng with any other organization describe	d in secti	on <b>50</b>	l(c)
			to a noncharitable exempt organizati		Γ	Yes	No
(i)C:		gamzation	to a nonconamana exempt organizati	511 61	51 a (ı)		X
	ther assets			ì	a (iı)		<del></del>
	transactions			ł	- 2 (11)		<del></del>
		ats with a n	oncharitable exempt organization		ьw I	ŀ	Х
• • •	~		able exempt organization	}	b (i)		$\hat{\mathbf{x}}$
				}	b (II)		<u>^</u>
	ental of facilities, equipm		assets		b (m)		
	eimbursement arrangeme	ents		-	b (iv)		<u>X</u>
	pans or loan guarantees			-	b (v)		<u>X</u>
• •			ip or fundraising solicitations	-	b (vi)		<u>X</u>
			sts, other assets, or paid employees		<u>C</u>		<u>X</u>
the go	answer to any of the abc ods, other assets or ser ansaction or sharing arra	vices given ingement s	by the reporting organization. If the how in column (d) the value of the gr	lumn (b) should always show the fair of organization received less than fair ma oods other assets, or services received	iarket value rket value J	Je ot	
(a) Line no	<b>(b)</b> Amount involved	Name of	(c) noncharitable exempt organization	(d) Description of transfers, transactions, and s	haring arran	igement	s
N/A							
							<del></del>
	<del></del>						
	· · · · · · · · · · · · · · · · · · ·						
		<del></del>					
	-						
	<del></del>						
			· · · · · · · · · · · · · · · · · · ·				
		1					
descri	bed in section 501(c) of i, complete the following	the Code (o	iliated with or related to, one or mor ther than section 501(c)(3)) or in sec	e tax exempt organizations tion 527?	►  Yes	: X	No
_	(a) Name of organization		(b) Type of organization	(c) Description of relations	ship		
N/A							
	<del></del>						
,							
	- · · · · · · · · · · · · · · · · · · ·						
			·				
	-			<del>.</del>		-	
			<del></del>				<del></del>
				<del>-</del> -			
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				· · · ·			
				<u> </u>			

2002

#### **Federal Statements**

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**Vatican Observatory Foundation** 

86-0559994

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

Publicly Traded Securities

Gross Sales Price Cost or Other Basis 1,344,865 1,660,222

Total Gain (Loss) Publicly Traded Securities \$ -315,357

Total Net Gain (Loss) From Noninventory Sales \$ -315,357

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

Net Unrealized Loss on Securities

Total  $\frac{$}{5}$   $\frac{-514,784}{-514,784}$ 

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

	(A)	(B)	(C)	(D)
	<u>Total</u>	Program <u>Services</u>	Management & General	<u>Fundraising</u>
Auto, Fuel & Lubricant Fundraising	2,241 26,773	2,241		26,773
Indirect Charges Insurance	41,574 17,828	41,574 9,662	3,850	4,316
Investment Fees MGIO expenses	33,758 98,155	98,155	33,758	
Miscellaneous Newsletter	3,179 838	1,329	475	1,375 838
Outside Services Utilities	3,600. 14,613	3,600 14,613.		
	Total \$ 242,559	\$ 171,174	\$ 38,083	\$ 33,302

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

Corporate StocksValuation<br/>MethodAmountCommon equity securitiesMarket Value \$ 2,165,099

Total \$ 2,165,099

2002	Federal Statements		Page 2
	Vatican Observatory Foundation		86-0559994
Statement 4 (continued) Form 990, Part IV, Line 54 Investments - Securities			
Other Securities Mutual funds		Valuation Method Market Value Total	Amount \$ 995,720 \$ 995,720
	Total Investment	s - Securities	\$ 3,160,819
Statement 5 Form 990, Part IV, Line 57 Land, Buildings, and Equipment  Category Automobiles / Transportat Furniture and Fixtures Machinery and Equipment Buildings	Basis	Accum Deprec \$ 24,278 59,113 295,928 505,749 \$ 885,068	Book Value \$ 0 30,640 1,263,868 1,135,805 \$ 2,430,313
Statement 6 Form 990, Part IV, Line 58 Other Assets  Deposits Noncurrent pledges received Prepaid insurance	able	Total	\$ 126 19,821 2,725 \$ 22,672
Statement 7 Form 990, Part IV, Line 65 Other Liabilities Commissioning liability		Total	\$ 48,264 \$ 48,264

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### **Federal Statements**

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Vatican Observatory Foundation

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Statement 8 Form 990, Part V List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	
Dr George V Coyne, S J 2017 E Lee Street Tucson, AZ 85716	President 20	\$ 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
Ms Sheila Grinell 600 East Washington Street Phoenix, AZ 85004	Director As needed	0	0	0
Mr Michael A Cronin 3200 N Central Ave , #1800 Phoenix, AZ 85012	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 5704 Roland Dr Baltımore, MD, 21210	Director As needed	0	0	0
Mrs Paula O D'Angelo 700A South Laflin Street Chicago, IL 60607	Director As needed	0	0	0
Mr Ben Dalby 353 N Gunston Drive Los Angeles, CA 90049	Director As needed	0	0	0

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## **Federal Statements**

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**Vatican Observatory Foundation** 

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Statement 8 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hour <u>Per Week Devo</u> t	s Compen- ted sation		Contri- oution to EBP & DC	Expense Account/ Other
Mr Peter P Mullen 919 Third Avenue New York, NY 10022	Director As needed	\$	0 \$	0	\$ 0
Dr Faith Vilas NASA Headqrtrs , 300 E St Washington, DC 20546	Director As needed		0	0	0
Mr Richard J Friedrich 5622 Snowdown Place San Jose, CA 95138	Director As needed		0	0	0
Dr Brendan D Thomson, M D 325 W Lamar Dr Phoenix, AZ 85013	Director As needed		0	0	0
Mr Manuel J Espinoza 1465 Lakeridge Lane El Cajon, CA 92020	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
Mr John B Henkels 4226 Cumberland Road Salt Lake City, UT 84124	Director As needed		0	0	0
Dr Rocco L Martino 999 Old Eagle School Road #110 Wayne, PA 19087	Director As needed		0	0	0
Dr June Scobee Rodgers 1306 Sunset Drive Signal Mountain, TN 37377	Director As needed		0	0	0
	То	tal \$	0. \$	0	\$ 0

2002

### **Federal Statements**

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**Vatican Observatory Foundation** 

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Statement 9
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	Explanation of Activities
9 <b>3A</b>	The Vatican Observatory staff write scientific publications based on their research findings   The foundation administers these royalties in furtherance of its exempt purpose
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

Statement 10 Schedule A, Part IV-A, Line 22 Other Income

Description		<u>(a) 2001</u>		(b) 2000		(c) 1999		<u>(d) 1998</u>		<u>(e) Total</u>	
Other Investment Income Other Income	\$	0 15,750	\$	0 15,000	\$	202 0	\$	0 0	\$	202 30,750	
Total	\$	15,750	\$	15,000	\$	202	\$	0	\$	30,952	

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### **Federal Supplemental Information**

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Vatican Observatory Foundation

86-0559994

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

Please note that the Vatican Observatory Foundation has one employee Except for \$50,460 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

Application for Extension of Time to File an Exempt Organization Return

Department	οl	the	Treasury	
Internal Rev	eΩ	ue S	Service	

OMB No 1545 1709

BAA For Pap	erwork Redu	ction Act Notice, se	e instructions				f	Form 8868 (12 2000)
Signature	Brudl	to prepare this form		_Tille ►	CRA		Date ►	5/12/03
Under penalties of	perjury   declare	that I have examined th	s return including accor			i to the best of my know	vledge and belief	l, it is true correct, and
coupon	or, it required	i, by using EF IPS	Electronic Federal	ture and Ve	<del></del>	structions	<u> </u>	0.
c Balance	Due Subtrac	t line 3b from line	Ba Include your pa	yment with t	his form, or, if requ	uired, deposit with	FTD \$	
<b>b</b> If this ap Include	oplication is fo any prior year	or Form 990 PF or t r overpayment allo	990 T, enler any re wed as a credit	fundable cre	dits and estimated	I tax payments ma	ide \$	0.
3a If this ap nonrefui	oplication is fo ndable credits	or Form 990-BL, 99 See instructions	0 PF, 990-T, 4720,	or 6069, ent	er the tentative tax	c, less any	\$	0.
	-		s, check reason				Change in ac	counting period
			, 20, a			20		
► X	calendar year	20 <u>02</u> or				-		
			the organization n					or
-			h, for 990-T corpor	ation) extens	sion of time until	8/15	, 20 03 ,	
	sion will cover		me group, crieck th	-2 DOX - [	and adact a lis	c mui uic Hailles i	anu EIIVS UI (	an members
	box ► ☐		anization's four dig the group, check th					he <b>whole</b> group,
_			or place of busine					▶⊔
Form 990			Form 1041-A			Form 88	370	
Form 990			Form 990-T (true	st other than	above)	Form 60		
Form 990		ļ	Form 990-T (Se	ction 401(a)	or 408(a) trust)	Form 52	227	
X Form 990		4	Form 990 T (cor			Form 47	20	
		filed (file a separa	te application for ea	ch return)				
		AZ 85719		-		<u> </u>		
return See instructions	City town or pos	st office. For a foreign ad	dress, see instructions				state	ZIP code
filing your	2017 Eas	t Lee Stree	<u> </u>					
File by the due date for	Number street	and room or suite numbe	r II a P O box, see instru	ıctions				
Type or print	Vatican	Observatory	Foundation				86-055	9994
	Name of Exemp		1				Employer ide	intification number
			lilers) must u <mark>se</mark> For quest an extension				come tax ret	urns Partnerships,
Note Form 9	90-T corpora	<b>tions</b> requesting an	automatic 6 month	extension -	- check this box a	nd complete Part	l only	▶ 🗌
Part I	Automatic	3-Month Exten	sion of Time -	Only submi	t original (no copie	es needed)		
Form 8868		, , , , , , , , , , , , , , , , , , ,	g				_	
•	-		e already been grai		•	· · •	•	
•	-		Extension, comple omatic) 3-Month Ex	-			forms)	- (X)
Internal Revenue	Service		<del></del>		on for each return			_ [tel
Department of the	e Ireasury	i	_					