Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No 1545-0047

AF	or the	2012 calendar year, or tax year beginning	and	i enaing			
B c	heck if pplicable	C Name of organization			D Employer	identifica	tion number
	Addres	S Vatican Observatory Fo	oundation				
	Name change	D 0			1	86-05	59994
]Initial return	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone	e number	
	Termin ated	2017 E. Lee Street				520-7	95-1694
	Amend return	City, town, or post onice, state, and ZIP cod	de		G Gross receipt	ts \$	1,675,001.
	Application				H(a) Is this a	group retu	
	pendin	F Name and address of principal officer FT.	Albert DiUlio		for affilia	ates?	Yes X No
		same as C above			H(b) Are all af		
		empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	┪ ′		st (see instructions)
		e: http://vaticanobservat			H(c) Group e		
			ssociation Other	L Year	of formation: 1	986 m	State of legal domicile: AZ
Ра	 -	Summary	34.		. 7	1-	
Se	1	Briefly describe the organization's mission or mos	t significant activities: ASCT	onomic	al rese	arcn	
(ଆଧି Governance	ر ا	Charly this have No. 1 of the assessment of dear			Ab 050/ -6	.	-1-
کے ا		Check this box \[\begin{align*} \	ontinued its operations or dispo	sea or more	e than 25% of i	1 1	13
		Number of voting members of the governing body Number of independent voting members of the go	• •			4	13
သိ / နေ &		Total number of individuals employed in calendar	= ::			5	0
itie		Total number of volunteers (estimate if necessary)				6	0
EP 2 Activitie		Total unrelated business revenue from Part VIII, co				7a	0.
SEF Acti		Net unrelated business taxable income from Form	• •			7b	0.
			1		Prior Year		Current Year
	8 (Contributions and grants (Part VIII, line 1h)				450.	249,043.
Revenue	9 1	Program service revenue (Part VIII, line 1h)				304.	15,693.
eve	10	Investment income (Part VIII, column (A), lines 3, 4	1, and 7(1)(2)			019.>	114,259.
Ţ "		Other revenue (Part VIII, column (A), lines 5, 6d, 8			3,	472.	510.
Revenue	12	Total revenue - add lines 8 through 11 (prost equa	Part VIII, column (A), line 12)		318,	207.	379,505.
(2)	13 (Grants and similar amounts paid (Part X, column			0.	0.	
		Benefits paid to or for members (Part IX, column).				0.	0.
es	ı	Salaries, other compensation, employee penefits			0.	0.	
Expenses		Professional fundraising fees (Part IX, column (A),		87,	996.	86,374.	
ďχ		Total fundraising expenses (Part IX, column (D), Iir		59.			[10] · [10] · [10] · [10] · [10]
ш		Other expenses (Part IX, column (A), lines 11a-11o		ļ	682,		713,070.
		Total expenses. Add lines 13-17 (must equal Part		<u> </u>		728.	799,444.
S	19	Revenue less expenses Subtract line 18 from line	e 12			521.>	<u> </u>
Assets or Balances		T		Be	ginning of Curre		End of Year
\sse Bali	20	Total assets (Part X, line 16)		.	4,695,		4,404,573.
vet und	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 fron	a line 20	-	4,647,	852.	13,310. 4,391,263.
Pa	<u>22 </u> 	Signature Block	n line 20 .		4,04/,	250.	4,391,203.
		Ities of perjury, I declare that I have examined this return	including accompanying schedule	ec and etatem	ents and to the	heet of my k	rnowledge and helief it is
		t, and complete. Declaration of preparer, other than office				-	mowicage and belief, it is
<u>,</u>		I hat an le	120	THOM Propero	1	<u> </u>	·
Sigr	,	Signature of officer			Date		
Here	- 1	Fr. Albert Diulio, Pre	esident				
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature /		8/8/13	Check	PTIN
Paid		Carla J. Keegan		818173	rf sett-employed	P00596839	
Prep	arer		& Kenon, P.C.		Firm's		86-0750225
Use	Only	Firm's address 33 N. Stone Aver				-	
		Tucson, AZ 85701	<u></u>		Phon	e no. (5	20) 884-0176
May	the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)				X Yes No
23200	01 12-10	0-12 LHA For Paperwork Reduction Act Noti	ce, see the separate instructi	ions.			Form 990 (2012)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	, ~		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>1</u> 1a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a				
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1 <u>4a</u>		_X_
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u> </u>
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	'	х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			ĺ
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ļ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K If "No", go to line 25	24a		<u>X</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24d</u>		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			.,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			· •
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	~ ' °		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		 -
31	If "Yes," complete Schedule N, Part I	31	l	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
U 2.	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	}	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	<u> </u>
		Form	990	(2012)

Par	Check if Schedule O contains a response to any question in this Part V				
	Officer if Generalic G contains a response to any question in this reactive			Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_{1a} 2			-110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r				4
Ŭ	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				4
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts			ı
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he organization solicit	_		37
	any contributions that were not tax deductible as charitable contributions?		6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts	٠. ا		i I
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	russe provided to the payor?	70		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ivices provided to the payor,	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was a self-self-self-self-self-self-self-self-	as required	10		
С	to file Form 8282?	vas required	7c		х
а	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		X
h			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			• •	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				1111
а	Did the organization make any taxable distributions under section 4966?		9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		l
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter	144-1			1
a	Gross income from members or shareholders	11a	1		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
	amounts due or received from them.)	11b	12a		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	110417 12b	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	1	,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b	1		
С	Enter the amount of reserves on hand	13c	1		
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O	14b		
			Forn	990	(2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response to any question in this Part VI					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13								
	If there are material differences in voting rights among members of the governing body, or if the governing					1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with			-						
	officer, director, trustee, or key employee?		•	2	x						
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		·	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X					
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or								
	more members of the governing body?			7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			_					
	persons other than the governing body?			7b	х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:		5 to 5	18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
а	The governing body?	-	_	8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			J- u A	6 1, " - 0.2	gi. Ebada					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		_X_					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe								
	in Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13		X					
14	Did the organization have a written document retention and destruction policy?			14		X					
15	Did the process for determining compensation of the following persons include a review and approve	al by II	ndependent	, and	*	-9 - 7					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7		.4		ادمدا					
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u> _					
ъ	Other officers or key employees of the organization			15b		X_					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			٠,,	_						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a		s						
	taxable entity during the year?			16a	<u></u>	_X_					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are steps to safeguard the organical statements.	anızatıc	n's								
	exempt status with respect to such arrangements?			16b		<u> </u>					
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►AZ										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 ff applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only) :	avaılat	ole						
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website X Another's website X Upon request Other (explain	n ın Sc	hedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, an	d finar	ncial						
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organiza	tion. 🕨	-						
	Keegan, Linscott, & Kenon, P.C - (520) 884-0176										
23200	33 N. Stone Ave., Suite 1100, Tucson, AZ 85701										

12-10-12

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A)	(B)	l ge	.,))	прог	· ·	(D)	(E)	(F)
Name and Title	Average	,,,		Pos	ition			Reportable	Reportable	Estimated
	hours per	box,	(do not check more box, unless person officer and a directo				h an	compensation	compensation	amount of
	week	\vdash	er an	dad	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	of trus		9	шреп		(***2/1033*181130)		and related
	below	id ual i	institutional trustee		ed III	est co oyee	 5			organizations
	line)	INDII	Instit	онио	Key employee	Highest compensated employee	Former			
(1) Mr. Richard J. Friedrich	0.70									
Chairman of the Board		X		X				0.	0.	0.
(2) Fr. Albert Di Ulio	20.00									
President		X		X				0.	0.	0.
(3) Bro. John B. Hollywood, S.J.	0.70									_
Treasurer		X		X		<u> </u>	ļ	0.	0.	0.
(4) Dr. William R. Stoeger, S.J.	0.70								_	_
Secretary		X	ļ	X				0.	0.	0.
(5) Mr. Ben Dalby	0.70							_	_	_
Director		X			L	<u> </u>	L	0.	0.	0.
(6) Mrs. Karen Dalby	0.70							_	_	_
Director		X	ļ				<u> </u>	0.	0.	0.
(7) Mrs. Paula O D'Angelo	0.70							1	_	_
Director		X			_			0.	0.	0.
(8) Mr. Jose G. Funes, S.J.	0.70		ļ						_	_
Director		X			ļ		_	0.	0.	0.
(9) Mr. Christopher P. Hitchcock	0.70							_	_	_
Director		X				<u> </u>	_	0.	0.	0.
(10) Mr. Michael N. Figueroa	0.70									•
Director		X		<u> </u>	ļ	<u> </u>		0.	0.	0.
(11) Dr. June Scobee Rodgers	0.70					1				
Director		X		ļ	ļ	<u> </u>		0.	0.	0.
(12) Mr. Paul R. Mueller, S.J.	0.70	ļ								
Director		X	<u> </u>	_	ļ	ļ	<u> </u>	0.	0.	0.
(13) Mr. Anthony F. Witteman	0.70	│								
Director		X		_	ļ	ļ	ļ	0.	0.	0.
		-			į					
		 	 	 	<u> </u>	-	ļ			
		-								
	- 	├			<u> </u>	+	<u> </u>			
		┨								
		\vdash	-	-	\vdash	-	-			
		1								

Form **990** (2012)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	iH b	ighe	st C	ompensated Employee	es (continued)	
(A) Name and title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	compensation	amount of
	(list any					1	,	from the	from related organizations	other compensation
	hours for related	or dire	8			ated		organization	(W-2/1099-MISC	
	organizations	trustee	al trust		yee	mpens		(W-2/1099-MISC)		organization and related
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Pul	SII	8	ž.	₩.	횬		· · · · · -	
				<u> </u>		ļ				
						ļ				
			ļ			-				
			├			╁	-			
						ļ				
		-								
			-	-		-				
		<u> </u>	L		<u> </u>	_		0.		0.
1b Sub-total c Total from continuation sheets to Part V	II. Section A		-					0.		0. 0
d Total (add lines 1b and 1c)						<u> </u>		0.		0. 0
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable	
compensation from the organization									<u>.</u>	Yes No
3 Did the organization list any former officer	, director, or tri	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	Spring Salar
line 1a? If "Yes," complete Schedule J for s	such individual									3 X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization	4 X
5 Did any person listed on line 1a receive or									Idual for services	Tues and the
rendered to the organization? If "Yes," con	=				-	-		. <u></u>		5 X
Section B. Independent Contractors									*	
Complete this table for your five highest co the organization. Report compensation for										ensation from
(A)	trio calcindar y	Cui	<u></u>	<u>g</u> .		0		(B)		(C)
Name and business	address	N	ON:	E				Description of s	services	Compensation
										
	(made alors = free			. al 4 -		·	a t	d abaya) waa	nore then	
2 Total number of independent contractors \$100,000 of compensation from the organ		iOt l	ттпе	o ic		ose II	sie(u above) who received h	note than	
w rootos or componession nom and organ										Form 990 (201)

232008 12-10-12

		•	Check if Schedule O conta	ains a re	sponse	to any question ir	n this Part VIII			
					-F		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 :	a	Federated campaigns		1a					
iran Dun			Membership dues		1b					
e E		C	Fundraising events		1c					
業点			Related organizations		1d	50,500.				
S E			Government grants (contributi	ions)	1e					
ig Z	1	f	All other contributions, gifts, grant	ts, and						
t a			similar amounts not included above	ve	1f	198,543.				
Contributions, Gifts, Grants and Other Similar Amounts	,	g	Noncash contributions included in lines	1a-1f \$		5,005.				
<u>8</u> 8		<u>h</u>	Total. Add lines 1a-1f			•	249.043.			
						Business Code				
g	2	а	Licensing Agreement In			900099	8,247.	8,247.		
Program Service Revenue	- 1	b	Book Royalties			541900	7,446.	7,446.		
n S		С								
e S		d								
5		е								
₽			All other program service reve	nue .						
		g	Total. Add lines 2a-2f				15,693.			
	3 Investment income (including dividends, interest, and					est, and				
			other similar amounts)			. 🟲	89,957.			<u>89,957.</u>
	4		Income from investment of tax	x-exemp	t bond p	proceeds				
	5		Royalties							
				(<u>)</u>	Real	(ii) Personal				
	6	-	Gross rents							
			Less rental expenses	<u> </u>						
	ı		Rental income or (loss)							
	ı		Net rental income or (loss)	(2.0-		43 Other				
	7	а	Gross amount from sales of		curities	(ii) Other				
			assets other than inventory	1,3	L9,798.					
		D	Less cost or other basis	1 0	25 406					
		_	and sales expenses Gain or (loss)		95 <u>,496</u> 24,302					
		-	Net gain or (loss)	L	24,302	•l	24,302.			24,302.
			Gross income from fundraisin	a event	c (not		24,302.			24,302.
μe	°	a	including \$		of					
Other Reven			contributions reported on line							
æ			Part IV, line 18	. 10, 00	a	1				
her		h	Less: direct expenses		b					
ō			Net income or (loss) from fund	draising	_	•				
			Gross income from gaming as	_						
	Ĭ	_	Part IV, line 19		а	,				<u> </u>
		b	Less direct expenses	•	b			1		
		c	Net income or (loss) from gan	ning acti	vities	•				
	•		Gross sales of inventory, less	-						
			and allowances		а					
		ь	Less: cost of goods sold		b					
		С	Net income or (loss) from sale	es of inv	entory	•				
			Miscellaneous Revenu	ue		Business Code				
	11	а	Miscellaneous Income			900099	510.	. 510.		 -
		b								_
		С								<u> </u>
		d	All other revenue							
	1	е	Total. Add lines 11a-11d			>	510			
	12		Total revenue. See instructions.			>	379 505	16,203	0	
23200 12-10	09 0-12									Form 990 (2012)

Do not include ai	neck if Schedule O contains a responsional reported on lines 6b,	se to any question in this (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 1			expenses	general expenses	expenses
	ner assistance to governments and				
organizations	ın the United States. See Part IV, line 21 📙				
	other assistance to individuals in				
	tates See Part IV, line 22				
=	other assistance to governments,				
3	s, and individuals outside the				
	s See Part IV, lines 15 and 16				
	d to or for members		, .		
•	on of current officers, directors,				
	d key employees not included above, to disqualified				
•	efined under section 4958(f)(1)) and				
•	ribed in section 4958(c)(3)(B)				
7 Other salarie					
	accruals and contributions (include				
•) and 403(b) employer contributions)				
9 Other emplo	· · · · · · · · · · · · · · · · · · ·				
10 Payroll taxes					
=	vices (non-employees)				
a Managemen	` ' ' '				
b Legal		7,701.		7,701.	
c Accounting		30,043.		30,043.	
d Lobbying					
, ,	undraising services. See Part IV, line 17	86,374.			86,374.
	management fees	34,923.		34,923.	
	11g amount exceeds 10% of line 25,				
column (A) ar	nount, list line 11g expenses on Sch O.) 📙	194,278.	193,587.	388.	303.
12 Advertising	and promotion				
13 Office exper	nses	31,031.	18,725.	52.	12,254.
14 Information	technology				······································
15 Royalties					
16 Occupancy	<u> </u> -	17,065.	17,065.		00 501
17 Travel	-	24,934.		2,433.	22,501.
• •	f travel or entertainment expenses				
for any fede	ral, state, or local public officials				
	s, conventions, and meetings				
20 Interest					
21 Payments to	F	00 016	00 016		
	n, depletion, and amortization	99,816. 74,106.	99,816. 54,779.	19,327.	
23 Insurance	- Mamura avananaatvd	/4,100.	54,119.	13,341.	
above. (List n 24e amount e	es. Itemize expenses not covered hiscellaneous expenses in line 24e. If line exceeds 10% of line 25, column (A) he 24e expenses on Schedule 0.)				
a MGIO e		110,795.	110,795.		
	ion/Outreach	27,948.	- 1	27,948.	
c Fundra		22,436.			22,436
	ar Expense	12,390.			12,390
e All other exp		25,604.	3,361.	1,142.	21,101
	nal expenses. Add lines 1 through 24e	799,444.	498,128.	123,957.	177,359
	Complete this line only if the organization				
	olumn (B) joint costs from a combined				
•	ampaign and fundraising solicitation.				
Check here	If following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year 1 Cash - non-interest-bearing Savings and temporary cash investments 179,126. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under	(B) End of year 1 873. 2 122,721. 3 75,434. 4
1 Cash · non-interest-bearing 11,038. 2 Savings and temporary cash investments 179,126. 3 Pledges and grants receivable, net 97,645. 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	End of year 1 873. 2 122,721. 3 75,434. 4
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	2 122,721. 3 75,434. 4
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	3 75,434. 4
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	4
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5
Part II of Schedule L	5
	5
6 Loans and other receivables from other disqualified persons (as defined under	
section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	
employers and sponsoring organizations of section 501(c)(9) voluntary	
employees' beneficiary organizations (see instr) Complete Part II of Sch L	6
7 Notes and loans receivable, net 8 Inventories for sale or use	7
8 Inventories for sale or use	8
9 Prepaid expenses and deferred charges	9 42,310.
10a Land, buildings, and equipment cost or other	
basis. Complete Part VI of Schedule D 10a 3,462,423.	4 506 054
b Less accumulated depreciation 10b 1,925,572. 1,636,667.	10c 1,536,851.
11 Investments - publicly traded securities	0.550.530
12 Investments - other securities. See Part IV, line 11 2,654,965.	12 2,570,539.
13 Investments - program-related See Part IV, line 11	13
14 Intangible assets	14
15 Other assets See Part IV, line 11 115, 667.	15 55,845. 16 4,404,573.
16 Total assets. Add lines 1 through 15 (must equal line 34) 4,695,108.	
17 Accounts payable and accrued expenses 34,542.	
18 Grants payable	18
19 Deferred revenue	19 20
The state of the s	21
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons	21
key employees, highest compensated employees, and disqualified persons	
Complete Part II of Schedule L	22
23 Secured mortgages and notes payable to unrelated third parties	23
24 Unsecured notes and loans payable to unrelated third parties	24
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24) Complete Part X of	
Schedule D 13,310.	25 13,310.
26 Total liabilities. Add lines 17 through 25 47,852.	26 13,310.
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	
27 Unrestricted net assets 2,255,666.	27 2,034,673.
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	29,630.
Permanently restricted net assets 2,326,960.	29 2,326,960.
Organizations that do not follow SFAS 117 (ASC 958), check here	
้อ and complete lines 30 through 34.	
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	30
31 Paid-in or capital surplus, or land, building, or equipment fund	31
32 Retained earnings, endowment, accumulated income, or other funds	32
1 Stainet assets or fund balances 4, 047, 250.	33 4,391,263.
34 Total liabilities and net assets/fund balances 4,695,108.	34 4,404,573.

Form **990** (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Name of t	he organization	on						E	mployer	identification number
		Vatican	Observatory	Foun	dation	n			8	6-0559994
Part I	Reason f	for Public Char	ity Status (All organiza	ations mus	st complete	this part) See ınstı	ructions		
	zation is not a A church, cor A school desc A hospital or a A medical res city, and state An organization section 170(i) A federal, state An organization section 170(i) A community An organization activities relate income and u See section is An organization An organization An organization income publicly describes the a Type I By checking in foundation in if the organization supporting or Since August (i) A person	private foundation invention of churches cribed in section 17 a cooperative hospital accoperative hospital accoperation of the folial point hat normally received to its exempt fur interested business to the folial accoperation or accoperation hospital according to the folial according to the	because it is (For lines 1 is, or association of church (O(b)(1)(A)(ii). (Attach Solital service organization of operated in conjunction of the Part II.) ent or governmental unit elives a substantial part of the Part II.) section 170(b)(1)(A)(vi). (serves (1) more than 33 1 inctions - subject to certal axable income (less sect to Part III.) perated exclusively to the operated exclusively for the ations described in section organization and complete the organization and complete the organization is not than one or more publicly then determination from this box organization accepted are directly controls, either all rective outrols, either all inceptions.	through 1 ches described in with a hosp miversity over described of its support o	est complete I1, check of In bed in section pital description out from a graph Part II) support from a graph out from bus c safety. So of, to perfo I) or section I directly or d organiza at it is a Type outribution	e this part only one be ction 170(b)(1)(bed in sector erated by n 170(b)(1) governme om contril on more sinesses a see sectio rm the fur n 509(a)(2 11h integrated rindirectly tions desc pe I, Type from any	ox) (b)(1)(A)(i). A)(iii). ction 170(a governm)(A)(v). ntal unit o butions, m than 33 1 acquired by n 509(a)(4 nctions of, b). See sec	r from the nembership or to carrection 509(t describe general p fees, and s support anization y out the (a)(3). Che (a)(1) or qualified 9(a)(1) or	the hospital's name, ed in public described in and gross receipts from from gross investment after June 30, 1975. purposes of one or eck the box that an-functionally integrated persons other than section 509(a)(2)
	_	• •	upported organization?							11g(i) 11g(ii)
	• •		n described in (î) above? i person described in (î) (2					11g(iii)
h			about the supported org							119(11)
h	FIOVICE LIE IC	ollowing information	about the supported of	garnzation	(3)					
	of supported anization	(iı) EIN	(described on lines 1-9	in col. (ı) lı	sted in your	(v) Did you notify the organization in col. (i) of your support?		(vi) la organizati (i) organiz U.S	zed in the !	(vii) Amount of monetary support
			(see mstructions))	Yes	No	Yes	No	Yes	No	
Total	Paperwork Re	eduction Act Notice	, see the Instructions f	or				Schedu	le A (For	m 990 or 990-EZ) 2012

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					, —	
	membership fees received (Do not						
	include any "unusual grants.")	772,383.	563,440.	546,662.	366,450.	249,043.	2,497,978.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	772,383.	563,440.	546,662.	366,450.	249,043.	2,497,978.
5	The portion of total contributions	1 - 1 - 1 - 1 - 1					
Ŭ	by each person (other than a					İ	
	governmental unit or publicly					1	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		,				
	column (f)		-				
6	Public support. Subtract line 5 from line 4						2.497.978.
	etion B. Total Support				<u> </u>	L	2,451,516.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	772,383.	563,440.	546,662.	366,450.	249,043.	2,497,978.
•	Gross income from interest,	,303.	303/1100	310/0021	300,1300	219/0130	2,457,570.
Ü	dividends, payments received on						
	securities loans, rents, royalties				'		
	and income from similar sources	156,854.	89 336	112,487.	87 944	105,650.	552,271.
0	Net income from unrelated business	130,034.	05,550.	112,407.	0///44.	103,030.	332,211.
9	activities, whether or not the				'		
	· ·						
40	business is regularly carried on						
10	Other income Do not include gain			,			
	or loss from the sale of capital	3,071.	944.	4,204.	3,472.	510.	_12,201.
	assets (Explain in Part IV)	3,0/1.	<u> </u>	4,204.	3,414.	210.	
	Total support. Add lines 7 through 10 Gross receipts from related activities,	ata (aga ipatrijati			1	12	3,062,450.
12	First five years. If the Form 990 is for	•	•	d fourth or fifth to	av voar oo a coatio		
13			s ilist, second, triil	a, iourui, or illui ta	ax year as a section	11 30 1(0)(3)	
Se	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (column (f)	· · · · · · · · · · · · · · · · · · ·	14	81.57 %
15			•	Column (1))		15	77.87 %
	33 1/3% support test - 2012. If the			n line 13, and line	1/ is 33 1/3% or n		
102	stop here. The organization qualifies	_			14 13 30 1/3/0 01 11	nore, check this bo	> X
	33 1/3% support test - 2011. If the		•		l line 15 ie 33 1/3%	or more check th	
	and stop here. The organization qual	_			Timle 13 is 33 1/3/0	of more, check th	▶ □
17.	· - ·		• •		13 162 or 16b	and line 14 in 10%	or more
1/6	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			-	·	it iv now the organ	ization
	meets the "facts-and-circumstances"	•	•		•	17a and l 45 1	100/ 0"
t	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ		~		•	-	
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17t			
					Sche	edule A (Form 990	UI 99U-EZ 2012

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	ou checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the org	ganization fails to
qualify under th	ests listed below, please complete Part II)	

Section A. Public Support	below, please com	piete r art ir j				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			 			
ization's benefit and either paid to						
or expended on its behalf						
·				<u> </u>		
5 The value of services or facilities		1				
furnished by a governmental unit to						
the organization without charge			Ť	1		
6 Total. Add lines 1 through 5		 		1		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		<u> </u>			-	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		-			-	
c Add lines 7a and 7b				ļ		<u> </u>
8 Public support (Subtract line 7c from line 6)		, ,	1	•		<u> </u>
Section B. Total Support	Т.			T	1	T
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6		<u> </u>				
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources		<u></u>				
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business	, [
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for		's first, second, th	ırd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here			•			▶ □
Section C. Computation of Pub	lic Support Po	ercentage				
15 Public support percentage for 2012	(line 8, column (f)	divided by line 13,	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Incon	ne Percentage	•			
17 Investment income percentage for 2	: 012 (line 10c, colu	ımn (f) dıvıded by l	ine 13, column (f))		17	%
18 Investment income percentage from	2011 Schedule A	, Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If th	e organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box						ightharpoons
b 33 1/3% support tests - 2011. If th	e organization did	not check a box o	on line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization		•				>
232023 12-04-12					hedule A (Form 99	30 or 990-EZ) 2012

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

Vatican Observatory Foundation

Employer identification number

	Vatican Observator		86-0559994
Pai			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or donor advisor, or for any other purpose	Yes No
Pai		ranization answered "Ves" to Form 990. F	
		· · · · · · · · · · · · · · · · · · ·	art iv, inte i
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ر است	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	Juring the year
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	_	
	and section 170(h)(4)(B)(ii)?	To callery the requirements of economic	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	• — · · · — · · ·
,	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	tion 3 inancial statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	Other Similar Assets
	Complete if the organization answered "Yes" to Form		
10	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art
14	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		ance of public service, provide, in Fart XIII,
h			t and balance about works of ort. bistorical
В	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
þ	Assets included in Form 990, Part X		► \$ ► \$

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Schedule D (Form 990) 2012

Sche Par		Observator		_		Oth -				Page 2
L	3									
3	Using the organization's acquisition, accessing	on, and other record	s, check any	of the	following tha	it are a sig	gnificant	use of its	collection	rtems
	(check all that apply):	_	 .							
а	Public exhibition	d			nange progra	ams				
b	Scholarly research	е	Other	·						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fu	rther th	ne organizati	on's exen	npt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historic	al trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of the	he organizati	on's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the orga	nızatıo	n answered	"Yes" to F	orm 990	, Part IV, I	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contr	bution	s or other as	sets not	ncluded			
	on Form 990, Part X?								Yes	No No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
_	, , , , , , , , , , , , , , , , , , ,		g						Amount	
С	Beginning balance						1c		, 11104111	
	Additions during the year						1d			
d										
e	Distributions during the year						1e			
	Ending balance		040				1f		7.,	
	Did the organization include an amount on Fo							L	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete r									
		(a) Current year	(b) Prior y	ear	(c) Two yea		d) Three y	rears back	(e) Four	ears back
1a	Beginning of year balance	2,326,960.	2,326	<u>,960.</u>	4,17	6,960.	4,1	76,960.	4.	<u>376,960.</u>
b	Contributions									50,000.
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				1.85	0,000.				250,000.
f	Administrative expenses				•					
g g	End of year balance	2 326 960.	2,326	960	2 32	6,960.	Δ 1	76,960.	4	176,960.
2	Provide the estimated percentage of the curr			•		0,500.	_	70,500.	- - -	170,300.
-	Board designated or quasi-endowment	che year end balane	%	uiiii (c	yy ricia as					
a	Permanent endowment > 100.00	%	_70							
	•									
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a sh									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	heid a	nd administe	ered for th	ne organi:	zation	Г	
	by									Yes No
	(i) unrelated organizations								3a(i)	<u> </u>
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule F	₹?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	, Part X, line	10						
	Description of property	(a) Cost or o	ther (t) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investri	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings		1	.,64	1,554.	1.0	50,1	81.	591	.,373.
6	Leasehold improvements									
Ч	Equipment		1 1	. 80	0,794.	۶	359,0	18.	941	.,776.
	Other				0,075.		16,3			702.
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column (P			·	,	<u> </u>		,851.
<u>ı vıd</u>	. A da mica ra micagni re podianim jaj mast e	quair oim 330, rait	A, COMMITTED	, mic 1	VIV/				- 100	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>

Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

13,310.

			0.0	0550004	_ 4
	dule D (Form 990) 2012 Vatican Observatory Foundat t XI Reconciliation of Revenue per Audited Financial Statemen			<u>0559994 </u>	Page 4
1	Total revenue, gains, and other support per audited financial statements	its with nevenue per n			451.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1		431.
	Net unrealized gains on investments	2a 163,946.			
	Donated services and use of facilities				
b		2b	1		
	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII) Add lines 2a through 2d		_	160	016
		•	2e		946. 505.
3	Subtract line 2e from line 1		3	319,	505.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	_4b			•
	Add lines 4a and 4b		4c	270	<u> </u>
5 Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stateme	nto With Evnonce nor	5 Dotu		<u>505.</u>
		ints with Expenses per			444.
1	Total expenses and losses per audited financial statements		1	199,	444.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C		2c			
d	Other (Describe in Part XIII.)	2d			•
	Add lines 2a through 2d		2e	700	444
3	Subtract line 2e from line 1		3	799,	444.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			•
_	Add lines 4a and 4b		4c		0.
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	799,	444.
	t XIII Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,			2b, Part V, line 4	1; Part
	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p			a" \	
Pa1	rt X, Line 2: The Foundation is an Internal	Revenue Code ("IR	(")	
Sec	ction 501(c)(3) organization, exempt from t	axes by applica	tio	n of IRC	!
Sec	ction 501(a) and is a public charity by app	lication of TRC	Se	ction	
,,,,	eron sorta, and is a pastre enality by app	ricación or inc	<u>DC</u>	CCIOII	
509	(a)(1). Accordingly, no provision for fede	ral or state in	com	e taxes	is
rec	corded in the accompanying financial statem	ents. Income fr	om (certain	
act	civities not directly related to the Founda	tion's tax-exem	pt 1	purpose.	
10V	vever may be subject to taxation as unrelat	ed business inc	ome	•	

Management evaluated the Foundation's tax positions in accordance with the

Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Poen To Public

Inspection

Name of the organization Vatican	Observatory Foun	dati	on	parate monutorio	Employer id 86-055	dentification number
	. Complete if the organization answ			Form 990, Part IV, III	ne 17 Form 990-l	Z filers are not
 1 Indicate whether the organization raise a X Mail solicitations b Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicit Solicit Gor oral agreement with any individure art VII) or entity in connection with inviduals or entities (fundraisers) pure	ation of ation of al fundra al (includ profess	non-g gover using d ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	Y	es X No o be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col (i)	
Bannan - Steinke Travel, Inc.		Yes	No			
- 874 Winding Way Drive,	fundraising consulting		Х	334,800.	70,99	6. 263,804.
Petrus LLC - PO Box 341286, Austin, TX 78734	fundraising consulting		х	0.	15,37	8. <15,378.
Total 3 List all states in which the organization or licensing	on is registered or licensed to solice	ıt contrib	bution:	334,800. s or has been notified	86_37 Int is exempt from	
AL, AK, AZ, AR, CA, CO, CT, MT, NE, NV, NH, NJ, NM, NY,						

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

See Part IV for continuations

Schedule G (Form 990 or 990-EZ) 2012

	eau I rt I		e organization answered	"Yes" to Form 990, Part	IV, line 18, or reported	
		of fundraising event contributions and gro				pts greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
<u>.</u>			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
æ	•	aross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_	Nanasah awasa		1		
ses	5	Noncash prizes .				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ے	٥	Entertainment				
	8	Other direct expenses				
	10		n 9 ın column (d)		>	()
		Net income summary Combine line 3, column	n (d), and line 10			
Pa	rt !		answered "Yes" to Form	990, Part IV, line 19, or re	eported more than	
	_	\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		(d) Total gaming (add
ige			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c)
Revenue				3 . 3		1
æ	1	Gross revenue				
es	2	Cash prizes .			 	
pens	3	Noncash prizes				
Direct Expenses		·				
Ore	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes %	└── Yes % ◯ No	j ,
	7	Direct expense summary Add lines 2 through	h 5 in column (d)			
	<u>8</u>	Net gaming income summary Combine line	1, column d, and line 7			
9	En	nter the state(s) in which the organization opera	ites gaming activities			
ŧ	ıls	the organization licensed to operate gaming ac	ctivities in each of these	states?		Yes No
t	o If '	"No," explain:	<u> </u>			
		ere any of the organization's gaming licenses ri "Yes," explain			/ear?	Yes No
•	- ··					
	_					
2320)82 C	01-07-13			Schedule G (F	orm 990 or 990-EZ) 2012

<u>Sc</u> t	edule G (Form 990 or 990 EZ) 2012 Vatican Observatory Foundation 86	<u>-0559994</u>	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in	1 1	
ā	The organization's facility	13a	%
ŧ	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŧ	of gaming revenue retained by the third party > \$ and the amount of gaming revenue retained by the third party > \$		
(of "Yes," enter name and address of the third party.		
	Name		
	Address >		
16	Gaming manager information.		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	9	
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns		
_	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	tion (see mand	<u> </u>
S	chedule G, Part I, Line 2b, List of Ten Highest Paid Fundrais	ers:	
_			
(:) Name of Fundraiser: Bannan - Steinke Travel, Inc.		
<u>(</u>) Address of Fundraiser: 874 Winding Way Drive, Ventura, CA	93001-2	2072
_			
_		-	
			-
_			
232	083 01-07-13 Schedule G (F	orm 990 or 99	∪- ⊑Z) 2 012

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

QMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

Vatican Observatory Foundation

Employer identification number 86-0559994

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Vatican Observatory Foundation	Employer identification number 86-055994
Form 990, Part IX, Line 11g, Other Fees:	
Other Professional Fees:	
Program service expenses	193,587.
Management and general expenses	388.
Fundraising expenses	303.
Total expenses	194,278.
Total Other Fees on Form 990, Part IX, line 11g, Col A	194,278.
	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012 Open to Public Inspection Employer identification number 86-0559994 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Vatican Observatory Foundation

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the organization a	inswered "Yes" to Form 990,	Part IV, line 34 be	cause it had one or	more related tax-exen	прt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(bX13) controlled entity?
Jesuit Community of the Vatican Observtory Foundation - 94-3131306, 2017 E, Lee Street, Tucson, AZ 85719	Religious/Charitable work	Arizona	501(c)(3)	tine 1		×
					1	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R	Schedule R (Form 990) 2012

86-0559994 Page 2 -

Schedule R (Form 990) 2012 Vatican Observatory Foundation

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomini (related, excluded fro	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		ortion-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing Dartner? (j) Yes No	General or Percentage managing ownership pariner?	; ()
												·	
Part IV Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year) (a) Name, address, and EIN Primary act of related organization	ganizations Taxable a	is a Corpo		Complete if th	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related (c) (d) (e) (f) (f) (g) (h) Section (income entity (Corp., S.corp., income entity (Corp., S.corp.)	n answered " answered Type Type (C cor	(e) Type of entity (C corp., S corp.)	990, Part IV, (f) Share of total	/, line 34 l	(g) Share of Fend-of-year	(h) Percentage	more related (i) Section 512(bx13) sontrolled	ed (3)
				country)		5 	(rust)			assets		Yes	o Z
					:								
232162 12-10-12				32						Schedu	Je R (Fc	Schedule R (Form 990) 2012	2012

Schedule R (Form 990) 2012 Vatican Observatory Foundation

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tion answered "Yes" to Form 990, Part IV, line 34, 35b, or 36
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art V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	Se No	، ، ا <u>ه</u> ا
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II:IV?		-	1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 9	×	
 Gift, grant, or capital contribution to related organization(s) 				9	+	ام
c Gift, grant, or capital contribution from related organization(s)				ا	+	1
d Loans or loan guarantees to or for related organization(s)				1g	×	.
 Loans or loan guarantees by related organization(s) 				1 e	×	اب.
f Dividends from related organization(s)				#	×	~l
g Sale of assets to related organization(s)				19	×	.
h Purchase of assets from related organization(s)				ŧ	×	<u>.</u>
 Exchange of assets with related organization(s) 				=	×	.
j Lease of facilities, equipment, or other assets to related organization(s)				;=	×	ً ام
k Lease of facilities, equipment, or other assets from related organization(s)				₹ 1	×	, ,
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=	×	.
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			£	×	~
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1º	×	.
 Sharing of paid employees with related organization(s) 				9	×	~l
p Reimbursement paid to related organization(s) for expenses				9	*	، ام
 Reimbursement paid by related organization(s) for expenses 				10	×	' ام
				. •		٠.
Other transfer of each or property to related organization(s)				- 4	< >	ہ اہ
2 If the answer to any of the above is "Yes" see the instructions for information on who mist complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds	2	•	
	(b)	(c)	(d) Method of determinate boundary	T GALO		1
	type (a-s)					
Jesuit Community of the Vatican	บ	50,000.actual	actual cash transferred			
						l
(2)						!
(6)						
(4)						[
/						1
(5)						1
(9)						
232163 12-10-12	33		Schedule	Schedule R (Form 990) 2012	90) 20.	12

Page 4

Schedule R (Form 990) 2012 Vatican Observatory Foundation

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue), that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage ownership					
(J) General or F managing partner? Yes No					
(h) (i) (i) (k) (k) (k) lispropor- Dispropor- Brown (code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? Ves No (Form 1065) Yes No					
(h) Disproportionate allocations? Yes No					
(g) Share of end-of-year					
(f) Share of total income				· :	
(e) Are all partners sec 501(c)(3) 0/gs /					
Predominant income pariers sec (related, unrelated, solvic) or excluded from tax under section 512-514) yes No					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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Schedule R	R (Form 990) 2012	Vatican	<u>Observatory</u>	<u>Foundation</u>		<u>86-0559994 </u>	Page 5
Part VII	R (Form 990) 2012 Supplemental Infor	mation					
,	Complete this part to pro-		formation for reconces	to guestions on Sche	dula R (see instruct	ione)	
	Complete this part to pro-	vide additional in	iornation for responses	to questions on sene	dule it (see instruct	0113/	
							
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Form 8868 (Rev 1-2013)						Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension.	complete only Part II and check this	box		. •	X	
Note. Only complete Part II if you have already been granted an				3868	•		
• If you are filing for an Automatic 3-Month Extension, comple							
Part II Additional (Not Automatic) 3-Month E			al (no co	pies ne	eeded).		
		Enter filer's				uctions	
Type or Name of exempt organization or other filer, see instructions Employer identification number (El							
print						, ,	
File by the Vatican Observatory Foundat:	86-0	559994	L				
due date for Number, street, and room or suite no. If a P.O. box, s	curity nur	nber (SSN)					
return See 2017 E. Lee Street							
instructions City, town or post office, state, and ZIP code For a fe	oreign add	fress, see instructions.					
Tucson, AZ 85719	oroigir add						
			•	•			
Enter the Return code for the return that this application is for (file	e a separa	ite application for each return)				0 1	
<u> </u>							
Application	Return	Application				Return	
is For	Code	Is For				Code	
Form 990 or Form 990-EZ							
Form 990-BL 02 Form 1041-A						08	
Form 4720 (Individual)	03	Form 4720	n 4720				
Form 990-PF	04	Form 5227					
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990-T (trust other than above)	06	Form 8870				12	
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	ously file	d Form 8	3868.		
Keegan, Linsco						,	
• The books are in the care of ▶ 33 N. Stone Ave			, AZ	85701	Ĺ		
Telephone No. ► (520) 884-0176		FAX No. ▶					
If the organization does not have an office or place of business.	s in the Ui				- ▶ [
If this is for a Group Return, enter the organization's four digit			this is fo	the who	le group, che	eck this	
box ▶ . If it is for part of the group, check this box ▶	7	ach a list with the names and EINs of					
4 I request an additional 3-month extension of time until							
5 For calendar year 2012, or other tax year beginning		, and endin	9				
6 If the tax year entered in line 5 is for less than 12 months, o	check reas	on. Initial return	Final r	eturn			
Change in accounting period							
7 State in detail why you need the extension							
Taxpayer respectfully request	s add	itional time to ga	ther	infor	cmation	1	
necessary to file a complete							
			-				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	ł				
nonrefundable credits. See instructions			8a	\$		0.	
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 al	llowed as	a credit and any amount paid					
previously with Form 8868			8b	\$		0.	
c Balance due. Subtract line 8b from line 8a Include your pa	ayment wi	th this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See instr	uctions		8c	\$		0.	
		st be completed for Part II	only.			_	
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this fe	orm.	panying schedules and statements, and to	the best o	f my know	vledge and bel	ief,	
Signature Nadly a Su- Title >	CPA		Date	>	8/8/13		
					m 9969 (Rev	. 1 2012)	

Date ► 8/8//3 Form 8868 (Rev. 1-2013)



Form **8868** (Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

	ent of the Treasury evenue Service	➤ File a sepa	rate appli	ication for each return.		1		
• If you	u are filing for an Auto	omatic 3-Month Extension, complet	e only Pa	rt I and check this box			\mathbf{x}	
		litional (Not Automatic) 3-Month Ext			this form).			
		less you have already been granted a				m 8868		
		u can electronically file Form 8868 if y					poration	
		or an additional (not automatic) 3-mor						
		ns listed in Part I or Part II with the exc						
		which must be sent to the IRS in paper						
		lick on e-file for Charities & Nonprofits		(300 11.00. 40.10.10)		-	,	
Part		c 3-Month Extension of Time		ubmit original (no copies ne	eded).			
		e Form 990-T and requesting an auton						
Part I c		5 , 5,,,, 555 , and 154,256 mg an assen				ı	▶ □	
	•	ing 1120-C filers), partnerships, REM	ICs. and ti	rusts must use Form 7004 to reques	t an extens	sion of time		
	ncome tax returns	Jing 7720 6 morey, pa more impe, 112.000						
Туре о	Name of exemp	t organization or other filer, see instruc	ctions		Employer	identification nur	nber (EIN) or	
rype o print	1 Hame of exemp	torgameation of other mor, soo motion	J.10110.				,	
Vatican Observatory Foundation						86-05599	94	
File by the					Social sec	ocial security number (SSN)		
due date for Number, street, and footh or suite no. If a P O. box, see instructions 300 filing your 2017 E. Lee Street					000.0.000	samy names (ex	.,	
return Se	e	est office, state, and ZIP code. For a fo	reign add	ress see instructions				
	Tucson,		ncigii add	ress, see manachens				
	Tucson,	AL OSTID						
Entar t	he Return code for th	ne return that this application is for (file	a senarat	te application for each return)			0 1	
Lincit	no rictam code for tr	to total title time application to tel (inc	и оори. и					
Application				Application			Return	
Is For	4.1011	ļ.	Return Code	Is For			Code	
	90 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 9			02	Form 1041-A			08	
	720 (individual)		03	Form 4720		0:		
Form 9			04	Form 5227			10	
	90-T (sec 401(a) or 4	108(a) trust)	05	Form 6069	****		11	
	90.T (trust other than		06	Form 8870	•		12	
Oiiii	1 (trade dation trial	Keegan, Linscot						
• The	books are in the car	e of > 33 N. Stone Ave		uite 1100 - Tucson	. AZ	85701		
	ephone No (52		,	FAX No ▶	<u> </u>			
		not have an office or place of business	s in the Ur					
	•	urn, enter the organization's four digit			if this is for	r the whole group	check this	
box 🏲		t of the group, check this box	1	ich a list with the names and EINs o		• .	-	
		c 3-month (6 months for a corporation						
' '	August 15			tion return for the organization name		The extension		
	s for the organization		t organiza					
	► X calendar year							
, I	tax year begii		an	nd endina				
,	Lax year begin		,			_		
2	f the tay year entered	d in line 1 is for less than 12 months, c	heck reas	on. Initial return	Final return	n		
_	Change in acco		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Orlange in acce	ourning portou						
3a	f this application is fo	or Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax, less any				
	nonrefundable credits				3a	\$	0.	
		or Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		-		
		nts made Include any prior year overp			3b	s	0.	
	·	ct line 3b from line 3a Include your pa				7		
		ct line 3b from line 3a include your pa			3c	\$	0.	
Canal	on If you are going to	o make an electronic fund withdrawal	with this E	orm 8868, see Form 8453.FO and F		·		
		nd Paperwork Reduction Act Notice,			Carri Gor o		(Rev 1-2013)	
LHA	For Privacy Act an	iu rapei work neuliciion Act Molice,	see msu	uvuvii3.		. 3111 3330	,	

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