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AMENDED

1209

Form **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)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LSST, INC.		D Employer identification number 56-2390650
	Doing Business As		E Telephone number 520-881-2626
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,928,080.
	933 N. CHERRY AVE.		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 TUCSON, AZ 85719		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: DR. SIDNEY WOLFF SAME AS C ABOVE			H(c) Group exemption number ▶
Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.LSST.ORG/LSST			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2003 M State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SCIENCE RESEARCH-ASTRONOMY																																					
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																					
3 Number of voting members of the governing body (Part VI, line 1a)	3 13																																				
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13																																				
5 Total number of individuals employed in calendar year 2011 (Part IV, line 2a)	5 0																																				
6 Total number of volunteers (estimate if necessary)	6 13																																				
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.																																				
b Net unrelated business taxable income from Form 990-T, line 15	7b 0.																																				
	<table border="1"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>2,917,333.</td> <td>2,933,384.</td> </tr> <tr> <td>972,526.</td> <td>991,667.</td> </tr> <tr> <td>6,886.</td> <td>3,029.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>3,896,745.</td> <td>3,928,080.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>244,857.</td> <td>248,645.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>-112,976.</td> <td>-174,663.</td> </tr> <tr> <td>131,881.</td> <td>73,982.</td> </tr> <tr> <td>3,764,864.</td> <td>3,854,098.</td> </tr> <tr> <td>Beginning of Current Year</td> <td>End of Year</td> </tr> <tr> <td>59,833,226.</td> <td>65,066,190.</td> </tr> <tr> <td>1,194,800.</td> <td>2,573,666.</td> </tr> <tr> <td>58,638,426.</td> <td>62,492,524.</td> </tr> </tbody> </table>	Prior Year	Current Year	2,917,333.	2,933,384.	972,526.	991,667.	6,886.	3,029.	0.	0.	3,896,745.	3,928,080.	0.	0.	0.	0.	244,857.	248,645.	0.	0.	0.	0.	-112,976.	-174,663.	131,881.	73,982.	3,764,864.	3,854,098.	Beginning of Current Year	End of Year	59,833,226.	65,066,190.	1,194,800.	2,573,666.	58,638,426.	62,492,524.
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8 Contributions and grants (Part VIII, line 1h)																																					
9 Program service revenue (Part VIII, line 2g)																																					
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)																																					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)																																					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)																																					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)																																					
14 Benefits paid to or for members (Part IX, column (A), line 4)																																					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)																																					
16a Professional fundraising fees (Part IX, column (A), line 11a)																																					
b Total fundraising expenses (Part IX, column (D), line 25)	0.																																				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)																																					
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)																																					
19 Revenue less expenses. Subtract line 18 from line 12																																					
20 Total assets (Part X, line 16)																																					
21 Total liabilities (Part X, line 26)																																					
22 Net assets or fund balances. Subtract line 21 from line 20																																					

Part II Signature Block

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

Sign Here	Signature of officer		Date
	DANIEL CALABRESE, SECRETARY		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JON W. MITCHELL, CPA	JON W. MITCHELL, CPA	07/02/13
	Firm's name	Firm's EIN	PTIN
	CLIFTONLARSONALLEN LLP	41-0746749	P00022644
	Firm's address	Phone no. (520) 790-3500	
	335 N WILMOT ROAD, SUITE 300 TUCSON, AZ 85711		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

NO STATUTE ISSUE

0436896929 JUN 9 8 16

JUN 15 2016

RECEIVED

Revenue

Expenses

Net Assets or Fund Balances

STATUTE UNIT RECEIVED JUN 27 2016

TPR BRANCH OGDEN

RECEIVED JUN 23 2016 OGDEN, UT IRS-OSC