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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.

Inspection

| A For the 2012 calendar year, or tax year beginning $OCT~1$, 2012 and ending $SEP~30$, 2013 | | | | |
|--|--|--|---|--|
| B | Check if | C Name of organization | D Employer identification number | |
| а | pplicable | | | |
| Addre | | S LSST, INC. | | |
| | Name change | Doing Business As | 56-2390650 | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) Room/sui | te E Telephone number | |
| Termi | | | 520-881-2626 | |
| Amen | | City, town, or post office, state, and ZIP code | G Gross receipts \$ 927,051. | |
| | Application | TUCSON, AZ 85719 | H(a) Is this a group return | |
| pendi | | F Name and address of principal officer:DR . SIDNEY WOLFF | for affiliates? Yes X No | |
| | | SAME AS C ABOVE | H(b) Are all affiliates included? Yes No | |
| 1 7 | Гах∙ехе | | 27 If "No," attach a list. (see instructions) | |
| | | e: ▶ WWW.LSST.ORG/LSST | H(c) Group exemption number ▶ | |
| | | | ar of formation: 2003 M State of legal domicile: AZ | |
| Part I Summary | | | | |
| ø | 1 E | Briefly describe the organization's mission or most significant activities: SCIENCE RESEARCH-ASTRONOMY | | |
| auc | ١. | · · · · · · · · · · · · · · · · · · · | | |
| er. | 2 (| Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) | | |
| Activities & Governance | 3 1 | | | |
| | 4 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | |
| | 5 7 | otal number of individuals employed in calendar year 2012 (Part V, line 2a) | | |
| | 6 1 | otal number of volunteers (estimate if necessary) | | |
| Acı | 7 a 7 | Total unrelated business revenue from Part VIII, column STATUTE UNIT | 7a 0. | |
| | bl | Net unrelated business taxable income from Form 990-T, IirRECEIVED | 7b 0. | |
| | l | uini n # 2016 | Prior Year Current Year | |
| Revenue | I | Contributions and grants (Part VIII, line 1h) JUN 2.7 2016 | 2,933,384. 50,000. | |
| | 9 1 | Program service revenue (Part VIII, line 2g) | 991,667. 875,000. 3,029. 2,051. | |
| | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7dTPR BRANCH | | |
| | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an GDEN | 0. 0. 3,928,080. 927,051. | |
| Net Assets or Expenses Fund Balances | ĭ | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0. 927,031. | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. 0. | |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | 248,645. 262,218. | |
| | l . | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. 202,218. | |
| | • | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D) pe 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | |
| | | Other expenses (Part IX, column (A), lines 11a-11b, 415-44 ED | -174,663240,165. | |
| | | | 73,982. 22,053. | |
| | 19 F | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25 | 3,854,098. 904,998. | |
| | 1.5 ' | | Beginning of Current Year End of Year | |
| | 20 1 | Fetal assets (Part V. Irra 16) | 65,066,190. 63,748,586. | |
| Ass | 21 | rotal labilities (Part X, line 16) OGDEN, UT | 2,573,666. 351,064. | |
| 慧 | 22 | Net assets or fund balances Subtract line 21 from line 20 | 62,492,524. 63,397,522. | |
| Pa | art 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 | | |
| Type or print name and title | | | | |
| | | rint/Type preparer's name Preparer's signature Date Check PTIN | | |
| Paid | | ON W. MITCHELL, CPA JON W. MITCHELL, CPA06/02/14 self-employed P00022644 | | |
| Preparer | | Firm's name CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0'746749 | |
| Use | Only | Firm's address 335 N WILMOT ROAD, SUITE 300 | /500\ 500 0500 | |
| TUCSON, AZ 85711 Phone no. (520) 790-3500 | | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No | | | | |
| 2320 | 232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012) | | | |