orin 990

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)

2003

2003

OMB No 1545 0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the 2003 calendar year, or tax year beginning	, 2003, a	and ending		,		
В	Check if applicable		· · · · · · · · · · · · · · · · · · ·	D Emplo	yer Identifica	ation Number	
	Address change Please use Vatican Observatory	y Foundation		86-	-055999	3 4	
	Name change or print 2017 East Lee Stree	et		E Telepi	hone number		
	See Specific Tucson, AZ 85719			(52	20) 795	5-9866	
	Final return instruc-			F Accou			Accrual
	Amended return				Other (specify)		17.00.00.
	Application pending • Section 501(c)(3) organizations and	4947(aV1) nonexempt	H and I are not a				
	charitable trusts must attach a comp	leted Schedule A	H (a) Is this a		_	Yes	X No
	(Form 990 or 990-EZ).		H (b) If Yes,	•		<u> </u>	
G	Web site: ► http://clavius.as.arizona.edu	/vo/	H (c) Are all a			Yes	□ No
J	Organization type		''	attach a list. Se			٠٠
	(check only one) ► X 501(c) 3 (insert no		H (d) Is this a	separate return	filed by an		
K	Check here I if the organization's gross receipts are no	•	organiza	tion covered by		g² Yes	X No
	\$25,000. The organization need not file a return with the IR received a Form 990 Package in the mail, it should file a re	5, but it the organization turn without financial data	a I Group	Exemption I	 Number	>	
	Some states require a complete return.			► If the		is not require	d
L	Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ► 2	2,440,198.		Schedule B (F	-		
Pa			alances (See II	nstructions)			
	1 Contributions, gifts, grants, and similar amounts recei						
Ø₽n	a Direct public support		1a 3:	23,038.	1		
8	b Indirect public support		1 b		1		
5	c Government contributions (grants)	Ī	1c	22,200.			
2	d Total (add lines 1a through 1c) (cash \$345, 238. noncash	\$)		1 d	345,	238.
BCANNED	2 Program service revenue including government fees a			Ī	2	20,	673.
101	3 Membership dues and assessments			Ţ	3		
	4 Interest on savings and temporary cash investments			Ī	4	22,	250.
	5 Dividends and interest from securities			Ţ	5		478.
METER 2 2 MAIL	6a Gross rents		6a				
8 2	b Less rental expenses		6b		1		
650	c Net rental income or (loss) (subtract line 6b from line	6a)			6c		
€ 3 R	7 Other investment income (describe	·)	7		
55 E	8a Gross amount from sales of assets other	(A) Securities	(B) C	ther			
ที่ไ	than inventory	2,017,156.	8a				
U E	b Less, cost or other basis and sales expenses	2,144,701.	8b		1		
	c Gain or (loss) (attach schedule) Statement 1	-127,545.	8c		1		
	d Net gain or (loss) (combine line 8c, columns (A) and (• •			8d	-127,	<u>545.</u>
	9 Special events and activities (attach schedule) If any		check here				
	a Gross revenue (not including \$	of contributions	_ 1		1		
	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)	an. l	-	9c		
- 1	b Less cost of goods sold	ļ	10a				
1		L	10Ы		10.0		
	c Gross profit or (lass) from sales of inventory (attach sanedule) (subt	ract line rob from line roa)		-	10 c		403.
	11 Other revenue (and lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	00 and 11)		-	12		497.
	12 Total revenue (ad) lines 1d, 2, 3, 4, 5, 6c; 7, 8d, 9c, 1	uc, anu 11)			13		786.
E X P	13 Program services (from the 4 Nolumn (B))			-	14		655.
P	14 Management and general (from line 44, column (C))			-	15		575.
E N S	15 Fundraising (from line 44, column (D)) 16 Reymosts to affiliates (attach schodule)			-	16		373.
E	16 Payments to affiliates (attach schedule).			—	17	585	016.
\rightarrow	 Total expenses (add lines 16 and 44, column (A)). Excess or (deficit) for the year (subtract line 17 from line). 	ne 12)			18	-289,	
A N S				-	19	5,720,	
N S E E T	Net assets or fund balances at beginning of year (fromOther changes in net assets or fund balances (attach		See State		20		683.
' Ş	21 Net assets or fund balances at end of year (combine l		DEC DEALS		21	6,264,	
RΔ	A For Paperwork Reduction Act Notice, see the separate in:		TEEA0107L 1	<u>-</u>	<u></u>	Form 990	
;	· · · · · · · · · · · · · · · · · · ·						. ,

01377

BAA

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.

	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	and allocations (att sch)				- HH Annu	
(cash	\$					
non-c	·	22				
1 -	assistance to individuals (att sch)	23				
1	s paid to or for members (att sch)	24 25				
1 '	nsation of officers, directors, etc salaries and wages	26	144,538.	90,489.		54,049.
	on plan contributions	27	144,330.	30, 103.		31/013.
1	employee benefits	28	1,875.		a alternative	1,875.
i i	II taxes	29	3,889.			3,889.
1 -	ssional fundraising fees	30				
	inting fees	31	27,750.		27,750.	
32 Legal	-	32	3,798.		3,798.	
33 Suppl		33	4,017.	3,724.	·	293.
34 Telepi		34	273.	273.		
1 .	ge and shipping	35	40.		40.	
36 Occup		36				
37 Equip	ment rental and maintenance	37	25,833.	25,833.		
38 Printin	ng and publications	38	2,506.			2,506.
39 Travel	I	39	5,560.		5,560.	
40 Confere	ences, conventions, and meetings	40				
41 Intere	st	41				
42 Depreci	ation, depletion, etc (attach schedule)	42	98,142.	98,142.		
43 Other e.	xpenses not covered above (itemize)					
a See	Statement 3	43a	266,795.	164,325.	51,507.	50,963.
b		43 b				
c		43 c			·	
d		43 d				
e		43 e				
44 Total fu Organiz carry ti	unctional expenses (add lines 22 - 43) zations completing columns (B) - (D), hese totals to lines 13 - 15	44	585,016.	382,786.	88,655.	113,575.
	. Check If you are following	SOP 98	-2		-	
Are any join	nt costs from a combined educationa	l campa	ign and fundraising solic	itation reported in (B) P	rogram services?	► Yes X No
	er (i) the aggregate amount of these	joint co	sts \$; (ii) the ar	mount allocated to Prog	ram services
\$	· · · · · · · · · · · · · · · · · · ·	ocated t	o Management and gene	eral \$, and (iv) th	e amount allocated
o Fundraisi						
Part III	Statement of Program Serv	<u>/ice Ad</u>				1
What is the	organization's primary exempt purpo	ose? ►	<u>Astronomica</u>		T.T. T.	Program Service Expenses (Required for 501(c)(3) and
All organiza clients serve	ations must describe their exempt pu ed, publications issued, etc. Discuss d 4947(a)(1) nonexempt charitable tr	rpose ac achieve	ments that are not meas	urable. (Section 501(c)	(3) & (4) organ-	(4) organizations and 4947(a)(1) trusts, but optional for others)
						optional for others)
	foundation operates t					
	junction with the Univ			Steward Observ	vacory lor	
SC1	entific and educations	ii pu		- <u></u>		382,786.
l _.			(Grants and	allocations \$)	302,700.
b	-					
					·	
					-	
			(Grants and	allocations \$		
c	-					
	. 					
	_					İ
			(Grants and	allocations \$)	
d						
						
						
			· · · · · · · · · · · · · · · · · · ·	allocations \$	<u> </u>	
·	program services			allocations \$)	202 700
	of Program Service Expenses (sho	uld equa				382,786. Form 990 (2003)
RΔIΔ			TEFA01021 10/	10.2.10.2		FORM 334 (/UU.)

TEEA0102L 10/03/03

Balance Sheets (See Instructions) **(B)** End of year Note: Where required, attached schedules and amounts within the description Beginning of year column should be for end-of-year amounts only. 17,903. Cash — non-interest-bearing 45 8,386. Savings and temporary cash investments 41,498 46 715,692. 47 a 47 a Accounts receivable 47 b b Less allowance for doubtful accounts. 47 c 48 a Pledges receivable 48 a 74,813. 48 b 96,581 b Less allowance for doubtful accounts 48 6 74,813. 49 Grants receivable Receivables from officers, directors, trustees, and key employees (attach schedule) 50 51 a 51 a Other notes & loans receivable (attach sch) 51 b b Less allowance for doubtful accounts. 51 c 52 52 Inventories for sale or use 53 Prepaid expenses and deferred charges 53 Cost X FMV 3,160,819 54 3,074,765. 54 Investments - securities (attach schedule) 55 a 55a Investments - land, buildings, & equipment. basis b Less, accumulated depreciation 55 b 55 c (attach schedule) 56 Investments - other (attach schedule) 56 57 a 3,315,381 57 a Land, buildings, and equipment. basis b Less. accumulated depreciation Statement 4 57 b 983,209 2,430,313 2,332,172. 57 c 58 Other assets (describe ► See Statement 5 22,672. 58 96,818. 769,786. 59 302,646. Total assets (add lines 45 through 58) (must equal line 74) 1,522 1,468 60 Accounts payable and accrued expenses. 61 Grants payable 61 62 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 63 64 a 64a Tax-exempt bond liabilities (attach schedule) **b** Mortgages and other notes payable (attach schedule) 64 b 48,264 37,014. 65 Other liabilities (describe ► See Statement 6 65 49,786. 38,482. 66 Total liabilities (add lines 60 through 65) 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. 1,610,756 2,098,920. Unrestricted 67 67 21,013. 21,013. 68 Temporarily restricted 4,088,231 4,144,231. 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines 70 through 74. 70 70 Capital stock, trust principal, or current funds 71 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds. 72 Total net assets or fund balances (add lines 67 through 69 or lines 70 through ,720,000 6,264,164 72, column (A) must equal line 19, column (B) must equal line 21). 73 769, 786 302,646 74 Total liabilities and net assets/fund balances (add lines 66 and 73)

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

Forr	1 <mark>990</mark> (2003) Vatican Observat	ory Foundation			86-0	<u>55</u> 999	94 Page 4
Pa	Reconciliation of Revenue Financial Statements with per Return (See Instruction	th Revenue	Par	t IV-B Reconcili Financial per Retur	Statements wit	ses pe h Exp	er Audited enses
a	Total revenue, gains, and other support per audited financial statements	a 295,497.	a	Total expenses and financial statements	losses per audited	а	585,016.
ь	Amounts included on line a but not on line 12, Form 990.		b	Amounts included or on line 17, Form 990			
(1)	Net unrealized gains on investments \$		(1)	Donated services and use of facilities \$	I		
(2)	Donated services and use of facilities \$		(2)	Prior year adjust- ments 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).			
	\$			\$			
С	Add amounts on lines (1) through (4) Line a minus line b	b 295,497.	с	Add amounts on lines (1) Line a minus line b	through (4)	b c	585,016.
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included or Form 990 but not on	n line 17, 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)		1	
				\$			
	Add amounts on lines (1) and (2)	d		Add amounts on line	es (1) and (2)	d	
е	Total revenue per line 12, Form 990 (line c plus line d)	e 295,497.	е	Total expenses per l 990 (line c plus line	line 17, Form d) ►	e	585,016.
Par			mpl			ensated	
	(A) Name and address	(B) Title and average hou per week devoted to position		(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferre compensation	to it	(E) Expense account and other allowances
See	Statement 7						
				0.		0.	0.
\pm			+			-	
_] -]					
+			-			_+-	
_ -					į		
+							
-							
			-		-		
	-				:		
		-				1	
- + -		1					
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related o	y employee receive aggregand all related organization	gate o	compensation of more which more than		► <u> </u>	es X No
DALA	If 'Yes,' attach schedule - see instruc	tions.					Form 900 (2002)
BAA							Form 990 (2003)

		Unrelated	business income	Excluded by sec	tion <u>512, 513,</u> or 514	(E)
Note: Ente	er gross amounts unless undicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	ogram service revenue Dok Royalties		· · · · · · · · · · · · · · · · · · ·			20,673.
b	JOK ROYALCIES		······································	 		20,073.
c			·	 	·	
d						··· ·
			·	 		
e	dicare/Medicaid payments					
1	s & contracts from government agencies					
•	mbership dues and assessments				<u>-</u> -:	
	•	 +		14	22 250	
1	rest on savings & temporary cash invmnts		·• ·	14	22,250. 32,478.	
1	idends & interest from securities			14	32,4/0.	
1	rental income or (loss) from real estate.			<u></u>		
	ot-financed property					
	debt-financed property					······································
I	rental income or (loss) from pers prop			ļ		
	ner investment income		 	ļ		
100 Gai	in or (loss) from sales of assets er than inventory					127,545.
1	income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	 	 -	
l l	ss profit or (loss) from sales of inventory			 		
	ner revenue. a			-		·
	sc. Income		2,403.	1	······································	
· ·	SC. Theome		2,403.	 		
				 		
d				 	 , ,	
104 C	1-1-1 (-111 (D) (D) 1 (C)		2 402	-	E 4 720	106 072
I	total (add columns (B), (D), and (E))	1 (5)	2,403.	<u> </u>	54,728.	-106,872.
I	tal (add line 104, columns (B), (D), a		10 5			-49,741.
	105 plus line 1d, Part I, should equa					
	Relationship of Activities t	o the Acco	mplishment of Ex	empt Purpose	(See instructions)	
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	n income is reposes (other tha	oorted in column (E) o n by providing funds f	f Part VII contribut or such purposes)	ed importantly to the a	accomplishment
	See Statement 8					
_	occ ocacement o					
 						
-						
5. 104	5	11 6 1 :	11 1 1 1 1 D			
Partix	Information Regarding Tax					_
	(A)	(B)	(0	()	(D)	(E)
	address, and EIN of corporation,	Percentage		activities	Total	End-of-year
	tnership, or disregarded entity	ownership into	erest		income	assets
N/A			용			<u> </u>
			%			
			ે			
			%			
Part X	Information Regarding Tra	nsfers Ass	ociated with Pers	onal Benefit C	contracts (See instr	uctions)
a Did the	e organization, during the year, receive any fur	nds, directly or ind	irectly, to pay premiums on	a personal benefit cont	ract?	Yes X No
)	ne organization, during the year, pay	-	• • • •			Yes X No
	f 'Yes' to (b), file Form 8870 and For		-	p = . = 0.1 0011011		
11016. //				schedules and stateme	ents, and to the hest of my k	nowledge and belief it is
	Under penalties of perjury, I declare that I have true, correct, and complete Declaration of pro-		_	ation of which preparer	has any knowledge	
Please	- Chistoh	- C-6	al by L		5/17/04	
					Date	
			VACE T	RESIDENT		
			VICE	WS (BENT		
				Ts :	In.	opararia SSN ar DTIN (as-
				Date	Check if Ge	eparer's SSN or PTIN (see eneral Instruction W)

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

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust 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

2003

Vatican Observatory Foundation	86-0559994			
Part I Compensation of the Five High (See instructions List each one If ther	hest Paid Employees Othe are none, enter 'None.')	er Than Officers		Trustees
(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 and deferred compensation	(e) Expense account and other allowances
Nancy Knoche	Development Off			
2017 E Lee St., Tucson, AZ	40	50,831.	1,873.	5,444.
Total number of other employees paid over \$50,000 Part II Compensation of the Five Hig	host Paid Indopendent C	ontractors for Pr	ofossional Son	vices
(See instructions. List each one (wheth	nest Paid independent C ner individuals or firms). If there	are none, enter 'None	.')	ices
(a) Name and address of each independent conti	ractor paid more than \$50,000	(b) Type	of service	(c) Compensation
None	. 			
	·			
Total number of others receiving over \$50,000 for professional services		0		

Sche	dule	A (Form 990 or 990-EZ) 2003 Vatican Observatory Foundation 86	5-0559994	F	age 2
Par	t	Statements About Activities (See instructions)		Yes	No
7	to ir	ing the year, has the organization attempted to influence national, state, or local legislation, including any antiluence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	attempt		
		ncurred in connection with the lobbying activities S N/A St equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	- 1		X
	Org	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other anizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of pying activities			
2	sub taxa	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or ible organization with which any such person is affiliated as an officer, director, trustee, majority owner, or eficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	with any		
a	Sale	e, exchange, or leasing of property?	28		X
Ь	Len	ding of money or other extension of credit?	21	,	X
c	Furr	nishing of goods, services, or facilities?	20	:	X
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	20	ı	X
е	Tran	nsfer of any part of its income or assets?	26		X
3a	Do y	ou make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an an anation of how you determine that recipients qualify to receive payments.)	3 a		Х
l.	•	you have a section 403(b) annuity plan for your employees?	31		X_
4		you maintain any separate account for participating donors where donors have the right to provide advice he use or distribution of funds?	4		Х
Par	t IV	Reason for Non-Private Foundation Status (See instructions)			
5-6-7-8-9 110 111a 111b 12		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit. (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membersh from activities related to its charitable, etc. functions — subject to certain exceptions, and (2) no more than from gross investment income and unrelated business taxable income (less section 511 tax) from business organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and su 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)(3).) Provide the following information about the supported organizations. (See instru-	p fees, and gross a 33-1/3% of its sues acquired by the control of 509(a)(2) (Sections)	s receipport	ots nber
		(a) Name(s) of supported organization(s)		m abov	
				_	
				_	
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	e instructions for conv	verting from the accru	ial to the cash method	d of accounting.	···
Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	236,751.	532,816.	445,481.	1,792,304.	3,007,352.
16 Membership fees received				·	
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	13,029.	33,314.	17,257.	34,208.	97,808.
amounts received 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	55,911.	89,890.	285,593.	179,352.	610,746.
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					
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		15,750.	15,000.	202.	30,952.
capital assets See Stmt 9	305 (01				
23 Total of lines 15 through 22	305,691.	671,770.	763,331.	2,006,066.	3,746,858.
24 Line 23 minus line 17	292,662. 3,057.	638,456. 6,718.	746,074. 7,633.	1,971,858. 20,061.	3,649,050.
25 Enter 1% of line 23 26 Organizations described on lines				20,061. ► 26a	72,981.
		er 2% of amount in co	• • •		12,901.
b Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess a	or 1999 through 2002 exceed	led the amount shown in lir	ne 26a. Do not file this list	with your	1,000,545.
c Total support for section 509(a)(1				► 26c	3,649,050.
d Add. Amounts from column (e) fo	or lines. 18	610,746. 30,952.	19		
	22	30,952.	26b 1,000,5		1,642,243.
e Public support (line 26c minus lin	,			► 26e	
f Public support percentage (line 2		d by line 26c (denom	nator))	<u>►</u> 26 f	55.00 %
a For amounts included in lines 15, name of, and total amounts receisuch amounts for each year.	16, and 17 that were ved in each year from	, each 'disqualified pe	erson ' Do not file this	list with your return	. Enter the sum of
(2002)	(2001)	(2000)		_ ⁽¹⁹⁹⁹⁾	
bFor any amount included in line 1 show the name of, and amount re \$5,000 (Include in the list organiz computing the difference between (the excess amounts) for each ye	eceived for each year, zations described in lir in the amount received ear	that was more than thes 5 through 11, as well and the larger amount	he larger of (1) the ar well as individuals.) D nt described in (1) or (nount on line 25 for t o not file this list witl (2), enter the sum of	he year or (2) 1 your return. After these differences
(2002)	(2001)	(2000)		_ (1999)	
c Add Amounts from column (e) fo	r lines. 15		16		ı
17	20		21	27 c	
d Add Line 2/a total		d line 27b total		2/u	
e Public support (line 27c total mini			. 1 1		
f Total support for section 509(a)(2					
g Public support percentage (line 2		•		► 27 g	
h Investment income percentage (l	ine 18, column (e) (nur			► 27h	%

<u> </u>	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	NT / 7		
		N/A	Yes	No
2	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		
3	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		
3	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.)	-		
		-		
3.	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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.			
Э.	Does the organization discriminate by race in any way with respect to.			
	a Students' rights or privileges?	33a		
	b Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?	33 e		
	f Use of facilities?	33f		_
	g Athletic programs?	33g		
	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)			
		-		
34	4a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b Has the organization's right to such aid ever been revoked or suspended?	34b		·····
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
3	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		

Pa	rt VI-A Lobbying E (To be complet	xpenditures by Ele ed ONLY by an eligible	ecting Public Char organization that filed F	rities (See ins Form 5768)	struct	ions.)	1			N/A
Che	eck - a if the organi	zation belongs to an aff	iliated group. Check	(► b If y	you ch	hecke	d 'a' and '	limited	contr	ol' provisions apply.
		imits on Lobbying					Affiliate	a) ed grou		(b) To be completed
	(The term	'expenditures' means	amounts paid or incurre	ed.)	_		to:	tals		for ALL electing organizations
36	Total lobbying expenditi	ures to influence public	opinion (grassroots lob	bying)		36				
37	Total lobbying expenditi	ures to influence a legis	lative body (direct lobby	yıng)		37				
38	Total lobbying expenditi	ures (add lines 36 and 3	37)			38				
39	Other exempt purpose of	expenditures.			Ĺ_	39				
40	Total exempt purpose e	xpenditures (add lines :	38 and 39)			40				
41	Lobbying nontaxable an	nount. Enter the amoun	t from the following tabl	le						
	If the amount on line 40	is - The	lobbying nontaxable as	mount is —					1	
İ	Not over \$500,000	20%	of the amount on line	40					1	
	Over \$500,000 but not over \$1,		,000 plus 15% of the excess o	ver \$500,000						
	Over \$1,000,000 but not over \$,000 plus 10% of the excess o		- <u> </u> _	41				
	Over \$1,500,000 but not over \$,000 plus 5% of the excess ov	er \$1,500,000						
	Over \$17,000,000	• •	000,000							:
42		•	•			42				
43						43				
44	Subtract line 41 from lin				L	44				
_	Caution: If there is an a	amount on either line 43	3 or line 44, you must fil	e Form 4720.						
	(Some organ	nizations that made a s	Averaging Period ection 501(h) election de the instructions for li	o not have to	comp	lete a	h) Il of the fi	ve colu	ımns l	below
			Lobbying Expen	ditures During	g 4 - Y	ear A	veraging F	Period		
	Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001			-	d) 000		(e) Total
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures							_		<u>.</u>
48	Grassroots non- taxable amount				•••••					
49	Grassroots ceiling amount (150% of line 48(e))									
50	expenditures			_						
Pai	rt VI-B Lobbying A	ctivity by Nonelec	ting Public Chariti at did not complete Part	es t VI-A) (See in	nstruc	tions)			N/A
			 -							N/A
	ng the year, did the orgar mpt to influence public op					iuainą	j any	Yes	No	Amount
	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									
- 1	e Publications, or published or broadcast statements									
1	f Grants to other organiza	, , ,						<u> </u>		
1	g Direct contact with legis			-						
- 1	h Rallies, demonstrations,		·-	r any other me	eans			لــــــا		
	i Total lobbying expenditu	, •	•					<u> </u>		
\perp	If 'Yes' to any of the abo	ove, also attach a state	ment giving a detailed o	description of t	the lo	bbyın				
BA	A						Sch	edule	A (Foi	rm 990 or 990-EZ) 200

Schedule A (Form 990 or 990-EZ) 2003 Vatican Observatory Foundation Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of. Yes No (i) Cash 51 a (i) <u>a</u> (ii) (ii) Other assets b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization b (i) b (ii) (ii) Purchases of assets from a noncharitable exempt organization. (iii) Rental of facilities, equipment, or other assets b (iii) (iv) Reimbursement arrangements b (iv) (v)Loans or loan guarantees b (v) (vi)Performance of services or membership or fundraising solicitations b (vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no Description of transfers, transactions, and sharing arrangements N/A 52a is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations ► Yes X No described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If 'Yes,' complete the following schedule.

	(a) Name of organization	Type of organization	(c) Description of relationship
N/A			
-+			
+			
			
		-	
		<u>l</u>	

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5/11/04

Federal Statements

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Client V103

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:

2,017,156. 2,144,701.

Cost or Other Basis:

Total Gain (Loss) Publicly Traded Securities \$ -127,545.

Total Net Gain (Loss) From Noninventory Sales \$ -127,545.

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

Net unrealized gain on investments

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

	(A) <u>Total</u>	(B) Program <u>Services</u>	(C) Management & General	(D) <u>Fundraising</u>
Auto, Fuel & Lubricant Bad Debt Expense Calendar Expense Fundraising Indirect Charges	2,902. 10,500. 2,865. 37,902. 27,426.	2,902. 27,426.	10,500.	2,865. 37,902.
Insurance Investment Fees MGIO expenses	27,420. 27,387. 24,634. 102,531.	6,750. 102,531.	15,764. 24,634.	4,873.
Miscellaneous Newsletter Utilities	2,119. 3,823. 24,706.	10. 24,706.	609.	1,500. 3,823.
	Total \$ 266,795.	\$ 164,325.	\$ 51,507.	\$ 50,963.

Statement 4 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category	_	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment Furniture and Fixtures Machinery and Equipment Buildings	\$	24,278. 89,753. 1,559,796. 1,641,554. 3,315,381.	\$ 24,278. 66,751. 331,713. 560,467. 983,209.	\$ 0. 23,002. 1,228,083. 1,081,087. 2,332,172.

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С	ient V103 Vati	can Observatory Foundat	ion		86-0559994
5/	11/04			<u>-</u>	02 05PM
	Statement 5 Form 990, Part IV, Line 58 Other Assets Deposits			\$	126.
	Noncurrent pledges receivable Prepaid insurance			Total \$	93,075. 3,617. 96,818.
	Statement 6 Form 990, Part IV, Line 65 Other Liabilities				
	Commissioning liability			Total \$	37,014. 37,014.
	Statement 7 Form 990, Part V List of Officers, Directors, Trustees, and	Key Employees			
	Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Account/
	Dr. George V. Coyne, S.J. 2017 E. Lee Street Tucson, AZ 85716	President \$		\$ 0.	
	Dr. Christopher J. Corbally 2017 E. Lee 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.

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lient V103	Vatican Observatory Foun	dati	on		86-055999
Statement 7 (continued) Form 990, Part V List of Officers, Directors, Trustees	, and Key Employees				02 05PI
Name and Address	Title and Average Hours Per Week Devoted		Compen- sation	Contri- bution to EBP & DC	
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. Baltimore, 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
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

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lient V103 Vat	ican Observatory Found	ation			86-055999
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Statement 7 (continued) 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	Expense Account/ Other
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
	Total	\$	0.	\$ 0.	\$ 0
Statement 8 Form 990, Part VIII Relationship of Activities to the Accomp	•	•			
	Explanation of Activ		-+40:	based or	- +hoin
93A The Vatican Observatory s research findings. The f furtherance of its exempt	oundation administe	rs these	roya.	ns based of lties in	u tueir
100 The Foundation uses proce described in the balance purpose of astronomical r	sheet statements, t	to help fur	inverthe:	estments, r its exem	pt
ļ				· · · · · ·	
Statement 9 Schedule A, Part IV-A, Line 22 Other Income					
Schedule A, Part IV-A, Line 22 Other Income) 2002 (b) 2001	(c) 2000	<u>) </u>	(d) 1999 202.	

2003

Federal Supplemental Information

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Client V103

Vatican Observatory Foundation

86-0559994

5/11/04

02 05PM

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.