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DLN: 93493273013060

Form **990** 

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

OMB No 1545-0047 2008

Open to Public Inspection

| A Fo                           | r the 2    | 2008 calenda                      | ir yea      | r, or tax year beginning 01-01-200   | 8 and ending 12-31-2             | 800                |                                |                                |  |  |
|--------------------------------|------------|-----------------------------------|-------------|--|----------------------------------|--------------------|--------------------------------|--------------------------------|--|--|
| Ch                             | eck if ap  | pplicable Pleas                   |             | C Name of organization<br>LOWELL OBSERVATORY   |                                  |                    | D Employer ide                 | ntification number             |  |  |
| Add                            | dress ch   | ange use :                        |             | Doing Business As  |                                  |                    |                                | 86-0098918  E Telephone number |  |  |
| Na                             | me char    |                                   | tor<br>.See | Boiling Business //S   |                                  |                    | ·                              |                                |  |  |
| Init                           | tial retur |                                   | ific        | Number and street (or P O box if mai   | I is not delivered to street ad  | dress) Room/suite  | (928) 774-3<br>G Gross receipt |                                |  |  |
| Tei                            | minatio    |                                   |             | 1400 W Mars Hill Road  |                                  |                    | d dross receipt                | <b>γ</b>                       |  |  |
| - Am                           | ended r    | return                            |             | City or town, state or country, and ZIF  | P + 4                            | · ·                | 1                              |                                |  |  |
| -<br>Apı                       | olication  | pending                           |             | Flagstaff, AZ 860014470  |                                  |                    |                                |                                |  |  |
|                                |            | F                                 | Nan         | ne and address of Principal Office   | r                                | H(a) Is th         | nis a group return             | <br>for                        |  |  |
|                                |            |                                   | ileen l     | Friel<br>O bservatory  |                                  |                    | ates?                          | ┌ Yes ┌ No                     |  |  |
|                                |            | 1                                 | 400 V       | W Mars Hill Road   |                                  | H(b) Are a         | all affiliates include         | d?                             |  |  |
|                                |            |                                   |             | aff, AZ 860014470  | <b>—</b>                         | 1                  |                                | See instructions )             |  |  |
| la                             | x-exem     | pt status 🔽                       | 501(c)      | ) ( 3 ) ◀ (insert no )   | 527                              |                    | up Exemption Nur               |                                |  |  |
|                                |            | e: F www lowe                     |             |  |                                  |                    |                                |                                |  |  |
| Тур                            | e of org   | anization 🔽 Co                    | orporat     | tion trust association other F   |                                  | <b>L</b> Year of F | ormation 1946 M s              | State of legal domicile AZ     |  |  |
|                                |            |                                   |             |  |                                  |                    |                                |                                |  |  |
| Pa                             | rt I       | Summary                           | <b>y</b>    |  |                                  |                    |                                |                                |  |  |
|                                | 1          | Briefly descr                     | ıbe th      | e organization's mission or most s   | ignificant activities            |                    |                                |                                |  |  |
| 8                              |            | Conduct astr                      | onom        | nical research and sponsor educat  | onal programs related t          | o astronomy        |                                |                                |  |  |
| É                              |            |                                   |             |  |                                  |                    |                                |                                |  |  |
| SOFCIIIOIIICE                  |            |                                   |             |  |                                  |                    |                                |                                |  |  |
| 5                              | 2          | Check this b                      | ox [        | if the organization discontinued its   | s operations or dispose          | d of more than :   | 25% of its assets              |                                |  |  |
|                                | 3          | Number of vo                      | ting r      | members of the governing body (Pa  | art VI, line 1a)                 |                    | . 3 _                          | 1                              |  |  |
| 5<br>0                         | 4          | Number of in                      | depen       | ndent voting members of the gover  | ning body (Part VI, line         | 1b)                | . 4 _                          | 1                              |  |  |
| Ė                              | 5          | Total number                      | rofen       | nployees (Part V, line 2a)   |                                  |                    | 5 _                            | 88                             |  |  |
| AVIITINGS &                    | 6          | Total number                      | rofvo       | olunteers (estimate if necessary)  |                                  | 6 _                | 61                             |                                |  |  |
| ŧ                              | 7a         | Total gross u                     | ınrela      | ted business revenue from Part V   | III, line 12, column (C)         |                    | 7a _                           | 0                              |  |  |
|                                | ь          | Net unrelate                      | d busı      | iness taxable income from Form 9   | 90-T, line 34                    |                    | 7b                             | 0                              |  |  |
|                                |            |                                   |             |  |                                  | Pri                | ior Year                       | Current Year                   |  |  |
|                                | 8          | Contribution                      | ns and      | d grants (Part VIII, line 1h)  |                                  |                    | 9,541,036                      | 6,462,543                      |  |  |
| ē                              | 9          |                                   |             | revenue (Part VIII, line 2g)   | _                                | 337,394            | 370,546                        |                                |  |  |
| Ravenue                        | 10         | -                                 |             | me (Part VIII, column (A), lines 3   |                                  | 131,271            | 93,189                         |                                |  |  |
| Ž                              | 11         |                                   |             | art VIII, column (A), lines 5, 6d,   | , ,                              | •                  | 313,944                        | 224,110                        |  |  |
|                                | 12         |                                   | •           | dd lines 8 through 11 (must equal  | line                             | 313,344            | 224,110                        |                                |  |  |
|                                |            | 12)                               |             |  |                                  |                    | 10,323,645                     | 7,150,388                      |  |  |
|                                | 13         | Grants and                        | sımıla      | ar amounts paid (Part IX, column (   | A), lines 1-3)                   |                    |                                | 500                            |  |  |
|                                | 14         | •                                 |             | or for members (Part IX, column (A   |                                  |                    |                                | 0                              |  |  |
| g)                             | 15         | Salaries, ot<br>10)               | herco       | ompensation, employee benefits (F  | Part IX, column (A), line        | s 5-               | 3,596,929                      | 3,743,164                      |  |  |
| Expenses                       | 16a        | •                                 | l fund      | Iraising fees (Part IX, column (A),  | line 11e)                        |                    | 0,000,000                      | 0,1,10,201                     |  |  |
| ⊕<br>⊕                         | ь          |                                   |             | penses, Part IX, column (D), line 25 $\frac{226}{3}$                                     |                                  |                    |                                |                                |  |  |
| Ω                              |            |                                   | -           | penses, Part IX, column (D), line 25 <u>2297</u><br>(Part IX, column (A), lines 11a-1:   | ·                                |                    | 1 632 125                      | 1 056 638                      |  |  |
|                                | 17<br>18   | •                                 |             | (Part IX, column (A), lines IIa-I.<br>-add lines 13-17 (must equal Part                  | •                                | )                  | 1,632,125<br>5,229,054         | 1,956,638<br>5,700,302         |  |  |
|                                | 19         |                                   |             |  |                                  | ''                 |                                |                                |  |  |
| e 07                           | 19         | Nevellue les                      | ,           | penses Subtract line 18 from line  | <u> </u>                         | Do-in-             | 5,094,591                      | 1,450,086                      |  |  |
| 9 5                            |            | T-4-1                             | - /5        | wh V. Ivon a d. C.V.   |                                  | Beginn             | ning of Year                   | End of Year                    |  |  |
| 7 WE -                         | 20         |                                   |             | rt X, line 16)   |                                  |                    | 29,838,588                     | 32,239,139                     |  |  |
| net Assers or<br>Fund Balances | 21         |                                   | •           | Part X, line 26)   |                                  |                    | 542,378                        | 1,543,979                      |  |  |
| _                              | 22         |                                   |             | nd balances Subtract line 21 from  | line 20                          |                    | 29,296,210                     | 30,695,160                     |  |  |
| Pai                            | rt II      | Signatur                          |             |  |                                  |                    |                                |                                |  |  |
|                                |            |                                   |             | егјигу, I declare that I have examined this<br>correct, and complete Declaration of prep |                                  |                    |                                |                                |  |  |
| Plea                           |            | L                                 | , tiuc, v   | correct, and complete Declaration of pre-  | rater (other than officer) is be | 1                  |                                | r nas any knowledge            |  |  |
| Sigr                           |            | Signature of                      | of office   | er er  |                                  |                    | 9-09-28                        |                                |  |  |
| ler                            |            | [,                                |             |  |                                  | 2300               |                                |                                |  |  |
|                                |            | Robin Mele                        |             | cretary/Treasurer<br>ne and title  |                                  |                    |                                |                                |  |  |
|                                |            | F , p = 5, p                      |             |  | D-t-                             | Objects 6          | B                              | Con Con Tut?                   |  |  |
|                                |            | Preparer's signature              |             |  | Date                             | Check If self-     | Preparer's PTIN (              | see Gen Inst )                 |  |  |
| Paid                           |            | agriature P                       |             |  |                                  | empolyed 🕨         | -                              |                                |  |  |
| •                              | arer's     | Firm's name (c                    |             | s  |                                  | -                  | EIN Þ                          |                                |  |  |
| Jse (                          | Only       | ıf self-employe<br>address, and Z |             | <b>r</b>   |                                  |                    |                                |                                |  |  |
|                                |            |                                   |             |  |                                  |                    | Phone no 🕨                     |                                |  |  |
| 1 2 4 .                        | tha IDS    | L<br>S die cliee +bis             | rotu        | rn with the preparer shown above?  | (See instructions)               |                    |                                | Tyes The                       |  |  |

#### Part III Statement of Program Service Accomplishments (See the instructions.)

| •  | Statement of Programs   | service Accompns        | illients (See the his                                  | u ucuons.)                                      |   |
|----|---|-------------------------|--|---|---|
| 1  | Briefly describe the organization's mission  The mission of Lowell Observatory is to pursue astronomical phenomena, and to maintain qua |                         |  |   |   |
| 2  | Did the organization undertake any si<br>the prior Form 990 or 990-EZ? .  | gnıfıcant program servı | ces during the year whic                               | h were not listed on                            | ΓYes Γ∕No                                       |
|    | If "Yes," describe these new services   | on Schedule O           |  |   |   |
| 3  | Did the organization cease conductin  |                         | nanges in how it conducts<br>                          | any program                                     | ┌ Yes ┌ No                                      |
| _  | If "Yes," describe these changes on S   |                         |  |   |   |
| 4  | Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven                        | ns and 4947(a)(1) trus  | ts are required to report                              |   |   |
| 4a | (Code ) (Expenses \$ Astronomical research 46 publications Research   |                         | cluding grants of \$<br>igh government grants of \$3,6 | 303,170 ) (Revenue \$<br>595,769                | 64,996 )  |
|    |   |                         |  |   |   |
| 4b | (Code ) (Expenses \$ Educational programs related to astronomy programs   | •                       | cluding grants of \$<br>ach programs served an estim   | ) (Revenue \$<br>nated 80,595 visitors and an a | 494,006 )<br>additional 555 students at offsite |
|    |   |                         |  |   |   |
| 4c | (Code ) (Expenses \$  | inc                     | cluding grants of \$                                   | ) (Revenue \$                                   | )   |
| 4d | Other program services (Describe i  | n Schedule O )          |  |   |   |
|    | (Expenses \$ 0  | including grants of \$  | 0 )  | (Revenue \$                                     | 0 )   |
| 4e | Total program service expenses \$   | 4,241,829               | Must equal Part IX, Line .                             | 25, column (B).                                 |   |

| Part IV | Check | list of | Require | b | Sche | dules |
|---------|-------|---------|---------|---|------|-------|
|---------|-------|---------|---------|---|------|-------|

|     |   |     | 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   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? 💋  | 2   | Yes |    |
| 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   |     | No |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   |     | No |
| 5   | Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5   |     |    |
| 6   | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   | Yes |    |
| 9   | Did the organization report an amount in Part X, line 21, 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   |     | No |
| 10  | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{4}$  | 10  | Yes |    |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | 11  | Yes |    |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.  | 12  |     | No |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.?  | 14a |     | Νο |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$  | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>  | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III  | 16  |     | No |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  | 17  |     | Νo |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | Νο |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19  |     | Νο |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | Νο |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | No |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J   | 23  |     | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a |     | No |
| ь   | 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 |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |    |
| 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 |     | No |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I  | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  | 27  |     | No |

Part VI . . . .

### Part IV Checklist of Required Schedules (Continued)

|    |  |     | 103 | 110 |
|----|--|-----|-----|-----|
| 8  | During the tax year, did any person who is a current or former officer, director, trustee, or key employee   |     |     |     |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part |     |     |     |
|    |  | 28a |     | Νo  |
| b  | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  | 28b | Yes |     |
| c  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.   | 28c |     | No  |
| 9  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏   | 29  | Yes |     |
| 0  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  | Yes |     |
| 1  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No  |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  | 32  |     | No  |
| 3  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I   | 33  |     | Νο  |
| 4  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34  | Yes |     |
| 5  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35  |     | No  |
| 6  | 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  |     | No  |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related   | 37  | ·   | No  |

| Pa  | rt V    | Statements Regarding Other IRS Filings and Tax Complianc  | е       |                           |     |     |        |
|-----|---------|---|---------|---------------------------|-----|-----|--------|
|     |         |   |         |                           |     | Yes | No     |
| 1a  | Enter   | the number reported in Box 3 of Form 1096, Annual Summary and Transmittal   |         |                           |     |     |        |
|     |         | 5. Information Returns . Enter -0- if not applicable  |         |                           |     |     |        |
|     |         |   | 1a      | 25                        |     |     |        |
| ь   | Enter   | the number of Forms W-2G included in line 1a Enter -0- if not applicable  |         |                           |     |     |        |
|     |         |   | 1b      | 0                         |     |     |        |
| c   |         | he organization comply with backup withholding rules for reportable payments to   | o ven   | dors and reportable       |     |     |        |
|     | _       | ng (gambling) winnings to prize winners?  |         |                           | 1c  | Yes |        |
| 2a  |         | the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> the number of employees reported by this   |         |                           |     |     |        |
|     | returi  | · · · · · · · · · · · · · · · · · · ·   | 2a      | 88                        |     |     |        |
| ь   | Ifatl   | ı<br>least one ıs reported ın 2a, dıd the organızatıon file all required federal employm  | nent t  | ax returns?               |     |     |        |
|     | Not e:  | If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this   | s retur | rn.                       | 2b  | Yes |        |
| 3а  |         | he organization have unrelated business gross income of \$1,000 or more during  | g the   | year covered by this      |     |     |        |
|     |         | n <sup>7</sup>  | • •     |                           | 3a  |     | No     |
|     |         | es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e   |         |                           | 3b  |     |        |
| 4a  |         | ly time during the calendar year, did the organization have an interest in, or a si<br>a financial account in a foreign country (such as a bank account, securities acc |         |                           |     |     |        |
|     |         | unt)?   |         | , or other interior       | 4a  |     | No     |
| ь   | Tf"Vc   | es," enter the name of the foreign country  |         |                           |     |     |        |
|     |         | he instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Re</i>  | port o  | f Foreign Bank and        |     |     |        |
|     |         | cial Accounts.  |         | _                         |     |     |        |
| 5a  | Wast    | the organization a party to a prohibited tax shelter transaction at any time durir  | ng the  | tax year?                 | 5a  |     | No     |
| ь   | Dıd a   | ny taxable party notify the organization that it was or is a party to a prohibited  | tax sh  | nelter transaction?       | 5b  |     | No     |
| _   | If "Ye  | es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> a  | t Entit | ty Regarding Prohibited   |     |     |        |
| ·   |         | helter Transaction?   | •       | · · ·                     | 5c  |     |        |
| 6a  | Did th  | he organization solicit any contributions that were not tax deductible?   |         |                           | 6a  |     | No     |
| ь   | If "Ye  | es," did the organization include with every solicitation an express statement th   | nat su  | ch contributions or gifts |     |     |        |
|     |         | not tax deductible?   |         |                           | 6b  |     |        |
| 7   | Organ   | nizations that may receive deductible contributions under section 170(c).   |         |                           |     |     |        |
| а   |         | he organization provide goods or services in exchange for any quid pro quo conf   | trıbutı | ion of \$75 or            | 7a  | Yes |        |
|     |         | ?   |         |                           | l l |     | I      |
|     |         | es," did the organization notify the donor of the value of the goods or services pr   |         |                           | 7b  | Yes |        |
| С   |         | he organization sell, exchange, or otherwise dispose of tangible personal propei<br>orm 8282?   |         | -                         | 7c  |     | No     |
| d   |         | es," indicate the number of Forms 8282 filed during the year  | 7d      | <br>I                     |     |     |        |
| _   | 11 10   | is, marcute the number of forms of of med during the fed.   | 7.4     |                           |     |     |        |
| е   |         | he organization, during the year, receive any funds, directly or indirectly, to pay   |         |                           |     |     |        |
|     |         | fit contract?   |         |                           | 7e  |     | No     |
| f   | Did th  | he organization, during the year, pay premiums, directly or indirectly, on a perso  | onal b  | enefit contract?          | 7f  |     | No     |
| g   | For a   | ll contributions of qualified intellectual property, did the organization file Form 8   | 8899    | as required?              | 7g  | Yes |        |
| h   |         | ontributions of cars, boats, airplanes, and other vehicles, did the organization fi   | ıle a F | orm 1098-C as             |     | V   |        |
| _   |         | red?  |         | -t 500/-\/3\              | 7h  | Yes |        |
| 8   |         | on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a<br>orting organizations. Did the supporting organization, or a fund maintained by a s |         |                           |     |     |        |
|     | exces   | ss business holdings at any time during the   | , p =   |                           | 8   |     |        |
|     |         | ·   |         |                           |     |     | L<br>I |
| 9   | Sectio  | on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  |         |                           |     |     |        |
| а   | Did th  | he organization make any taxable distributions under section 4966?  |         |                           | 9a  |     |        |
| b   | Did th  | he organization make a distribution to a donor, donor advisor, or related person  | ᠈.      |                           | 9b  |     |        |
| 10  | Section | on 501(c)(7) organizations. Enter   |         |                           |     |     |        |
| а   | Initia  | tion fees and capital contributions included on Part VIII, line 12  | 10a     |                           |     |     |        |
| b   |         | s receipts, included on Form 990, Part VIII, line 12, for public use of club  | 10b     |                           |     |     |        |
|     | facılıt | ties  |         |                           |     |     |        |
| 11  | Secti   | on 501(c)(12) organizations Enter   |         |                           |     |     |        |
|     |         | s income from members or shareholders   |         |                           |     |     |        |
|     |         |   | 11a     |                           |     |     |        |
| b   |         | s income from other sources (Do not net amounts due or paid to other sources  |         |                           |     |     |        |
|     | agaın   | st amounts due or received from them)..........[  | 11b     | <u> </u>                  |     |     |        |
| 12a | Section | on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in  | lieu    | of Form 1041?             | 12a |     |        |
| b   | If "Ye  | es," enter the amount of tax-exempt interest received or accrued during the   |         |                           |     |     |        |
|     | year    |   | 12b     | I                         |     |     |        |

No

Yes

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Section A. | Governing | Body and | Management |  |
|------------|-----------|----------|------------|--|

|    | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, or processes, or changes in Schedule O. See instructions.                                      | descr  | ibe th | e cırcu | ms tand | es, |    |     |    |  |  |
|----|--|--------|--------|---------|---------|-----|----|-----|----|--|--|
| 1a | Enter the number of voting members of the governing body   | 1a     |        |         |         | 1   |    |     |    |  |  |
| Ь  | Enter the number of voting members that are independent  | 1b     |        |         |         | 1   |    |     |    |  |  |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                      |        |        |         |         |     |    |     |    |  |  |
| 3  | Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com                    |        |        |         |         |     | 3  |     | No |  |  |
| 4  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  |        |        |         |         |     |    |     | No |  |  |
| 5  | Did the organization become aware during the year of a material diversion of the organization's assets?  |        |        |         |         |     |    |     |    |  |  |
| 6  | Does the organization have members or stockholders?  |        |        |         |         |     |    |     |    |  |  |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  |        |        |         |         |     |    |     | No |  |  |
| b  | Are any decisions of the governing body subject to approval by members, stockholder  | rs, or | other  | perso   | ns? .   |     | 7b |     | Νo |  |  |
| 8  | $\operatorname{Did}$ the organization contemporaneously document the meetings held or written action year by the following   | ns un  | dertak | en du   | rıng th | e   |    |     |    |  |  |
| а  | the governing body?  |        |        |         |         |     | 8a |     | No |  |  |
| b  | each committee with authority to act on behalf of the governing body?  |        |        |         |         |     | 8b | Yes |    |  |  |
| 9a | Does the organization have local chapters, branches, or affiliates?  |        |        |         |         |     | 9a |     | Νo |  |  |
| b  | If "Yes," does the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with those of the org            |        |        |         | •       | ,   | 9b |     |    |  |  |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was must describe in Schedule O the process, if any, the organization uses to review the F              |        |        |         |         |     | 10 |     | No |  |  |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, the organization's mailing address? If "Yes," provide the names and addresses in School $\alpha$ |        |        |         |         |     | 11 |     | No |  |  |

#### Section B. Policies

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| la | Does the organization have a written conflict of interest policy? If "No", go to line 13   | 12a | Yes |    |
|    | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | Yes |    |
|    | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c | Yes |    |
| 3  | Does the organization have a written whistleblower policy?   | 13  | Yes |    |
| Ļ  | Does the organization have a written document retention and destruction policy?  | 14  | Yes |    |
|    | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  |     |     |    |
| а  | The organization's CEO, Executive Director, or top management official?  | 15a |     | Νo |
| b  | Other officers or key employees of the organization?   | 15b |     | Νo |
|    | Describe the process in Schedule O   |     |     |    |
|    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a |     | No |
|    | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its<br>participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the<br>organization's exempt status with respect to such arrangements? | 16b |     |    |
|    | organization's exempt status with respect to such arrangements?  | 16b |     |    |

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AZ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Robin Melena Lowell Observatory 1400 W Mars Hill Road Flagstaff, AZ 860014470 (928) 774-3358

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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
- \* List all of the organization's **former** officers, key employees, or 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

|                                      | ·                                      | Posit                             | (C<br>tion (<br>hat a | chec     |                       | I |        |   | (E)  | (F)  |
|--------------------------------------|--|-----------------------------------|-----------------------|----------|-----------------------|---|--------|---|--|--|
| (A)<br>Name and Title                | (B)<br>Average<br>hours<br>per<br>week | Individual Trustee<br>or Director | Institutional Trustee |          | Key<br>Mighesi<br>Key |   | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| William L Putnam , Trustee           | 0                                      | Х                                 |                       |          |                       |   |        | 0   | 0  | 0  |
| Robert L Millis , Director           | 40                                     |                                   |                       | Х        |                       |   |        | 127,223   | 0  | 11,819   |
| Robin Melena , Secretary-Treasurer   | 40                                     |                                   |                       | Х        |                       |   |        | 66,957  | 0  | 8,889  |
| Byron Smith , Project Manager        | 40                                     |                                   |                       |          |                       | Х |        | 106,993   | 0  | 10,692   |
| Edward Dunham , Instrument Scientist | 40                                     |                                   |                       |          |                       | Х |        | 106,824   | 0  | 10,748   |
| William DeGroff , Project Engineer   | 40                                     |                                   |                       |          |                       | Х |        | 102,345   | 0  | 7,748  |
|                                      |  |                                   |                       |          |                       |   |        |   |  |  |
|                                      |  |                                   |                       | <u> </u> |                       |   |        |   |  |  |
|                                      |  |                                   |                       |          |                       |   |        |   |  |  |
|                                      |  |                                   |                       |          |                       |   |        |   |  |  |
|                                      |  |                                   |                       |          |                       |   |        |   |  |  |
|                                      |  |                                   |                       | _        |                       |   |        |   |  |  |
|                                      |  |                                   |                       | <u> </u> |                       |   |        |   |  |  |
|                                      |  |                                   |                       | $\vdash$ |                       |   |        |   |  |  |
|                                      |  |                                   |                       |          |                       |   |        |   |  |  |
| -                                    |  |                                   |                       |          |                       |   |        |   |  |  |

### Part VII Continued

|                       |  | (C) Position (check all that apply) |                       |  |              |                     |        |   | (E)   | (F)  |
|-----------------------|--|-------------------------------------|-----------------------|--|--------------|---------------------|--------|---|---|--|
| (A)<br>Name and Title | (B)<br>Average<br>hours<br>per<br>week | Individual Trustee<br>or Director   | Institutional Trustee |  | Key employee | Highest compensated | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | Estimated amount of other compensation from the organization and related organizations |
|                       |  |                                     |                       |  |              |                     |        |   |   |  |
|                       |  |                                     |                       |  |              |                     |        |   |   |  |
|                       |  |                                     |                       |  |              |                     |        |   |   |  |
|                       |  |                                     |                       |  |              |                     |        |   |   |  |
|                       |  |                                     |                       |  |              |                     |        |   |   |  |
|                       |  |                                     |                       |  |              |                     |        |   |   |  |
|                       |  |                                     |                       |  |              |                     |        |   |   |  |
|                       |  |                                     |                       |  |              |                     |        |   |   |  |
| 1b Total              |  |                                     |                       |  |              |                     | ►      | 510,342   | 2 0   | 49,896   |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►4

|   |  |   | Yes | No |  |  |  |  |
|---|--|---|-----|----|--|--|--|--|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee  |   |     |    |  |  |  |  |
|   | on line 1a? If "Yes," complete Schedule J for such individual  | 3 |     | Νo |  |  |  |  |
| 4 | For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such |   |     |    |  |  |  |  |
|   | ındıvıdual   | 4 |     | Νo |  |  |  |  |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services   |   |     |    |  |  |  |  |
|   | rendered to the organization? If "Yes," complete Schedule J for such person  | 5 |     | Νo |  |  |  |  |

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| General Dynamics GATCOM Technologies L219 Digital Drive Richardson, TX 75081  Account Technology Associates Inc Dynawac L10 Industrial Park Road Hingham, MA 02043  University of Arizona Sponsored Projects Services PO Box 44390 Fucson, AZ 857337390  Suilding Engineering Contractors Southwest Inc PO Box 30458 Filagstaff, AZ 860030458 M3 Engineering & Technology Corporation 2440 W Ruthrauff Suite 170  Facility Design | ( <b>B</b> ) Description of services           | (C)<br>Compensation |
|---|--|---------------------|
| General Dynamics SATCOM Technologies 1219 Digital Drive Richardson, TX 75081  | Telescope mount, design and fabrication        | 955,430             |
| Vacuum Technology Associates Inc<br>Dynavac<br>110 Industrial Park Road<br>Hingham, MA 02043  | Optical coating system, design and manufacture | 770,000             |
| University of Arizona Sponsored Projects Services PO Box 44390 Tucson, AZ 857337390   | Polish telescope mirror                        | 560,022             |
| Building Engineering Contractors Southwest Inc<br>PO Box 30458<br>Flagstaff, AZ 860030458   | Construction                                   | 449,628             |
| M3 Engineering & Technology Corporation<br>2440 W Ruthrauff<br>Suite 170<br>Tucson, AZ 857051976  | Facility Design                                | 333,395             |
| - , , , , , , , , , , , , , , , , , , ,   | •        | 10                  |

Statement of Revenue

|  |        |   |   |                        | (A)<br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | <b>(C)</b><br>Unrelated<br>Business<br>Revenue | (D)<br>Revenue<br>Excluded from<br>Tax under IRC<br>512, 513, or 514 |
|--|--------|---|---|------------------------|----------------------|--|--|--|
|  | 1a     | Federated can                               | npaigns 1a                                  | 0                      |                      |  |  |  |
| nts<br>Turk  | b      | Membership d                                | ues   | 0                      |                      |  |  |  |
| ğğ   | c      | Fundraising ev                              | <b>1b</b><br>vents                          | 0                      |                      |  |  |  |
| કે.<br>≝સ્   | یہ ا   | Dalatad assass                              | 1c  | 1,282,732              |                      |  |  |  |
| <u> </u>   | d      | Government gran                             | zations1d<br>ts (contributions) 1e          | 3,695,769              |                      |  |  |  |
| utions<br>er sin   | e<br>f | All other contribut                         | nons, gifts, grants, and not included above | 1,484,042              |                      |  |  |  |
| atrib<br>doth  | g      |   | 1f<br>ributions included in                 |                        |                      |  |  |  |
| ပွဲခဲ့   | h      | lines 1a-1f \$ Total (Add line              | 448,969 es 1a-1f)                           |                        | 6,462,543            |  |  |  |
|  |        |   |   | Business Code          |                      |  |  |  |
| venue  | 2a     | Sponsor education astronomy                 | nal programs related to                     | 611,600                | 370,546              | 370,546  | 0  | 0  |
| 琚  | b<br>c |   |   |                        |                      |  |  |  |
| M C  | d      |   |   |                        |                      |  |  |  |
| Other Revenue Contributions, gifts, grants and other similar amounts | e      |   |   |                        |                      |  |  |  |
| Ē  | f      | Δ II other progr                            | am service revenue                          |                        | 0                    | 0  | 0  | 0  |
| Other Revenue Contributions, gifts, grants and other similar amounts | g      |   | es 2a-2f                                    |                        | · ·                  |  |  |  |
|  | 3      | ► \$ 370,546                                | come (including divi                        | dends. Interest        |                      |  |  |  |
|  |        |   | mounts)                                     |                        | 91,911               | 0  | 0  | 91,911   |
|  | 4      | Income from inve                            | estment of tax-exempt be                    | ond proceeds           | 0                    | 0  | 0  | 0  |
|  | 5      | Royalties .                                 |   |                        | 0                    | 0  | 0  | 0  |
|  |        |   | (ı) Real                                    | (II) Personal          |                      |  |  |  |
|  | 6a     | Gross Rents<br>Less rental                  |   |                        |                      |  |  |  |
|  | b      | expenses                                    |   |                        |                      |  |  |  |
|  | C      | Rental income or (loss)                     | ome or (loss)                               | U                      |                      |  |  |  |
|  | d      | Net rental inco                             |   | <b></b>                |                      |  |  |  |
|  | 7a     | Gross amount<br>from sales of               | (ı) Securities<br>507,111                   | (II) O ther            |                      |  |  |  |
|  |        | assets other<br>than inventory              | 505 000                                     |                        |                      |  |  |  |
|  | b      | Less cost or other basis and sales expenses | 505,833                                     | U                      |                      |  |  |  |
|  | c<br>d | Gain or (loss)  Net gain or (lo             | 1,278<br>ss)                                | 0                      | 1,278                | 0  | 0  | 1,278  |
|  | 8a     |   | from fundraising                            | . *                    |                      |  |  |  |
| nue  |        | \$  | s reported on line                          |                        |                      |  |  |  |
| <b>⊕</b><br>}  |        | Attach Schedul                              | e G ıf total exceeds                        |                        |                      |  |  |  |
| Other Revenue Program Service Revenue                                |        | \$15,000                                    |   | 0                      |                      |  |  |  |
| ∑the<br>The  | b<br>c |   | xpensesb<br>(loss) from fundrais            |                        |                      |  |  |  |
| _  | 9a     | Gross Income                                |   | <u> </u>               |                      |  |  |  |
|  |        | Complete Schedexceeds \$15,00               |   |                        |                      |  |  |  |
|  |        | CACCCUS \$15,00                             | a   |                        |                      |  |  |  |
|  | b      | Less directe                                | xpensesb                                    |                        |                      |  |  |  |
|  | С      | Net income or                               | (loss) from gaming a                        | activities<br><b>F</b> |                      |  |  |  |
|  | 10a    | Gross sales of<br>returns and all           | finventory, less<br>lowances .<br>a         | 277,000                |                      |  |  |  |
|  | ь      | Less cost of o                              | goods sold <b>b</b>                         | ·                      |                      |  |  |  |
|  | С      |   | (loss) from sales of                        |                        | 123,460              | 123,460  | 0  | 0  |
|  |        | Miscellaneou                                | s Revenue                                   | Business Code          |                      |  |  |  |
|  | 11a    | Telescope acc                               | ess   | 541,700                | 64,996               | ·  |  | 0  |
|  | Ь      | Miscellaneous                               |   | 900,099                | 35,654               | 0  | 0  | 35,654   |
|  | С      |   |   |                        | 0                    | 0  | 0  | 0  |
|  | d      |   | nue   |                        | Ĭ                    |  |  |  |
|  | е      | IOLAI. AGG IING                             | es 11a-11d                                  | \$ 100,650             |                      |  |  |  |
|  | 12     | 8c,   | . Add lines 1h, 2g, 3                       |                        | 7,150,388            | 559,002  | 0  | 128,843  |

# Form 990 (2008) Part IX Statement of Functional Expenses

| A    | Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re   |                       |   |   | ).                                    |
|------|---|-----------------------|---|---|---------------------------------------|
| Do i | not include amounts reported on lines 6b, 7b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1    | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   |                       |   |   |                                       |
| 2    | Grants and other assistance to individuals in the U.S. See Part IV, line 22   | 500                   | 500                                       |   |                                       |
| 3    | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |   |   |                                       |
| 4    | Benefits paid to or for members   |                       |   |   | _                                     |
| 5    | Compensation of current officers, directors, trustees, and key employees  | 222,448               |   | 222,448                                   |                                       |
| 6    | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$  |                       |   |   |                                       |
| 7    | Other salaries and wages  | 2,871,834             | 2,212,980                                 |   | 150,344                               |
| 8    | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 132,297               | 100,285                                   | 24,495                                    | 7,517                                 |
| 9    | Other employee benefits   | 270,888               | 183,691                                   | 72,009                                    | 15,188                                |
| 10   | Payroll taxes   | 245,697               | 176,826                                   | 56,807                                    | 12,064                                |
| 11   | Fees for services (non-employees)   |                       |   |   |                                       |
| а    | Management  |                       |   |   |                                       |
| b    | Legal   | 7,894                 | 0   | 7,804                                     | 90                                    |
| c    | Accounting  | 26,500                | 0   | 26,500                                    | 0                                     |
| d    | Lobbying  |                       |   |   |                                       |
| e    | Professional fundraising See Part IV, line 17   |                       |   |   |                                       |
| f    | Investment management fees  |                       |   |   |                                       |
| g    | Other   | 26,456                | 5,013                                     | 18,899                                    | 2,544                                 |
| 12   | Advertising and promotion   | 62,402                | 47,200                                    | 2,304                                     | 12,898                                |
| 13   | Office expenses   | 271,178               | 213,710                                   | 47,444                                    | 10,024                                |
| 14   | Information technology  | 143,168               | 76,230                                    | 65,539                                    | 1,399                                 |
|      | Royalties   | 113,100               | 70,230                                    | 03,333                                    | 1,333                                 |
| 16   | Occupancy   | 376,235               | 299,206                                   | 74,741                                    | 2,288                                 |
| 17   | Travel  | 180,121               | 156,215                                   | 20,667                                    | 3,239                                 |
| 18   | Payments of travel or entertainment expenses for any Federal, state or local public officials   | 160,121               | 130,213                                   | 20,007                                    | 3,239                                 |
| 19   | Conferences, conventions and meetings   | 67,317                | 44,574                                    | 22,743                                    | 0                                     |
| 20   | Interest  | 0.701.                | ,   |   |                                       |
| 21   | Payments to affiliates  |                       |   |   |                                       |
| 22   | Depreciation, depletion, and amortization   | 489,108               | 432,569                                   | 54,883                                    | 1,656                                 |
| 23   | Insurance   | 403,100               | 432,303                                   | 34,003                                    | 1,030                                 |
| 24   | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of   |                       |   |   |                                       |
| _    | total expenses shown on line 25 below )   | 202.470               | 202 470                                   | 0   |                                       |
|      | Sub-contracts  massallaneous (allegations   | 303,170               | 303,170                                   | -   | 6.057                                 |
|      | miscellaneous/allocations   | 3,089                 | -10,340                                   | 6,472                                     | 6,957                                 |
| C    |   |                       |   |   |                                       |
| d    |   |                       |   |   |                                       |
| e    |   |                       |   |   |                                       |
| d    |   |                       |   |   |                                       |
| е    |   |                       |   |   |                                       |
| е    |   |                       |   |   |                                       |
| f    | All other expenses  |                       |   |   |                                       |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24f   | 5,700,302             | 4,241,829                                 | 1,232,265                                 | 226,208                               |
| 26   | Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |   |   |                                       |

| Dart V | Balance | Shoot |
|--------|---------|-------|
| Part X | Balance | Sheet |

|             |       |  |          |         |      | (A)<br>Beginning of year |         | (E<br>End o |            |
|-------------|-------|--|----------|---------|------|--------------------------|---------|-------------|------------|
|             | 1     | Cash—non-interest-bearing  |          |         | .    | 2,461                    |         |             | 2,375      |
|             | 2     | Savings and temporary cash investments   |          |         |      | 1,410,675                | 2       |             | 1,125,379  |
|             | 3     | Pledges and grants receivable, net   |          |         | .    | 8,904,602                | 3       |             | 6,325,156  |
|             | 4     | Accounts receivable, net   |          |         |      |                          | 4       |             |            |
|             | 5     | Receivables from current and former officers, directors, trustees other related parties   Complete Part II of Schedule L               |          |         | 5    |                          |         |             |            |
|             | 6     | Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S       |          |         | nd   |                          | 6       |             |            |
|             | 7     | Notes and loans receivable, net  |          |         |      |                          | 7       |             |            |
|             | 8     | Inventories for sale or use  |          |         |      | 81,952                   | 8       |             | 92,231     |
| \$          | 9     | Prepaid expenses and deferred charges  |          |         |      |                          | 9       |             |            |
| Assets      | 10a   | Land, buildings, and equipment cost basis  | 10a      | 29,344  | ,532 |                          |         |             |            |
| -           | ь     | Less accumulated depreciation Complete Part VI of Schedule D   | 10b      | 6,200   | ,559 | 17,928,073               | 10c     | 2           | 23,143,973 |
|             | 11    | Investments—publicly traded securities   |          |         |      | 101,400                  | 11      |             | 100,115    |
|             | 12    | Investments—other securities See Part IV, line 11 $\it Complete Passing Schedule D$  | rt VII   | of      |      | 907,074                  | 12      |             | 914,255    |
|             | 13    | Investments—program-related See Part IV , line 11 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$  | art VIII |         |      |                          | 13      |             |            |
|             | 14    | Intangible assets  |          |         |      |                          | 14      |             |            |
|             | 15    | Other assets See Part IV, line 11 Complete Part IX of Schedule D   |          | 502,351 | 15   |                          | 535,655 |             |            |
|             | 16    | Total assets. Add lines 1 through 15 (must equal line 34)  |          |         |      | 29,838,588               | 16      | 3           | 32,239,139 |
|             | 17    | Accounts payable and accrued expenses .  |          |         |      | 456,232                  | 17      |             | 971,610    |
|             | 18    | Grants payable   |          |         | 18   |                          |         |             |            |
|             | 19    | Deferred revenue   |          | 86,146  | 19   |                          | 572,369 |             |            |
|             | 20    | Tax-exempt bond liabilities  |          |         |      |                          | 20      |             |            |
| <u>.</u>    | 21    | Escrow account liability   |          |         |      |                          | 21      |             |            |
| Liabilities | 22    | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified            |          |         |      |                          |         |             |            |
| ä           |       | 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  |          |         |      |                          | 24      |             |            |
|             | 25    | Other liabilities Complete Part X of Schedule D  |          |         |      |                          | 25      |             |            |
|             | 26    | <b>Total liabilities.</b> Add lines 17 through 25  |          |         |      | 542,378                  | 26      |             | 1,543,979  |
| S & S       |       | Organizations that follow SFAS 117, check here $\blacktriangleright$ $\overline{\checkmark}$ and comp through 29, and lines 33 and 34. | lete lin | es 27   |      |                          |         |             |            |
| Balance     | 27    | Unrestricted net assets  |          |         |      | 27,511,234               | 27      | 3           | 30,377,913 |
|             | 28    | Temporarily restricted net assets  |          |         |      | 1,671,403                | 28      |             | 199,091    |
| Ξ           | 29    | Permanently restricted net assets  |          |         |      | 113,573                  | 29      |             | 118,156    |
| or Fund     |       | Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.   | d comp   | olete   |      |                          |         |             |            |
|             | 30    | Capital stock or trust principal, or current funds   | •        |         |      |                          | 30      |             |            |
| Assets      | 31    | Paid-in or capital surplus, or land, building or equipment fund  |          |         |      |                          | 31      |             |            |
|             | 32    | Retained earnings, endowment, accumulated income, or other fu  | nds      |         |      |                          | 32      |             |            |
| ₹           | 33    | Total net assets or fund balances  |          |         |      | 29,296,210               | 33      | 3           | 30,695,160 |
| <u> </u>    | 34    | Total liabilities and net assets/fund balances   |          |         |      | 29,838,588               | 34      | 3           | 32,239,139 |
| Pa          | rt XI | Financial Statements and Reporting   |          |         |      |                          |         |             |            |
|             |       |  |          |         |      |                          |         | Yes         | No         |

| Dart YT | Financial | Statements | and Reporting |
|---------|-----------|------------|---------------|

| 1  | Accounting method used to prepare the Form 990  |    |     |    |  |
|----|---|----|-----|----|--|
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a |     | Νo |  |
| b  | <b>b</b> Were the organization's financial statements audited by an independent accountant?   |    |     |    |  |
| С  | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c |     |    |  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | 3a | Yes |    |  |
| b  | If "Yes," did the organization undergo the required audit or audits?  | 3b | Yes |    |  |

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DLN: 93493273013060

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

|        |          | e organizat i<br>RVATORY  | ion                     |  |                               |   |                              | Em  | ployer ide           | ent if icat io                        | n number          |        |
|--------|----------|---|-------------------------|--|-------------------------------|---|------------------------------|---|----------------------|---------------------------------------|-------------------|--------|
| LOWE   | LL ODSL  | KWAT OKT  |                         |  |                               |   |                              | 86  | -009891              | 8                                     |                   |        |
| Pa     | rt I     | Reason  | for Public C            | harity Status (to be co  | mpleted                       | by all or                                 | ganızatıo                    | ns) (See                                      | Instruct             | ions)                                 |                   |        |
| The    | organız  | zation is not   | a private found         | ation because it is (Please  | check on                      | ly <b>one</b> org                         | anızatıon )                  | )   |                      |                                       |                   |        |
| 1      | Γ        | A church, c   | onvention of cl         | nurches, or association of ch  | nurches de                    | escribed ir                               | Section 1                    | 170(b)(1)                                     | (A)(i).              |                                       |                   |        |
| 2      | Γ        | A school d  | escribed in <b>Sec</b>  | tion 170(b)(1)(A)(ii). (Attac  | ch Schedı                     | ıle E )                                   |                              |   |                      |                                       |                   |        |
| 3      | Γ        | A hospital  | or a cooperativ         | e hospital service organizati  | ıon descrı                    | bed in <b>Sec</b>                         | tion 170(l                   | b)(1)(A)(i                                    | ii). (Attac          | h Schedu                              | le H )            |        |
| 4      | Γ        | A medical   | research organ          | zatıon operated ın conjunctı   | on with a                     | hospital d                                | escribed i                   | n <b>Sect ion</b> :                           | 170(b)(1)            | (A)(iii). E                           | nter the          |        |
|        |          | hospital's i  | name, city, and         | state  |                               |   |                              |   |                      |                                       |                   |        |
| 5      | Γ        | An organiza   | ation operated          | for the benefit of a college or  | universit                     | y owned o                                 | roperated                    | l by a gove                                   | ernmental            | unıt desc                             | rıbed ın          |        |
|        |          | Section 17  | 0(b)(1)(A)(iv).         | (Complete Part II )  |                               |   |                              |   |                      |                                       |                   |        |
| 6      | Γ        | A federal, s  | state, or local g       | overnment or governmental  | unıt desc                     | rıbed ın <b>Se</b>                        | ction 170                    | (b)(1)(A)                                     | (v).                 |                                       |                   |        |
| 7      | <b>▽</b> | An organiza   | ation that norm         | ally receives a substantial p  | art of its                    | support fro                               | om a gove                    | rnmental ι                                    | ınıt or fror         | n the gene                            | eral public       |        |
|        |          | described i   | n <b>Section 170</b> (l | o)(1)(A)(vi) (Complete Par   | tII)                          |   |                              |   |                      |                                       |                   |        |
| 8      | Γ        | A commun  | ıty trust descril       | oed in <b>Section 170(b)(1)(A)</b>   | <b>(vi)</b> (Con              | nplete Par                                | tII)                         |   |                      |                                       |                   |        |
| 9      | Γ        | An organiza   | atıon that norm         | ally receives (1) more than  | 3 3 1/3%                      | of its supp                               | ort from c                   | ontribution                                   | ns, membe            | rship fees                            | s, and gros       | SS     |
|        |          | receipts fro  | om activities re        | lated to its exempt functions  | s—subject                     | to certair                                | n exceptio                   | ns, and (2                                    | ) no more            | than 331,                             | /3% of            |        |
|        |          | ıts support   | from gross inv          | estment income and unrelate  | ed busine:                    | ss taxable                                | ıncome (l                    | ess sectio                                    | on 511 ta:           | x) from bu                            | sinesses          |        |
|        |          | acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III ) |                         |  |                               |   |                              |   |                      |                                       |                   |        |
| 10     | Γ        | An organiza   | atıon organızed         | and operated exclusively to  | test for p                    | ublic safe                                | ty See <b>Se</b>             | ction 509                                     | ( <b>a)(4).</b> (S   | ee instruc                            | tions )           |        |
| 11     | Γ        | one or more<br>the box tha  | e publicly supp         | and operated exclusively foorted organizations describe type of supporting organiza Type II c        | d in secti<br>tion and c      | on 509(a)                                 | (1) or sec<br>ines 11e t     | tıon 509(a<br>hrough 11                       | a)(2) See            | Section 5                             |                   | Check  |
| e      | Γ        | •   | foundation man          | rtify that the organization is<br>agers and other than one or  |                               |   | •                            |   |                      | •                                     | •                 |        |
| f<br>g |          | If the organ  | nization receive<br>box | d a written determination fro<br>as the organization accepte   |                               |   |                              |   |                      | supporti                              | ng organiza       | ation, |
| _      |          | following pe  |                         |  | , <b>3</b>                    |   |                              | ,   |                      |                                       |                   |        |
|        |          | (i) a perso   | n who directly o        | r indirectly controls, either a  | alone or to                   | ogether wi                                | th persons                   | describe                                      | d ın (ıı)            |                                       | Yes               | No     |
|        |          | and (III) be  | low, the govern         | ng body of the the supported   | d organiza                    | ition?                                    |                              |   |                      | 11g                                   | (i)               |        |
|        |          | (ii) a family   | y member of a p         | erson described in (i) above   | 17                            |   |                              |   |                      | 11g                                   | (ii)              |        |
|        |          |   |                         | ty of a person described in (  |                               |   |                              |   |                      | 11g(                                  | (iii)             |        |
| h      |          | Provide the   | following infor         | mation about the organizatio   | ns the or                     | ganızatıon                                | supports                     |   |                      |                                       |                   |        |
|        | Supp     | ame of<br>orted<br>ızatıon  | (ii) EIN                | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(See Instructions)) | organiz<br>col (i)<br>your go | Is the cation in listed in overning ment? | the orga<br>ın col <b>(i</b> | ou notify<br>inization<br>i) of your<br>port? | organiz<br>col (i) d | s the<br>ation in<br>organized<br>US? | (vii) Am<br>suppo |        |
|        |          |   |                         |  | Yes                           | No  | Yes                          | No  | No Yes No            |                                       |                   |        |
|        |          |   |                         |  |                               |   |                              |   |                      |                                       |                   |        |
|        |          |   |                         |  |                               |   |                              |   |                      |                                       |                   |        |
|        |          |   |                         |  |                               |   |                              |   |                      |                                       |                   |        |
|        |          |   |                         |  |                               |   |                              |   |                      |                                       |                   |        |
|        |          |   |                         |  | i .                           | i i                                       |                              |   |                      | 1                                     | 1                 |        |

Total

# Support Schedule for Organizations Described in IRC 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.)

|        | (Complete only if you chec  | keu tile box oi                       | 11 lille 3, 7, 01 | o or Part 1.)                           |                  |          |             |            |
|--------|---|---------------------------------------|-------------------|---|------------------|----------|-------------|------------|
|        | ıblic Support   |                                       |                   |   |                  |          |             |            |
| Cale   | endar year (or fiscal year beginning in)  | (a) 2004                              | <b>(b)</b> 2005   | (c) 2006                                | ( <b>d)</b> 2007 | (e)      | 2008        | (f) Total  |
| 1      | Gifts, grants, contributions, and   | 6 074 075                             | 6 442 664         | 7.050.744                               | 0.444.036        |          | 6 262 542   | 26 050 050 |
|        | membership fees received (Do not  | 6,874,075                             | 6,412,661         | 7,859,744                               | 9,441,036        |          | 6,362,543   | 36,950,059 |
| _      | include any "unusual grants ")  |                                       |                   |   |                  |          |             |            |
| 2      | Tax revenues levied for the organization's  |                                       |                   |   |                  |          |             |            |
|        | benefit and either paid to or expended on its behalf  |                                       |                   |   |                  |          |             |            |
| 3      | The value of services or facilities   |                                       |                   |   |                  |          |             |            |
| 3      | furnished by a governmental unit to the   | 48,000                                | 98,000            | 100,000                                 | 100,000          |          | 100,000     | 446,000    |
|        | organization without charge   | ,                                     | ,                 | ,                                       | , i              |          | ĺ           |            |
| 4      | <b>Total.</b> Add line 1-3  | 6,922,075                             | 6,510,661         | 7,959,744                               | 9,541,036        |          | 6,462,543   | 37,396,059 |
| 5      | The portion of total contribution by each   |                                       |                   |   |                  |          |             |            |
|        | person (other than a government unit or   |                                       |                   |   |                  |          |             |            |
|        | publicly supported organization) included   |                                       |                   |   |                  |          |             | 8,528,552  |
|        | on line 1 that exceed 2% of the amount  |                                       |                   |   |                  |          |             | 0,320,332  |
|        | shown on line 11, column  |                                       |                   |   |                  |          |             |            |
|        | (f)   |                                       |                   |   |                  |          |             |            |
| 6      | Public Support subtract line 5 from line  |                                       |                   |   |                  |          |             | 28,867,507 |
|        | 4   |                                       |                   |   |                  |          |             |            |
| To     | otal Support  |                                       |                   |   |                  |          |             |            |
| Cale   | endar year (or fiscal year beginning in)  | (a) 2004                              | <b>(b)</b> 2005   | (c) 2006                                | (d) 2007         | (e)      | 2008        | (f) Total  |
| 7      | A mounts from line 4  | 6,922,075                             | 135,401           | 7,959,744                               | 9,541,036        |          | 6,462,543   | 37,396,059 |
| 8      | Gross income from interest, dividends,  |                                       |                   |   |                  |          |             |            |
|        | payments received on securities loans,  | 108,745                               | 135,401           | 128,269                                 | 130,309          |          | 91,911      | 594,635    |
|        | rents, royalties and income from similar  | ,                                     | <i>,</i>          | <i>,</i>                                | ,                |          | <i>'</i>    | ,          |
|        | sources   |                                       |                   |   |                  |          |             |            |
| 9      | Net income from unrelated business  |                                       |                   |   |                  |          |             |            |
|        | activities, whether or not the business is  |                                       |                   |   |                  |          |             |            |
| 10     | regularly carried on<br>Other income Do not include gain or loss                            |                                       |                   |   |                  |          |             |            |
| 10     | from the sale of capital assets (Explain in   | 141,557                               | 304,513           | 309,620                                 | 183,333          |          | 100,650     | 1,039,673  |
|        | Part IV )   | , , , , , , , , , , , , , , , , , , , | <i>'</i>          | <i>'</i>                                | ,                |          | , I         | , ,        |
| 11     | <b>Total Support</b> (Add lines 7 through 10)   |                                       |                   |   |                  |          |             | 39,030,367 |
| <br>12 | Gross receipts from related activities, etc   | (See instruction                      | s )               |   |                  | 12       |             | 2,836,286  |
|        |   |                                       |                   |   |                  |          | 2.          | 2,030,200  |
| 13     | First Five Years. If the Form 990 is for the organization, check this box and stop here     | organization's fir                    | st, secona, tnire | a, fourth, or fifth                     | tax year as a 5  | O I (c)( |             | <b>▶</b> ┌ |
|        | organization, check this box and stop here  |                                       |                   |   |                  |          | '           | -1         |
|        | omputation of Public Support Perc   | entage                                |                   |   |                  |          |             | -          |
| 14     | Public Support Percentage for 2008 (line 6  |                                       | ed by line 11 co  | Jump (f))                               |                  | 4.0      |             | 72.062.04  |
|        |   |                                       | •                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  | 14       |             | 73.962 %   |
| 15     | Public Support Percentage for 2007 Sched  | ule A , Part IV - A                   | , line 26f        |   |                  | 15       |             | 88 %       |
| 16a    | 33 1/3% Test - 2008. If the organization did  | d not check the b                     | oox on line 13, a | ind line 14 is 33                       | 1/3% or more,    | check    | this box    |            |
|        | and <b>stop here.</b> The organization qualifies as   |                                       | -                 |   |                  |          |             | <b>▶</b> ▽ |
| b      | 33 1/3% Test - 2007. If the organization di   |                                       |                   | ,                                       | .5 is 33 1/3% o  | r more   | , check thi |            |
|        | box and <b>stop here.</b> The organization qualifie   |                                       |                   |   |                  |          |             | <b>►</b> □ |
| 17a    | 10% Facts and Circumstances Test - 2008.  | -                                     |                   |   |                  |          |             |            |
|        | more, and if the organization meets the "fac  |                                       |                   |   |                  |          |             |            |
| L      | organization meets the "facts and circumst  |                                       |                   |   |                  |          |             | <b>▶</b> □ |
| D      | 10% Facts and Circumstances Test - 2007.  |                                       |                   |   |                  |          |             |            |
|        | more, and if the organization meets the "fac<br>the organization meets the "facts and circu |                                       |                   |   |                  |          |             | ·w<br>▶□   |
| 18     | <b>Private Foundation.</b> If the organization did  |                                       |                   |   |                  |          |             | -1         |
|        | instructions  |                                       | 10, 10            | _,,, _, _, _, _, _, _, _, _, _, _,      | ,                | 22A W    |             | <b>▶</b> □ |

| Pa   | Support Schedule for On<br>(Complete only if you ched                            |                    |                   |                     | (2)              |                 |            |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
|      | ction A. Public Support  |                    | _                 | ,                   |                  |                 |            |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2004           | <b>(b)</b> 2005   | (c) 2006            | (d) 2007         | (e) 2008        | (f) Total  |
| 1    | Gifts, grants, contributions, and  |                    |                   |                     |                  |                 |            |
|      | membership fees received (Do not   |                    |                   |                     |                  |                 |            |
| 2    | include any "unusual grants ")<br>Gross receipts from admissions,                |                    |                   |                     |                  |                 |            |
| 2    | merchandise sold or services performed,  |                    |                   |                     |                  |                 |            |
|      | 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 business under   |                    |                   |                     |                  |                 |            |
|      | section 513  |                    |                   |                     |                  |                 |            |
| 4    | Tax revenues levied for the  |                    |                   |                     |                  |                 |            |
|      | organization's benefit and either paid to  |                    |                   |                     |                  |                 |            |
|      | or expended on its behalf  |                    |                   |                     |                  |                 |            |
| 5    | The value of services or facilities  |                    |                   |                     |                  |                 |            |
|      | furnished by a governmental unit to the  |                    |                   |                     |                  |                 |            |
| _    | organization without charge  |                    |                   |                     |                  |                 |            |
| 6    | Total Add lines 1-5  |                    |                   |                     |                  |                 |            |
| 7a   | A mounts included on lines 1, 2, and 3   |                    |                   |                     |                  |                 |            |
|      | received from disqualified persons<br>Amounts included on lines 2 and 3          |                    |                   |                     |                  |                 |            |
| D    | received from other than disqualified  |                    |                   |                     |                  |                 |            |
|      | persons that exceed the greater of 1% of   |                    |                   |                     |                  |                 |            |
|      | the total of lines 9, 10c, 11, and 12 for  |                    |                   |                     |                  |                 |            |
|      | the year or \$5,000  |                    |                   |                     |                  |                 |            |
| С    | Total of lines 7a and 7b   |                    |                   |                     |                  |                 |            |
| 8    | Public Support (Substract line 7c from   |                    |                   |                     |                  |                 |            |
| _    | line 6)  |                    |                   |                     |                  |                 |            |
| То   | tal Support  |                    |                   |                     |                  |                 |            |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2004           | <b>(b)</b> 2005   | (c) 2006            | (d) 2007         | (e) 2008        | (f) Total  |
| 9    | A mounts from line 6   |                    |                   |                     |                  |                 |            |
| 10a  | Gross income from interest, dividends,   |                    |                   |                     |                  |                 |            |
|      | payments received on securities loans,   |                    |                   |                     |                  |                 |            |
|      | rents, royalties and income from similar   |                    |                   |                     |                  |                 |            |
|      | sources  |                    |                   |                     |                  |                 |            |
| b    | Unrelated business taxable income (less  |                    |                   |                     |                  |                 |            |
|      | section 511 taxes) from businesses   |                    |                   |                     |                  |                 |            |
|      | acquired after 30 June, 1975   |                    | +                 |                     |                  |                 |            |
| С    | Add lines 10a and 10b  |                    |                   |                     |                  |                 |            |
| 11   | Net income from unrelated business   |                    |                   |                     |                  |                 |            |
|      | activities not included in line 10b,<br>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 the                                      | organızatıon's fı  | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation,    |
|      | check this box and <b>stop here</b>  |                    |                   |                     |                  |                 | <b>▶</b> □ |
|      | manufaction of Dublic Compact Days   |                    |                   |                     |                  |                 |            |
| 15   | mputation of Public Support Perc<br>Public Support Percentage for 2008 (line     |                    | dod by line 12 o  | olumn (fl)          |                  | T 4= T          |            |
|      |  |                    | •                 | .orumin (1))        |                  | 15              |            |
| 16   | Public Support Percentage for 2007 Sche  | dule A , Part IV - | A, line 27g       |                     |                  | 16              |            |
|      |  | D                  |                   |                     |                  |                 |            |
| Co   | mputation of Investment Income Investment Income Percentage for 2008 (           |                    |                   | ne 13 column /f     | <u> </u>         | 17              |            |
|      |  |                    |                   | -                   | "                | 17              |            |
| ΤQ   | Investment Income Percentage from 2007   | ocnequie A , Pa    | TLIV-A, IINE 2/   | H                   |                  | 18              |            |

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

#### **Facts and Circumstances Test**

Form 990, Schedule A, Part II, Line 10 Other Income revenue primarily to cover expenses for telescope use by astronomers from other organizations 2005 included \$135,000 one-time revenues for granting a water-line easement and adjusting receivables balance 2006 included \$123,000 adjustment to Fair Market Value for Charitable Remainder Unit Trust carried on Balance Sheet

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

|        | me of the organization WELL OBSERVATORY  |  | Employer identificatio                                 | n number          |
|--------|--|--|--|-------------------|
|        |  |  | 86-0098918   |                   |
| Pa     | organizations Maintaining Donor Acordanization answered "Yes" to Form 99   |  | unds or Accounts.                                      | omplete if the    |
|        |  | (a) Donor advised funds  | (b) Funds and othe                                     | r accounts        |
| L      | Total number at end of year  |  |  |                   |
| 2      | Aggregate Contributions to (during year)   |  |  |                   |
| 3      | Aggregate Grants from (during year)  |  |  |                   |
| 1      | Aggregate value at end of year   |  |  |                   |
| 5      | Did the organization inform all donors and donor advitionds are the organization's property, subject to the  | <u> </u>   |  | └ Yes             |
| 5      | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben  |  | ·  | ⊤Yes              |
| Da     | rt II Conservation Easements. Complete   | if the organization answered "Ves" to  |  |                   |
| L<br>2 | Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quali | rganization (check all that apply)<br>on or pleasure) Preservation of an<br>Preservation of ce | historically importantly<br>rtified historic structure | land area         |
|        | on the last day of the tax year  |  | Hold at the  | e End of the Year |
| а      | Total number of conservation easements   |  | 2a   | Eliu oi tile real |
| b      |  | _  | 2b   |                   |
| c      | Total acreage restricted by conservation easement  |  |  |                   |
| d      | Number of conservation easements on a certified hi   | • •  | 2c   |                   |
| u      | Number of conservation easements included in (c) a   | •  | 2d   |                   |
| 3      | Number of conservation easements modified, transfe   | rred, released, extinguished, or terminate   | d by the organization dur                              | ing               |
|        | the taxable year 🕨   |  |  |                   |
| 1      | Number of states where property subject to conserve  | ation easement is located 🟲  |  |                   |
| 5      | Does the organization have a written policy regarding enforcement of the conservation easements it holds?  | · · · · · · · · · · · · · · · · · · ·  |  | Yes No            |
| 5      | Staff or volunteer hours devoted to monitoring, inspe  | cting and enforcing easements during the   | year <b>►</b>  |                   |
| 7      | A mount of expenses incurred in monitoring, inspecti   | ng, and enforcing easements during the ye  | ear ► \$   |                   |
| 3      | Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?   | (d) above satisfy the requirements of sec  |  | ⊤Yes              |
| 9      | In Part XIV, describe how the organization reports co<br>balance sheet, and include, if applicable, the text of t<br>the organization's accounting for conservation easen  | he footnote to the organization's financial  |  |                   |
| Pa I   | <b>rt III</b> Organizations Maintaining Collectio<br>Complete if the organization answered '   |  | or Other Similar As                                    | sets.             |
| la     | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin   | for public exhibition, education or research   | h in furtherance of public                             |                   |
| b      | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items  | public exhibition, education, or research in   |  | •                 |
|        | (i) Revenues included in Form 990, Part VIII, line 1   |  | <b>►</b> \$  | 0                 |
|        | (ii) Assets included in Form 990, Part X   |  | <b>F</b> \$  | 400,000           |
| 2      | If the organization received or held works of art, histofollowing amounts required to be reported under SFA  |  | - 4  | :he               |
| а      | Revenues included in Form 990, Part VIII, line 1   |  | <b>►</b> \$  | 0                 |
| b      | Assets included in Form 990 Part Y   |  | <b>-</b> +   | 0                 |

| <u>Par</u> | Organizations Maintaining Collections of Art  | , His   | tori    | cal Treasu                    | ires, or Othe                           | <u>r Similar Asse</u> | ets (co          | ntınued)  |
|------------|---|---------|---------|-------------------------------|---|-----------------------|------------------|-----------|
| 3          | Using the organization's accession and other records, check any items (check all that apply)  | y of th | ne foll | owing that ar                 | e a significant u                       | se of its collectio   | n                |           |
| а          | Public exhibition   | d       | Γ       | Loan or exc                   | hange programs                          |                       |                  |           |
| b          | Scholarly research  | e       | Γ       | Other                         |   |                       |                  |           |
| c          | Preservation for future generations   |         |         |                               |   |                       |                  |           |
| 4          | Provide a description of the organization's collections and expla<br>Part XIV   | ın hov  | w they  | further the o                 | organization's ex                       | empt purpose in       |                  |           |
| 5          | During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as |         |         |                               |   |                       | Yes              | √ No      |
| Pa         | Trust, Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on Form 99   |         |         |                               | inization answ                          | ered "Yes" to F       | orm 9            | 90,       |
| 1a         | Is the organization an agent, trustee, custodian or other interme<br>included on Form 990, Part X?                                  | diary   | for c   | ontributions (                | or other assets r                       |                       | Yes              | ┌ No      |
| b          | If "Yes," explain why in Part XIV and complete the following tab  | le      |         |                               |   |                       |                  |           |
|            |   |         |         |                               |   | A mo                  | unt              |           |
| c          | Beginning balance   |         |         |                               | 1c                                      |                       |                  |           |
| d          | Additions during the year   |         |         |                               | 1d                                      |                       |                  |           |
| e          | Distributions during the year   |         |         |                               | 1e                                      |                       |                  |           |
| f          | Ending balance  |         |         |                               | 1f                                      |                       |                  |           |
| 2a         | Did the organization include an amount on Form 990, Part X, line  | e 21?   |         |                               |   | Г                     | Yes              | Г№        |
| b          | If "Yes," explain the arrangement in Part XIV   |         |         |                               |   |                       |                  |           |
| Pa         | rt V Endowment Funds. Complete if the organization  |         |         |                               |   |                       |                  |           |
|            | (a)Current Year   | (b)     | Prior \ | 'ear <b>(c)</b> Tw            | o Years Back (d)                        | Three Years Back (    | e)Four Ye        | ears Back |
| 1a         | Beginning of year balance 101,400   |         |         |                               |   |                       |                  |           |
| b          | Contributions   |         |         |                               |   |                       |                  |           |
| С          | Investment earnings or losses21,388   |         |         |                               |   |                       |                  |           |
| d          | Grants or scholarships  |         |         |                               |   |                       |                  |           |
| е          | Other expenditures for facilities and programs  |         |         |                               |   |                       |                  |           |
| f          | Administrative expenses 0   |         |         |                               |   |                       |                  |           |
| g          | End of year balance   |         |         |                               |   |                       |                  |           |
| 2          | Provide the estimated percentage of the year end balance held a   | as      |         |                               |   |                       |                  |           |
| а          | Board designated or quasi-endowment > 0 %   |         |         |                               |   |                       |                  |           |
| ь          | Permanent endowment ► 63 %  |         |         |                               |   |                       |                  |           |
| c          | Term endowment ► 37 %   |         |         |                               |   |                       |                  |           |
| 3a         | Are there endowment funds not in the possession of the organization   | ation 1 | that a  | re held and a                 | idministered for                        | the                   |                  |           |
|            | organization by   |         |         |                               |   |                       | Yes              | No        |
|            | (i) unrelated organizations   |         |         |                               |   | 3a(i)                 |                  | Νo        |
|            | (ii) related organizations  |         |         |                               |   | 3a(ii)                |                  | No        |
|            | If "Yes" to 3a(II), are the related organizations listed as required  |         |         |                               |   | 3b                    |                  |           |
| 4          | Describe in Part XIV the intended uses of the organization's end  |         |         |                               |   |                       |                  |           |
| Pa         | t VI Investments—Land, Buildings, and Equipme   | nt. S   |         | ,                             | •                                       |                       |                  |           |
|            | Description of investment   |         |         | Cost or other<br>(investment) | ( <b>b)</b> Cost or other basis (other) | (c) Depreciation      | ( <b>d</b> ) Boo | ok value  |
| 1a         | Land  | •       |         | 0                             | 213,679                                 |                       |                  | 213,679   |
| b          | Buildings   |         |         | 0                             | 6,074,626                               | 3,236,611             | ;                | 2,838,015 |
| С          | Leasehold improvements  |         |         | 0                             | 0                                       | 0                     |                  | 0         |
| d          | Equipment   |         |         | 0                             | 3,481,046                               | 2,963,948             |                  | 517,098   |
| e          | Other   |         |         | 0                             | 19,575,181                              | 0                     | 19               | 9,575,181 |

| Part VII Investments—Other Securities. See                            | Form 990, Part X, line 1 | 2.              |                                     |
|---|--------------------------|-----------------|-------------------------------------|
| (a) Description of security or cateory (including name of security)   | ( <b>b)</b> Book value   |                 | d of valuation<br>year market value |
| Financial derivatives and other financial products                    | 914,255                  |                 | F                                   |
| Closely-held equity interests   |                          |                 |                                     |
| Other   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )   | 914,255                  |                 |                                     |
| Part VIII Investments—Program Related. See                            | e Form 990, Part X, line | 13.             |                                     |
| (a) Description of investment type                                    | (b) Book value           |                 | d of valuation<br>year market value |
|   |                          | Cost of end-of- | year market value                   |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )   |                          |                 |                                     |
| Part IX Other Assets. See Form 990, Part X, III                       | ne 15                    |                 |                                     |
| (a) Descrip   |                          |                 | (b) Book value                      |
| Other assets  |                          |                 | 535,655                             |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1      |                          |                 | 535,655                             |
| Part X Other Liabilities. See Form 990, Part X                        |                          | T               |                                     |
| (a) Description of Liability  | (b) A mount              |                 |                                     |
| Federal Income Taxes  |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          |                 |                                     |
|   |                          | _               |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶ |                          |                 |                                     |

| 1        | Total revenue (Form 990, Part VIII, column (A), line 12)   | 1        |                  |
|----------|--|----------|------------------|
| 2        | Total expenses (Form 990, Part IX, column (A), line 25)  | 2        |                  |
| 3        | Excess or (deficit) for the year Subtract line 2 from line 1   | 3        |                  |
| 4        | Net unrealized gains (losses) on investments   | 4        |                  |
| 5        | Donated services and use of facilities   | 5        |                  |
| 6        | Investment expenses  | 6        |                  |
| 7        | Prior period adjustments   | 7        |                  |
| 8        | Other (Describe in Part XIV)   | 8        |                  |
| 9        | Total adjustments (net) Add lines 4 - 8  | 9        |                  |
| 10       | Excess or (deficit) for the year per financial statements Combine lines 3 and 9                                    | 10       |                  |
| Par      | t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p                                   | er Re    | turn             |
| 1        | Total revenue, gains, and other support per audited financial statements   | 1        |                  |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12   |          |                  |
| а        | Net unrealized gains on investments  |          |                  |
| b        | Donated services and use of facilities   |          |                  |
| c        | Recoveries of prior year grants  |          |                  |
| d        | Other (Describe in Part XIV) 2d  |          |                  |
| e        | Add lines 2a through 2d  | 2e       |                  |
| 3        | Subtract line <b>2e</b> from line <b>1</b>   | 3        |                  |
| 4        | A mounts included on Form 990, Part VIII, line 12, but not on line 1   |          |                  |
| а        | Investment expenses not included on Form 990, Part VIII, line 7b . 4a  |          |                  |
| b        | Other (Describe in Part XIV) 4b  |          |                  |
| С        | Add lines 4a and 4b  | 4c       |                  |
| 5        | Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)                      | 5        |                  |
| Part     | Reconciliation of Expenses per Audited Financial Statements With Expenses  | per F    | leturn           |
| 1        | Total expenses and losses per audited financial statements   | 1        |                  |
| 2        | A mounts included on line 1 but not on Form 990, Part IX, line 25  |          |                  |
| а        | Donated services and use of facilities   | 4        |                  |
| Ь        | Prior year adjustments   |          |                  |
| <b>c</b> | Losses reported on Form 990, Part IX, line 25  | -        |                  |
| d        | Other (Describe in Part XIV)   | ┨. │     |                  |
| e        | Add lines 2a through 2d  | 2e       |                  |
| 3        | Subtract line <b>2e</b> from line <b>1</b>   | 3        |                  |
| 4        | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |          |                  |
| a        | Investment expenses not included on Form 990, Part VIII, line 7b 4a  | -        |                  |
| Ь        | Other (Describe in Part XIV)   | <b>↓</b> |                  |
| _ C      | Add lines 4a and 4b  | 4c       |                  |
| 5        | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)                                   | 5        |                  |
|          | t XIV Supplemental Information   |          |                  |
| Con      | nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa | art XIV, | lines 1b and 2b, |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| Ident if ier     | Return Reference           | Explanation   |
|------------------|----------------------------|---|
| SchD_P03_S00_L04 |                            | The collection item consists of a vintage car, which was donated to the Observatory by the sole trustee in 2002. The car was capitalized based on its appraised value at the date of the unrestricted contribution. The Observatory also holds various other collection items which are not capitalized. These items consist of various historical astronomical instruments and similar items which are held for educational, research and curatorial purposes. The items are held in a manner to be protected and preserved. |
| SchD_P05_S00_L04 | Schedule D, Part V, Line 4 | This endowment is used to fund summer internships for the Public Program  |
|                  |                            |   |
|                  |                            |   |
|                  |                            |   |
|                  |                            |   |
|                  |                            |   |

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OMB No 1545-0047

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### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Name of the organization LOWELL OBSERVATORY

**Employer identification number** 86-0098918

| Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (b) Loan to or from the organization?  To be from  To From  To From  (c) Original principal amount  (d) Balance due default?  Yes No  | (a) Name of disqualifie         | d person        |                | (h) Des              | crinti        | on of transa     | ction  | ction   |                |                | (c) Corrected |  |  |
|--|---------------------------------|-----------------|----------------|----------------------|---------------|------------------|--------|---------|----------------|----------------|---------------|--|--|
| Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  **III** Loans to and/or From Interested Persons  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  **III** Grants or Assistance Benefitting Interested Persons  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  **III** Grants or Assistance Benefitting Interested Persons  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  **(a) Name of interested person  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  **(b) Relationship between interested Persons  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  **(c) Amount of grant or type of assistance and the organization organization fransaction  **(c) Amount of grant or type of assistance organization orga |                                 |                 |                | (2, 2 3 3            |               |                  |        |         |                | -   '          | Yes           | No   |  |
| Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  **TII*** Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  **To be completed by organization?**  **To be completed person and purpose   (c) Original principal amount   (d) Balance due   (e) In default?   (f) Approved by board or committee?   (e) In default?   (f) Approved by board or committee?   (g) Writtee   (f) Approved by App |                                 |                 |                |                      |               |                  |        |         |                |                |               |  |  |
| Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (c) Original principal amount  (d) Balance due  (e) In default?  Yes No Ye |                                 |                 |                |                      |               |                  |        |         |                |                |               |  |  |
| Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .  |                                 |                 |                |                      |               |                  |        |         |                |                |               |  |  |
| Section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .   |                                 |                 |                |                      |               |                  |        |         |                |                |               |  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (b) Loan to or from the organization?  To From  (c) Original principal amount  (d) Balance due default?  Approved by board or committee?  Yes No Yes N | section 4958                    |                 |                |                      | •             |                  | earuı  | F       | \$             |                |               |  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose    (a) Name of interested person and purpose   (b) Loan to or from the organization?   (c) Original principal amount   (d) Balance due   (e) In default?   Approved by board or committee?   |                                 |                 | <u> </u>       |                      | •             |                  | • •    |         | \$             |                |               |  |  |
| (a) Name of interested person and purpose    (a) Name of interested person and purpose   (b) Loan to or from the organization?   (c) Original principal amount   (d) Balance due   (e) In default?   (g) Written   (d) Balance due   (e) In default?   (e) No version   (e) No version |                                 |                 |                |                      | IV.lı         | ne 26. or Fo     | orm 9  | 90-E    | Z. Part        | V . lıne       | 38a           |  |  |
| (a) Name of interested person and purpose  To From  (c) Original principal amount  (d) Balance due defaulty board or committee?  Yes No |                                 |                 |                |                      | 1             | ,                |        |         | (f             | )              |               |  |  |
| Telly Business Transactions Involving Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person To be completed by organizations that answered "res" on Form 990, Part IV, line 27.  (b) Relationship between interested person and the organization (c) Amount of grant or type of assistance and the organization (c) Amount of grant or type of assistance and the organization (c) Amount of grant or type of assistance and the organization (c) Amount of grant or type of assistance and the organization (c) Amount of grant or type of assistance and the organization framaction organization and the organization organization organization and the organization framaction organization organization and the organization organization organization organization framaction organization o |                                 | from            | the            | 1                    | ( <b>d)</b> B | alance due       |        |         | by boa         | ard or         |               |  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction free organization revenues:  (e) Sharing organization  (e) Sharing organization  (f) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction revenues:  (e) Sharing organization  (f) Description of transaction revenues:  (o) No Melena  (o) No Melena  |                                 | То              | From           |                      |               |                  | Yes    | No      | Yes            | No             | Yes           | N  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction revenues:  (e) Sharing organization  (e) Sharing organization  (e) Sharing organization  (f) Description of transaction revenues:  (a) Name of interested person  (b) Relationship between interested person fransaction  (c) A mount of transaction revenues:  (d) Description of transaction revenues:  (e) Sharing organization  (f) Relationship between interested person fransaction fransaction revenues:  (a) Name of interested person  (b) Relationship between interested fransaction organization revenues:  (c) A mount of transaction fransaction revenues:  (e) Sharing organization fransaction fransaction fransaction fransaction revenues:  (b) Relationship between interested fransaction fra |                                 |                 |                |                      |               |                  |        |         |                |                |               | $ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$ |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction revenues:  (e) Sharing organization  (e) Sharing organization  (e) Sharing organization  (f) Relationship between interested person  (g) Name of interested person  (h) Relationship between interested person organization  (h) Description of transaction revenues:  (h) Relationship between interested person organization o |                                 |                 |                |                      | -             |                  |        |         |                |                |               | <u> </u>                                     |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction revenues  (e) Sharing organization  (e) Sharing organization  (e) Sharing organization  (f) Relationship between interested person  (a) Name of interested person  (a) Name of interested person  (b) Relationship between interested person organization  (c) A mount of transaction  (d) Description of transaction revenues  (e) Sharing organization  (a) Name of interested person  (b) Relationship between interested person organization  (c) A mount of transaction revenues  (d) Description of transaction revenues  (e) Sharing organization  (f) Description of transaction revenues  (o) No  (o) No  |                                 |                 |                |                      |               |                  |        |         |                |                |               |  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction frevenues:  (e) Sharing organization  (e) Sharing organization  (e) Sharing organization  (a) Name of interested person  (b) Relationship between interested person fransaction  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (e) Sharing organization  (e) Sharing organization revenues:  Yes No  (o) Description of transaction  (e) Sharing organization  (o) Description of transaction  (o) Description of transaction revenues:  Yes No  No  |                                 |                 |                |                      | +             |                  |        |         |                |                |               | +  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction free organization revenues:  (e) Sharing organization  (e) Sharing organization  (f) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction revenues:  (e) Sharing organization  (f) Description of transaction revenues:  (o) No mount of grant or type of assistance  (f) A mount of grant or type of assistance  (f) A mount of grant or type of assistance  (g) A mount of grant or type of assistance  (g) A mount of grant or type of assistance  (g) Sharing organization  (g) Sharing organization revenues:  (g) Sharing organization  (h) Description of transaction granization revenues:  (g) Sharing organization  (h) Description of transaction granization granization revenues:  (h) Relationship between interested person  (h) Description of transaction prevenues:  (h) Relationship between interested person  (h) Description of transaction prevenues:  (h) Relationship between interested person  (h) Description of transaction prevenues:  (h) Relationship between interested person  (h) Description of transaction prevenues:  (h) Relationship between interested person  (h) Description of transaction prevenues:  (h) Relationship between interested person  (h) Description of transaction prevenues:  (h) Relationship between interested person  (h) Description of transaction prevenues:  (h) Relationship between interested person  (h) Des |                                 |                 |                |                      |               |                  |        |         |                |                |               | $\vdash$                                     |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction free organization revenues:  (e) Sharing organization  (f) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction revenues:  (e) Sharing organization revenues:  (f) Relationship between interested person fransaction organization revenues:  (h) Relationship between interested person fransaction organization organization organization organization fevenues:  (h) Relationship between interested person fransaction organization org | ı                               |                 |                | <b>&gt;</b> s        |               |                  |        |         | <u> </u>       |                | I             | <u> </u>                                     |  |
| (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) A mount of grant or type of assistance  (e) A mount of grant or type of assistance  (a) Name of interested by organizations Involving Interested Persons  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (b) Relationship between interested person of transaction person and the organization  (c) A mount of grant or type of assistance  (c) A mount of grant or type of assistance  (d) Description of transaction person organization revenues:  (a) Name of interested person  (b) Relationship between interested person  (c) A mount of grant or type of assistance  (b) Relationship between interested person  (c) A mount of grant or type of assistance  (d) Description of transaction going and grant person and the grant person person and the grant person person and the grant person p |                                 |                 |                | sted Persons         |               |                  |        |         |                |                |               |  |  |
| rt IV Business Transactions Involving Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization fransaction  (c) A mount of grant of type of assistance (C) A mount of transaction fransaction organization (d) Description of transaction fransaction revenues:  (a) Name of interested person  (b) Relationship between interested person and the organization fransaction fransaction fransaction revenues:  (b) Relationship between interested person and the organization fransaction | To be completed by orga         |                 |                |                      |               | Part IV, lin     | e 27   |         |                |                |               |  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of transaction  (d) Description of transaction  (e) Sharing organization  (revenues:  Yes No  No  | (a) Name of interested person   | ( b             |                |                      | rson          | ( <b>c)</b> A m  | ount o | of grai | nt or ty       | pe of a        | ssista        | nce  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of transaction  (d) Description of transaction  (e) Sharing organization  (revenues:  Yes No  No  |                                 |                 |                |                      |               |                  |        |         |                |                |               |  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of transaction  (d) Description of transaction  (e) Sharing organization  (revenues:  Yes No  No  |                                 |                 |                |                      |               |                  |        |         |                |                |               |  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of transaction  (d) Description of transaction  (e) Sharing organization  (revenues:  Yes No  No  |                                 |                 |                |                      |               |                  |        |         |                |                |               |  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of transaction  (d) Description of transaction  (e) Sharing organization  (revenues:  Yes No  No  |                                 |                 |                |                      |               |                  |        |         |                |                |               |  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of transaction  (d) Description of transaction  (e) Sharing organization  (revenues:  Yes No  No  |                                 | +               |                |                      |               | +                |        |         |                |                |               |  |  |
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) A mount of transaction  (d) Description of transaction  (e) Sharing organization  (revenues:  Yes No  No  | rt IV Business Transactions     | Involv          | ing Intere     | sted Persons         |               |                  |        |         |                |                |               |  |  |
| (a) Name of interested person between interested person and the organization (between interested person and the organization (c) A mount of transaction (d) Description of transaction revenues:  Yes Note that the person and the organization (d) Description of transaction (e) A mount of transaction (for transaction frevenues:  Yes Note that the person and the organization (d) Description of transaction (for transaction frevenues:  Yes Note that the person and the organization frevenues:  Yes Note that the person and the organization frevenues:  | To be completed by orga         | nızatıons       | that answe     | ered "Yes" on Form 9 | 90, [         | Part IV, lın     | e 28   | a, 28   | b, or $i$      | 28c.           |               |  |  |
| organization Yes No nolas Melena Family member of Robin Melena,  | (a) Name of interested nerson   | betv            | veen intereste | ed (c) A mount of    | f             | <b>(d)</b> Descr | iption | oftra   | ansactı        | ام             | rganız        | atioi  |  |
| nolas Melena Family member of 13,897 employment No   | (a) italie of interested person |                 | 1 '            |                      |               |                  |        |         | <del>   </del> |                | No            |  |  |
|  | (a) Nume of interested person   |                 |                |                      |               | omploymon        | +      |         |                | <del>-  </del> |               |  |  |
|  |                                 | Family<br>Robin | Melena,        |                      | ,897  <br>    | emproymen        | L      |         |                |                |               | NO   |  |
|  | holas Melena                    | Family<br>Robin | Melena,        |                      | .897          | emproymen        |        |         |                |                |               | - IN   |  |

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**Non-Cash Contributions** 

DLN: 93493273013060

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury Attach to Form 990 Internal Revenue Service

Name of the organization LOWELL OBSERVATORY

Part I Types of Property

**Employer identification number** 

86-0098918

|          |   | (a)<br>Check<br>If | <b>(b)</b><br>Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line | <b>(d</b><br>Method of d<br>rever | etermining |     |
|----------|---|--------------------|---------------------------------------|--|-----------------------------------|------------|-----|
|          | Art-Works of art  | applicable         |                                       | 1 g  |                                   |            |     |
|          | Art—Historical treasures .  |                    |                                       |  |                                   |            |     |
|          | Art—Fractional interests  |                    |                                       |  |                                   |            |     |
|          | Books and publications  | X                  |                                       | 5 250  | sale of comparable                |            |     |
|          | Clothing and household  |                    |                                       | 5,230  | sale of comparable                | Tellis .   |     |
| •        | goods   |                    |                                       |  |                                   |            |     |
| 6        | Cars and other vehicles   |                    |                                       |  |                                   |            |     |
| 7        | Boats and planes  |                    |                                       |  |                                   |            |     |
| 8        | Intellectual property   |                    |                                       |  |                                   |            |     |
| 9        | Securities—Publicly traded .  | Х                  | 9                                     | 177,403  | Fair Market Value                 |            |     |
| 10       | Securities—Closely held stock .   | Х                  | 1                                     | 156,552  | sale price                        |            |     |
| 11       | Securities—Partnership, LLC, or trust interests   |                    |                                       |  |                                   |            |     |
| 12       | Securities—Miscellaneous  |                    |                                       |  |                                   |            |     |
| 13       | Q ualified conservation contribution (historic structures)  |                    |                                       |  |                                   |            |     |
| 14       | Q ualified conservation contribution (other)  |                    |                                       |  |                                   |            |     |
| 15       | Real estate—Residential .   |                    |                                       |  |                                   |            |     |
| 16       | Real estate—Commercial  |                    |                                       |  |                                   |            |     |
| 17       | Real estate—Other   |                    |                                       |  |                                   |            |     |
| 18       | Collectibles  |                    |                                       |  |                                   |            |     |
| 19       | Food inventory  |                    |                                       |  |                                   |            |     |
| 20       | Drugs and medical supplies .  |                    |                                       |  |                                   |            |     |
| 21       | Taxidermy   |                    |                                       |  |                                   |            |     |
| 22       | Historical artifacts  |                    |                                       |  |                                   |            |     |
|          | Scientific specimens  |                    |                                       |  |                                   |            |     |
| 24       | Archeological artifacts   | X                  | 1                                     |  | no revenue reported               |            |     |
| 25       | Other (describe <u>supplies</u> )   | X                  | 4                                     | 480  | sale of comparable                | ıtems      |     |
| 36       | archival  |                    | 11                                    |  | sale of comparable                | ıtama      |     |
|          | Other (describe records )   | X                  | 11                                    | <u> </u>   | Sale of Comparable                | items      |     |
|          | Other (describe) Other (describe)   |                    |                                       |  |                                   |            |     |
| 29<br>29 | Number of Forms 8283 received   | by the ora         | anization during the tay was          | r for contributions for                            |                                   |            |     |
|          | which the organization complete   |                    |                                       | ar for contribations for                           | 29                                |            | 3   |
|          | Acknowledgement   |                    | •                                     |  |                                   |            |     |
|          |   |                    |                                       |  |                                   | Yes        | No  |
| 30a      | During the year, did the organiza   |                    |                                       |  |                                   | <br>       |     |
|          | least three years from the date of  |                    |                                       | not required to be used for (                      | exempt purposes                   |            |     |
| _        | for the entire holding period? .  |                    |                                       |  |                                   | 30a        | No  |
| ь<br>31  | If "Yes", describe the arrangement of the organization have a gif                                   |                    |                                       | review of any non-standard                         | contributions?                    | 31         | No  |
|          |   | •                  |                                       | ·  |                                   |            | Ť   |
| 32a      | Does the organization hire or use contributions?  | e third parti      | es or related organizations           |  | ion-casn                          | 32a        | N o |
| ь<br>33  | If "Yes", describe in Part II<br>If the organization did not report<br>checked, describe in Part II | revenues i         | n Column (c) for a type of p          | roperty for which Column (a                        | a) ıs                             |            |     |

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation SchM\_P01\_S00\_L33 Schedule M, Part I, Line 33 The Observatory receives various in-kind contributions which are not reported as revenue. These items consist of various historical astronomical instruments and similar items which are used for educational, research and curatorial purposes

#### SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization LOWELL OBSERVATORY

**Employer identification number** 

86-0098918

| ldentifier       | Return Reference         | Explanation                                |
|------------------|--------------------------|--|
| F990_P00_S00_L0B | Form 990, Header, Line B | Return amended to add employee in Part VII |

| ldentifier       | Return<br>Reference         | Explanation  |
|------------------|-----------------------------|--|
| F990_P01_S00_L06 | Form 990, Part<br>I, Line 6 | Personnel using the services of volunteers record dates and hours worked 2 volunteers - reception duties, 3 volunteers - archival/library duties, 8 volunteers from Teen Works worked in Public Program and did outdoor cleanup of grounds, 48 volunteers - Public Program tour guides 61=Total volunteers |

| ldentifier        | Return Reference                         | Explanation   |
|-------------------|--|---|
| F990_P06_S0A_L08a | Form 990, Part VI,<br>Section A, Line 8a | The sole trustee will record actions undertaken from time to time, as needed, to document changes in policies or, for example, benefits. An example in 2008 is a statement related to the retirement benefit which added the option of a "Roth" type 403B |

|   | ldentifier | Return Reference | Explanation   |
|---|------------|------------------|---|
| F |            |                  | The Secretary-Treasurer reviews the 990 for both the Trust and Low ell Observatory and signs the 990 for the Observatory The sole trustee signs the 990 for the Trust |

| ldentifier        | Return Reference | Explanation  |
|-------------------|------------------|--|
| F990_P06_S0B_L12c |                  | Review of payables includes consideration of potential conflicts of interest and follow up to enforce compliance with the company policy |

| ldentifier       | Return Reference   | Explanation   |
|------------------|--------------------|---|
| F990_P06_S0C_L19 | Section C. Line 19 | Upon request to the Secretary-Treasurer the 990, governing documents, conflict of interest policy and financial statements are made available to the public. A summary of the consolidated financial statement is published annually in our new sletter and mailed to donors. |

| ldentifier        | Return<br>Reference                      | Explanation  |
|-------------------|--|--|
| 1990 PN/ SNA 1021 | Form 990, Part VII,<br>Section A, Line 2 | Personnel who prepare and review the 990 have full access to books and records of both Lowell Observatory and its only related organization, Percival Lowell Trust UW. All Column F Other Compensation for all listed employees was earned from Lowell Observatory during the average hours per week reported in column B. |

| ldentifier        | Return Reference              | Explanation  |
|-------------------|-------------------------------|--|
| F990_P11_S00_L02b | Form 990, Part XI, Line<br>2b | The organization's financial statements were audited by an independent accounting firm on a consolidated basis |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### DLN: 93493273013060

# SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service 

| Name of the organization<br>OWELL OBSERVATORY                 |                                   |  |                                    | Employer ident                             | ification number                           |
|---|-----------------------------------|--|------------------------------------|--|--|
|   |                                   |  |                                    | 86-0098918                                 |  |
| Part I Identification of Disregarded Entities                 | T                                 |  |                                    | Ţ  |  |
| (A)<br>Name, address, and EIN of disregarded entity           | <b>(B)</b><br>Primary activity    | <b>(C)</b><br>Legal domicile (state<br>or foreign country) | ( <b>D</b> )<br>Total income       | <b>(E)</b><br>End-of-year assets           | <b>(F)</b><br>Direct controlling<br>entity |
|   |                                   |  |                                    |  |  |
|   |                                   |  |                                    |  |  |
|   |                                   |  |                                    |  |  |
|   |                                   |  |                                    |  |  |
|   |                                   |  |                                    |  |  |
|   |                                   |  |                                    |  |  |
| Part II Identification of Related Tax-Exempt Organiza         | itions                            |  |                                    |  |  |
| (A) Name, address, and EIN of related organization            | <b>(B)</b><br>Primary activity    | (C)<br>Legal domicile (state<br>or foreign country)        | ( <b>D)</b><br>Exempt Code section | (E) Public charity sta (if section 501(c)( | tus (F) Direct controlling entity          |
| Percival Lowell Trust UW                                      |                                   |  |                                    |  |  |
| 1400 W Mars Hill Road<br>Flagstaff, AZ860014470<br>04-2007327 | Trust F/B/O Lowell<br>Observatory | AZ   | 4947(a)(1)                         |  | N/A  |
|   |                                   |  |                                    |  |  |
|   |                                   |  |                                    |  |  |
|   |                                   |  |                                    |  |  |
|   |                                   |  |                                    |  |  |
|   |                                   |  |                                    |  |  |
|   |                                   |  |                                    |  |  |

Cat No 50135Y

| <b>(A)</b><br>Name, address, and EIN of<br>related organization | Prim    | <b>(B)</b><br>nary activity | (C) Legal domicile (state or foreign country) | ( <b>D</b> ) Direct controlling entity             | incom<br>inve | (E)<br>ominant<br>e(related,<br>estment,<br>related) | Share  | <b>(F)</b><br>e of total income              | <b>(G)</b><br>Share of end-of-<br>year assets | (H<br>Disprop<br>allocat | l)<br>ortionate<br>tions?                    | (I)<br>Code V—UBI amount<br>on<br>Box 20 of K-1 | Gene<br>mana<br>part | agıng |
|---|---------|-----------------------------|---|--|---------------|--|--------|--|---|--------------------------|--|---|----------------------|-------|
|   |         |                             |   |  |               |  |        |  |   | Yes                      | No   |   | Yes                  | No    |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
| Part IV Identification of R                                     | Related | l Organizations             | Taxable as                                    | a Corporation                                      | ı or Tr       | ust  |        |  |   |                          |  |   |                      |       |
| (A)<br>Name, address, and EIN of related organ                  |         | (B)<br>Primary activity     |   | Legal domicile<br>(state or<br>foreign<br>country) |               | ( <b>D</b> ) Direct contro                           | olling | (E) Type of entity (C corp, S corp or trust) | (F)<br>Share of total<br>income               | end                      | ( <b>G)</b><br>hare of<br>l-of-yea<br>assets | ( <b>H)</b><br>Percentage<br>r ownership        |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |
|   |         |                             |   |  |               |  |        |  |   |                          |  |   |                      |       |

(6)

| Part V | Transactions v | with Related | Organizations |
|--------|----------------|--------------|---------------|

| Pa  | Note. Complete line 1 if any entity is listed in Parts II, III or IV  |            | Yes | No |  |  |  |  |
|-----|---|------------|-----|----|--|--|--|--|
| 1 D | Puring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                        |            | 1   | +  |  |  |  |  |
|     | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity   | 1a         |     | No |  |  |  |  |
|     | Gift, grant, or capital contribution to other organization(s)   | 1b         |     | No |  |  |  |  |
|     | Gift, grant, or capital contribution from other organization(s)   | 1c         | -   | No |  |  |  |  |
|     | Loans or loan guarantees to or for other organization(s)  | 1d         |     | No |  |  |  |  |
|     | Loans or loan guarantees by other organization(s)   | 1e         |     | No |  |  |  |  |
|     |   |            |     |    |  |  |  |  |
| f   | Sale of assets to other organization(s)   | 1f         |     | No |  |  |  |  |
|     | Purchase of assets from other organization(s)   | <b>1</b> g |     | No |  |  |  |  |
|     | h Exchange of assets  |            |     |    |  |  |  |  |
|     | Lease of facilities, equipment, or other assets to other organization(s)  | 1i         |     | No |  |  |  |  |
|     |   |            |     |    |  |  |  |  |
| j   | Lease of facilities, equipment, or other assets from other organization(s)  | 1j         |     | No |  |  |  |  |
| k   | Performance of services or membership or fundraising solicitations for other organization(s)  | 1k         |     | No |  |  |  |  |
| ı   | Performance of services or membership or fundraising solicitations by other organization(s)   | 11         |     | No |  |  |  |  |
| m   | m Sharing of facilities, equipment, mailing lists, or other assets  |            |     |    |  |  |  |  |
| n   | Sharing of paid employees   | 1n         |     | No |  |  |  |  |
|     |   |            |     |    |  |  |  |  |
| 0   | Reimbursement paid to other organization for expenses   | 10         |     | No |  |  |  |  |
| р   | Reimbursement paid by other organization for expenses   | 1р         | Yes |    |  |  |  |  |
|     |   |            |     |    |  |  |  |  |
| q   | O ther transfer of cash or property to other organization(s)  | <b>1</b> q |     | No |  |  |  |  |
| r   | O ther transfer of cash or property from other organization(s)  | 1r         | Yes |    |  |  |  |  |
|     |   |            |     |    |  |  |  |  |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |            |     |    |  |  |  |  |
|     | (A) (B) (C)   |            |     |    |  |  |  |  |
|     | Name of other organization(s)  Transaction type(a-r)  Amount Involved   |            |     |    |  |  |  |  |
| (1) |   |            |     |    |  |  |  |  |
|     |   |            |     |    |  |  |  |  |
| (2) |   |            |     |    |  |  |  |  |
|     |   |            |     |    |  |  |  |  |
| (3) |   |            |     |    |  |  |  |  |
| (4) |   |            |     |    |  |  |  |  |
| (4) |   |            |     |    |  |  |  |  |
| (5) |   |            |     |    |  |  |  |  |
| ,   |   |            |     |    |  |  |  |  |

#### Part VI Unrelated Organizations Taxable as a Partnership

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

|  | T                       | ı   | (5)   |    | ·<br>-  |   |    | 1   | 1  |    |
|--|-------------------------|---|---|----|---|---|----|---|--|----|
| <b>(A)</b><br>Name, address, and EIN of entity | (B)<br>Primary activity | <b>(C)</b><br>Legal domicile<br>(state or foreign<br>country) | (D) Are all partners section 501(c)(3) organizations? |    | <b>(E)</b><br>Share of<br>end-of-year<br>assets | <b>(F)</b> Disproprtionate allocations? |    | (G)<br>Code V—UBI<br>amount on Box<br>20 of K-1 | (H)<br>General o<br>managing<br>partner? |    |
|  |                         |   | Yes   | No |   | Yes                                     | No |   | Yes                                      | No |
|  |                         |   |   |    |   |   |    |   |  |    |
|  |                         |   |   |    |   |   |    |   |  |    |
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|  |                         |   |   |    |   |   |    |   |  |    |
|  | 1                       | 1   |   |    |   | ı                                       |    | 1   |  |    |