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** PUBLIC DISCLOSURE COPY **

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AF	or the	2021 calendar year, or tax year beginning and	ending		
B c a	heck if	C Name of organization		D Employer identifie	cation number
	Addre:	LOWELL OBSERVATORY			
	Name Chang	Doing business as		86-00989	18
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ſ
	Final return/	1400 W. MARS HILL ROAD		928-774-	3358
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,041,973.
	Ameno	FERGEIAFF, AZ 00001 4470		H(a) Is this a group re	
	Applic tion			for subordinates	? Yes X No
	pendir	9 SAME AS C ABOVE		H(b) Are all subordinates in	icluded? Yes No
		empt status: $X 501(c)(3) 501(c)() < (insert no.) 4947(a)(1)$	or 52	7 If "No," attach a	list. See instructions
		e: WWW.LOWELL.EDU		H(c) Group exemption	
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🚺 Other 🕨	L Yea	r of formation: 1946 N	I State of legal domicile: \mathbf{AZ}
Pa	art I	Summary			
é	1	Briefly describe the organization's mission or most significant activities:	LL'S	MISSION IS T	O PURSUE
anc		THE STUDY OF ASTRONOMY AND SHARE THE RES			
Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of mor		
200					1
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)			0
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a) \ldots			179
tivit		Total number of volunteers (estimate if necessary)			71
Act	7 a Total unrelated business revenue from Part VIII, column (C), line 12				0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year 12,195,142.	Current Year
ne		Contributions and grants (Part VIII, line 1h)		3,641,276.	16,708,119. 4,829,399.
Revenue		Program service revenue (Part VIII, line 2g)		99,359.	844,836.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		197,731.	440,759.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,133,508.	22,823,113.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		656,951.	1,162,998.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.00,001.	0.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,017,672.	8,888,610.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0,017,072.	0,000,010.
Den	10a	Total fundraising even $(Part IX, column / D)$ line 25) $h = 1 246 8$	67.	••	0.
ň	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,804,192.	6,023,053.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,478,815.	16,074,661.
		Revenue less expenses. Subtract line 18 from line 12		2,654,693.	6,748,452.
es	13			eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		70,100,548.	78,377,713.
Ass Bal	21	Total liabilities (Part X, line 26)		23,190,520.	25,508,851.
Net -unc	22	Net assets or fund balances. Subtract line 21 from line 20	····· ⊢	46,910,028.	52,868,862.
Pa	art II	Signature Block		,,	, ,
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	nents, and to the best of m	/ knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			

Sign Here	Signature of officer ANNE LABRUZZO, CFO Type or print name and title		Date						
	Print/Type preparer's name	Preparer's signature							
Paid	MONICA A. VERA, CPA	MONICA A. VERA, CPA	06/14/22 ^{if} self-employed P01456278						
Preparer	Firm's name BEACHFLEISCHMAN		Firm's EIN ▶ 86–0683059						
Use Only	Firm's address 🖌 1985 E. RIVER RC	DAD, SUITE 201							
	TUCSON, AZ 85718	3	Phone no. $520 - 321 - 4600$						
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No						
132001 12-0	2001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

	990 (2021) LOWELL OBSERVATORY		86-0098918	Page
Par	rt III Statement of Program Service Accomplis	nments		_
	Check if Schedule O contains a response or note to any	line in this Part III		🖸
1	Briefly describe the organization's mission: LOWELL'S MISSION IS TO PURSUE T STUDY OF THE SOLAR SYSTEM AND T			
	ASTRONOMICAL PHENOMENA; PROVIDE			
	PROGRAMS TO BRING THE RESULTS O			
				10.
2	Did the organization undertake any significant program service prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	es during the year which were not listed of		s XI
3	Did the organization cease conducting, or make significant ch If "Yes," describe these changes on Schedule O.	anges in how it conducts, any program se	rvices?Yes	s XI
4	Describe the organization's program service accomplishments Section $501(c)(3)$ and $501(c)(4)$ organizations are required to re-			
	revenue, if any, for each program service reported.			
4a	(Code:)(Expenses \$ 10,265,992. inclu CONTINUING A MORE THAN 125-YEAR LOWELL OBSERVATORY ASTRONOMERS,	-LONG LEGACY OF ASTRO	NOMICAL DISCOVE	
	RESEARCHERS CONDUCTED FOREFRONT			Y –
	FROM THE SUN AND SOLAR SYSTEM T	O EXOPLANETS, STARS,	GALAXIES, AND	
	COSMOLOGY. IN 2021, LOWELL RES	EARCHERS PUBLISHED MC	DRE THAN 125	
	PEER-REVIEWED PAPERS IN LEADING	SCIENTIFIC JOURNALS	, ALONG WITH ANG	OTHER
	75 PAPERS IN OTHER VENUES. TH	EY ALSO GAVE NUMEROUS	PRESENTATIONS	AT
	SCIENTIFIC CONFERENCES AND PUBL	IC OUTREACH EVENTS, A	AND PARTICIPATE	D IN
	MAJOR SCIENTIFIC MISSIONS USING	-		
	GLOBE AND IN SPACE. LOWELL SCI	ENTIFIC STAFF CONTINU	JE TO BE VERY	
	SUCCESSFUL AT OBTAINING GRANTS			ASA,
	THE NATIONAL SCIENCE FOUNDATION			
4b		-) (Revenue \$ 1,372	
	LOWELL OBSERVATORY DEVELOPED A			,
	GUIDELINES IN RESPONSE TO THE C			S
	MOVED SEAMLESSLY THROUGH ALL TH			-
	TRANSITIONING FROM PHASE 1 TO F			
	PHASE 3 IN NOVEMBER. PHASE 2 CA			CTTY
	TOURS, INCLUDING A 1.5-HOUR "MA		ME), A 1-HOUR "I	
	SKY TOUR" (EVENING), AND A 2-HO			
	THESE TOURS, WHICH OFTEN REACHE		=	
	GUESTS. LIMITED-CAPACITY DYER T			
	SUCCESSFUL. NEW TALKS INTRODUCE			<u>оц</u>
	FOR LIFE ON MARS, "THE SECRET			
	AND A FAMILY-FRIENDLY PROGRAM F			
				JLOR
4c	(Code:) (Expenses \$ inclu	ding grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 12,928,5	74.		
				990 (20)
32002	2 12-09-21 SEE SCHE	DULE O FOR CONTINUAT	[ON(S)	
		2		
90	614 759078 16383 2021.0	3050 LOWELL OBSERVATO	RY 163	83

Form 990 (2021)

Part IV Checklist of Required Schedules

LOWELL OBSERVATORY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	L
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV.	15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			· ·
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
-	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	l I
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Form 990 (2	2021)	LOWELL	OBSERVATORY
Part IV	Checklist of	Required Sc	hedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ام	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
254	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
~~	"Yes," complete Schedule L, Part IV	28c	Х	X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		- 23
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V		Vac	
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a34Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
132004	(gambing) winnings to ph₂e winners. ↓ 12-09-21			(2021)
	4			、 · - · /

2021)	LOWELL OBSERVATORY
Statemen	Begarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2021)
Part V Sta

2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 17.9 b It asks one is reported on line 2a, did the organization file all required federal employment fax returns? 2a X b It asks one is reported on line 2a, did the organization file all required federal employment fax returns? 3a 3a b It disc a form 300 To this year? 3a 3a 3a 3a b It disc a form 300 To this year? 3a						Yes	No
b If a least one is reported on line 2a, ddt the organization file all required fedeal employment tax returns? 2a X Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a D D the organization have embed busines gross income of 51,000 or more during the year? 3a A ray time during the calendary set, ddt the organization have an interest in, or a signature or other authority over, a financial account in a foreign country 5uch as a bark account, securities account, or other financial account (EBAR). 3a Se was the organization apert to a prohibited tax shelter transaction a trans under the ay year? 5a So was the organization have annual gross receipts that are normally greater than 3100.000, and ddt the organization for file granization in file from 8886.17. 5a So be the organization in lice doubtiet tax shelter transaction a require doubtiet tax shelter transaction a require adveluctible at orbitation contributions? 5a So be the organization include with very solicitation an express statement that such contributions or gifts were not at accountible to achibution and parity for goods and services provided to the parity? 7a X I 11 Yes, "indicate the number of Forms 2828 (Red during the year? 7a X X I 12 Yes, "indicate the number of Forms 2828 (Red during the year? 7a X I 12 Yes, "indicate the number of Forms 2828 (Red during the year? 7a X I 12 Yes, "indicate the number of Forms 2828 (Red during the yea	2a			170			
Note if the sum of lines 1 and 2 is greater than 250, you may be required to e-file. See instructors. 30 30 Did the organization have unvelated business greas income of \$1,000 or more during the year? 30 31 At any time during the calendar year, did the organization have an inferent in a great account? 44 32 If Yres, 'has at filed a Form 980 the organization have an inferent in ancial account? 44 32 If Yres, 'has the organization that was a count, securits account, or other financial account? 44 34 If any time during the calendar year, did the organization have any time during the tax year? 55 35 See instructions to filing requirements for inficCH Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 56 36 Did any taxabia quera calest but was or is a party to a prohibited tax sheller transaction? 56 36 Does the organization have number and reparation that if was or is a party to a prohibited tax sheller transaction? 56 37 V anizations that may receive deductible contributions on derive for goods and services provided to the payor? 77 X 38 Did the organization network asymmet in access of 57 made party as a combination and party for goods and services provided to the payor? 78 X 39 If Yres, 'did the organization methy exert pay the during the year? 74 X 30 Did the organization network asymmet in access of 57 mad						37	
3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a 3b Did "Yes," has third a form 990° / No" low 3b, provides an exploration on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a 5a Max the organization apperts to on the year / No" low 3b, provides account; or other financial account; (FBAR). 5a 5a Was the organization in a form organization in form 808 ft". 5a 5b Bo are 7b, did the organization in form 808 ft". 5a 5a Did any tracelic party northy the organization in form 808 ft". 5a 5b Did any cantibutions that we annual gross recepts that are normally greater than \$100,000, and did the organization in formade approximations ft". 6a 5a Did the organization in formed approximation and party for prodes and services provided to the payor? 7a X 5b Did the organization include with wery solicitation an express statement that such contributions or gifts 6a 6a 5c Did the organization include with wery solicitation and party for prodes and services provided to the payor? 7a X 5c Did the organization netwery solicitation and express statement that such contritations of the sore solicitation services pr	b				2b	X	
b If "Yes, 'task filled a Form 980° Tor this year,' If "No" to line 3b, provide an explanation on Schedule 0 3b a Harry time during the calandary year, did the organization have an interest, in, or a signature or other authority over, a fmancial account; a b If "Yes, 'anter the name of the foreign country buch as a bank account, securities account, or other financial account; (FBAR). 5a 5a Was the organization and organization that was or is a park to a prohibited tax shelfer transaction at any time during the tax year? 5a 5a Was the organization in autigores receipts that are normally greater than \$100,000, and did the organization tax and the organization tax the sor is a park to a prohibited tax shelfer transaction? 6c ci If "Yes' to line 3a or 5b, did the organization tax the as or is a park to a prohibited tax shelfer transaction? 6c a Does the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization accelve deductible contributions under section 170(c). 7a X b If "Yes, 'iditate regularization notify the donn of the value of the gasso of tangible personal property for which it was required to the if orm 8802? 7a X ci If "Yes, 'iditate the number of Forms 8282? filed during the year 7d 7a X ci The organization neexies backs, brains, brains, and the organization file Form 8809 as required? 7a X			s				
4a A ray time during the calendar year, dif the organization have an interest in or a signature or other authority over, a framerial account? is famarial account? such as a bank account, securities account, or other financial account? b If 'Yes,' enter the name of the foreign country ▶ See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for film requirement for film for the any carritoritons for film requirement for the as a party to a prohibited tax shelfer transaction? See instructions for film requirement for the 888 for film for foreign Bank and Film (Foreign Bank and Film Film Film Film Film Film Film Film					3a		X
Intradial account in a foreign country set the annual account, securities account, or other financial account? 4a IntrAde IntrAde See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Did any table pary notify the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any table party notify the organization that was or is a party to a prohibited tax shelter transaction? 5c Did any table party notify the organization that was or is a party to a prohibited tax shelter transaction? 5c Did any table party notify the organization that was or is a party to a prohibited tax shelter transaction? 5c Did the organization nucleuk with every solicitation and party is a contributions or gifts were not tax deductible contributions under section 170(c). 7a Did the organization nucleuk with every solicitation and party is a contribution and party is a party to a present property for which it was required to the form 8282? 7d 7a X In traces index the number of Forms 8282 (field during the year) 7d 7d 7a I traces index the number of Forms 8282 (field during the year) 7a 7a I traces index the number of Forms 8282 (field during the year) 7a 7a I traces index the num	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
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Form 990	(2021)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	a Enter the number of voting members of the governing body at the end of the tax year 1a 1					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b)				
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?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		<u>X</u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No X		
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	х			
12a		12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х			
40	on Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13 14	X			
14 15	Did the organization have a written document retention and destruction policy?	14	- 13			
15	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?					
2	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	х			
a h	Other officers or key employees of the organization	15a		Х		
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
iou	taxable entity during the year?	16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou				
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onlv) availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.	. ,				
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial			
	statements available to the public during the tax year.					

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► ANNE LABRUZZO - 928-233-3239

1400 W. MARS HILL ROAD, FLAGSTAFF, AZ 86001-4470

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensate	d
	Employees, and Independe	ent Contra	ctors					

Check if Schedule O contains a response or note to any line in this Part VI

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson i	than is bot r/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) HALL, JEFFREY DIRECTOR	40.00			x				165,023.	0.	19,083.
(2) MASSEY, PHILIP ASTRONOMER	40.00					x		161,788.	0.	15,937.
(3) ACTOR, ANN T.	38.00					^			0.	
CHIEF PHILANTHROPY OFFICER (4) LEVINE, STEPHEN	2.00 40.00					Х		156,233.	0.	16,913.
ASTRONOMER						x		153,518.	0.	15,810.
(5) HUNTER, DEIDRE ASTRONOMER	40.00					x		153,021.	0.	15,837.
(6) LABRUZZO, ANNE	36.00									
CHIEF FINANCIAL OFFICER (7) WEST, MICHAEL	4.00			X				148,969.	0.	17,578.
DIRECTOR FOR SCIENCE						х		157,143.	0.	9,043.
(8) PUTNAM, W. LOWELL TRUSTEE - SOLE	30.00 4.00	x		x				279.	0.	8,679.
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	BSERVAT	ORY	ζ						86-00)98	918	Pa	age 8
Part VII Section A. Officers, Directors, Tr	istees, Key Em	ploy	ees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not cl , unles	ss pe	ition ^{more} rson	than is bot pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	n	an	(F) timate iount other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizat d relat nizatie	e ion ed
				0	×	1.0							
1b Subtotal							_	1,095,974.		0.	11	88	80.
1b Subtotal c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A							0.		0.		8,8	0.
2 Total number of individuals (including but compensation from the organization ►	not limited to th	nose	liste	ed al	bove	e) wł	io r	eceived more than \$100),000 of reportabl	e		Yes	25 No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J fo</i> .			-	•	-			ghest compensated emp	2		3	163	X
4 For any individual listed on line 1a, is the and related organizations greater than \$1	50,000? If "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	l ot 9 J i	her compensation from for such individual	the organization		4	x	
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," co Section B. Independent Contractors	-				-			-			5		Х
1 Complete this table for your five highest the organization. Report compensation for		•						n the organization's tax		ipensa			
(A) Name and busine: BUILDING & ENGINEERING (DRS	3 5	301	JTI	HWI	S	(B) Description of s	services	C	(C omper		n
P.O. BOX 30458, FLAGSTA SOUTHWEST RESEARCH INST	F, AZ 80 TUTE, 10	500 050)3) M	IAI				CONSTRUCTION		1	,85		
STREET, SUITE 300, BOULD JOHNSON WALZER ASSOCIATI	ES, LLC,	17	7 N	1.				CONSULTING					00.
FRANCISCO STREET, SUITE KEI SPACE DESIGN, LTD., BLVD., , NORTH VANCOUVE	1141 MOI	ITI				-14		CONSTRUCTION CONSULTING				<u>3,2</u> 0,6	
HART SCIENTIFIC CONSULT 2002 N. FORBES BLVD. #1	ING INTER	RNZ ON ,	, A	ΔZ	8!	574	15					0,0	
2 Total number of independent contractors \$100.000 of compensation from the orga		iot lii	nite	d to		se lis 5	steo	d above) who received n	nore than				

132008 12-09-21

			Check if Schedule O	conta	ains a res	ponse	or note to any lin	e in this Part VIII	(6)	(2)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
	1 a	a	Federated campaigns		1a						
			Membership dues				234,483.				
			Fundraising events			_					
			Related organizations				354,895.				
			Government grants (contr		· · ·		3,998,800.				
	f		All other contributions, gifts,	-							
			similar amounts not included			_	12,119,941.				
		-	Noncash contributions included in			•	859,886.	16 709 110			
┝	r	<u>า</u>	Total. Add lines 1a-1f				Business Code	16,708,119.			
	•	_	TELESCOPE ACCESS FE	FC			541700	2,071,708.	2,071,708.		
	2 8		RESEARCH - GOVERNME			רפ	541700	1,542,978.	1,542,978.		
		-	EDUCATIONAL PROGRAM		JONIKAC		611600	1,214,713.	1,214,713.		
		d	EDUCATIONAL TROGRAM	0			011000	1,214,713.	1,214,713.		
		u 2									
	f	-	All other program service	rovo							
			Total. Add lines 2a-2f					4,829,399.			
T	3		Investment income (includ					_ / * _ * / * * * *			
	-		other similar amounts)	•				14,004.			14,00
	4		Income from investment of								
	5		Royalties				🕨 🚺				
					(i) Re		(ii) Personal				
	6 a	a	Gross rents	6a							
			Less: rental expenses	6b							
	c	5	Rental income or (loss)	6c							
	c		Net rental income or (loss)			▶				
	7 a	a	Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory	7a	893	,053.					
	k		Less: cost or other basis								
				7b		,221.					
			. ,			,832.					
			Net gain or (loss)				····· ►	830,832.			830,83
	8 8		Gross income from fundraisi	-	•						
			including \$								
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from		-		····· 🕨				
	98		Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses Net income or (loss) from								
4			Gross sales of inventory, I								
Γ.	10 2		and allowances			10a	314,685.				
	ŀ		Less: cost of goods sold								
			Net income or (loss) from					158,046.	158,046.		
+				Juice		y	Business Code	,			
1	1 =	a	MISCELLANEOUS INCOM	Е			900099	282,713.	282,713.		
'	t. k							,	,		
	Č										
			All other revenue								
			Total. Add lines 11a-11d				>	282,713.			
			Total revenue. See instruction					22,823,113.	5,270,158.	0.	844,83

Form 990 (2021)

Part VIII Statement of Revenue

15290614 759078 16383

2021.03050 LOWELL OBSERVATORY

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	chponooo
•	and domestic governments. See Part IV, line 21	1,162,998.	1,162,998.		
2	Grants and other assistance to domestic	, , ,	, - ,		
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	359,611.	22,380.	310,116.	27,115.
6	Compensation not included above to disqualified	55570110	22,300.	510/1100	2771130
0	persons (as defined under section 4958(f)(1)) and				
	nervous described in section $40\Gamma0(s)(0)(D)$				
7		7,038,269.	5,560,443.	746,164.	731,662.
7	Other salaries and wages Pension plan accruals and contributions (include	,,000,209•	5,500,445	, =0, ±0=•	, , , , , , , , , , , , , , , , , , , ,
8		308,622.	243,555.	34,267.	30,800.
~	section 401(k) and 403(b) employer contributions)	664,146.	519,076.	78,150.	66,920.
9	Other employee benefits	517,962.	389,169.	77,649.	51,144.
10	Payroll taxes	JI1, 302.	JUJ, 109.	11,049.	JI,144.
11	Fees for services (nonemployees):				
	Management	53,841.	14,088.	39,753.	
	Legal	58,535.	14,000.	58,535.	
	Accounting	50,555.		50,555.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	4 01 0		4 010	
f	Investment management fees	4,216.		4,216.	
g		014 520		211 422	
	column (A), amount, list line 11g expenses on Sch 0.)	814,530.	566,299.	211,433.	36,798.
12	Advertising and promotion	56,012.	44,684.	42 502	11,328.
13	Office expenses	391,699.	254,927.	43,523.	93,249.
14	Information technology	269,617.	130,570.	63,411.	75,636.
15	Royalties				10 500
16	Occupancy	725,160.	653,879.	58,755.	12,526.
17	Travel	79,736.	29,284.	13,594.	36,858.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		10.400		
19	Conferences, conventions, and meetings	56,768.	10,430.	12,114.	34,224.
20	Interest	88,012.	67,352.	20,660.	
21	Payments to affiliates	0 1 4 6 0 4 6			
22	Depreciation, depletion, and amortization	2,146,013.	2,085,406.	44,016.	16,591.
23	Insurance	807,438.	795,378.	9,686.	2,374.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		229,021.	219,209.	5,745.	4,067.
b	DUES AND SUBSCRIPTIONS	92,459.	62,982.	27,809.	1,668.
c	TRAINING AND DEVELOPMEN	59,649.	28,935.	29,892.	822.
d	EE RECRUITMENT AND RELO	52,155.	42,982.	8,279.	894.
	All other expenses	38,192.	24,548.	1,453.	12,191.
25	Total functional expenses. Add lines 1 through 24e	16,074,661.	12,928,574.	1,899,220.	1,246,867.
25	Joint costs. Complete this line only if the organization		,,,0,,,,,,	_,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here \blacktriangleright if following SOP 98-2 (ASC 958-720)				
12201	0 12-09-21		I		Form 990 (2021)

132010 12-09-21

Form 990 (2021)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		421,749.		745,834.
	2	Savings and temporary cash investments		1,073,017.	2	2,040,168.
	3	Pledges and grants receivable, net		14,682,096.	3	14,701,016.
	4	Accounts receivable, net		14,405.	4	181,973.
	5	Loans and other receivables from any current or former of				
		trustee, key employee, creator or founder, substantial con	tributor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified person	ns (as defined			
		under section 4958(f)(1)), and persons described in sectio	n 4958(c)(3)(B)		6	
ets.	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		125,635.	8	93,258.
◄	9	Prepaid expenses and deferred charges		312,433.	9	416,687.
	10a	Land, buildings, and equipment: cost or other				
			76,283,228.	15 64 0 0 0 0		
	b		26,479,680.	47,612,883.		49,803,548.
	11	Investments - publicly traded securities		5,297,362.	11	9,610,716.
	12	Investments - other securities. See Part IV, line 11			12	
	13				13	
	14	Intangible assets		52,300.	14	344,555.
	15	Other assets. See Part IV, line 11		508,668.	15	439,958.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		70,100,548. 352,354.	16	78,377,713. 781,238.
	17	Accounts payable and accrued expenses	F	552,554.	17	/01,230.
	18	Grants payable		7,455,529.	18	6,649,176.
	19	Deferred revenue		1,433,323.	19	0,049,170.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of S			21	
Liabilities	22	Loans and other payables to any current or former officer,				
ilid		trustee, key employee, creator or founder, substantial con			22	
Lia	23	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third p	F	2,350,971.	22	6,025,971.
	24	Unsecured notes and loans payable to unrelated third part	F	2,000,0,2	23	0,020,0,20
	25	Other liabilities (including federal income tax, payables to i	F			
		parties, and other liabilities not included on lines 17-24). C				
		of Schedule D		13,031,666.	25	12,052,466.
	26	Total liabilities. Add lines 17 through 25		23,190,520.	26	25,508,851.
		Organizations that follow FASB ASC 958, check here	X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		25,930,729.	27	27,038,021.
I Ba	28	Net assets with donor restrictions		20,979,299.	28	25,830,841.
pun		Organizations that do not follow FASB ASC 958, check	here 🕨 🗌			
Ē		and complete lines 29 through 33.				
ts o	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment f	und		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or o	F		31	
Ne	32	Total net assets or fund balances		46,910,028.	32	52,868,862.
	33	Total liabilities and net assets/fund balances		70,100,548.	33	78,377,713.

Form **990** (2021)

	990 (2021) LOWELL OBSERVATORY	86-00)98918	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,823				
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,074				
3	Revenue less expenses. Subtract line 2 from line 1	3	6,748				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,910				
5	Net unrealized gains (losses) on investments	5	-789	9,6	18.		
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	52,868	3,8	62.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
	Act and OMB Circular A-133?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	L		
			_ /				

Form **990** (2021)

SCHEDULE A	1
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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Nan	ne of t	the organization		MODV					6 - 0098918
Da	art I	Reason for Public (LL OBSERVA			-:	· · · · · · · · · · · · · · · · · · ·		0-0090910
				-				15.	
	organ	ization is not a private found							
1		A church, convention of ch				on 170(b)(1	I)(A)(I).		
2	\square	A school described in secti							
3		A hospital or a cooperative					•		
4		A medical research organiz	ation operated in col	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section !	5 09(a)(3). (Check the box on
		_lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	r giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С	: L	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
c		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o	organizations						_
g	Prov	vide the following information			-				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions
Tot									

Schedule A (Form 990) 2021

LOWELL OBSERVATORY

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17,637,617.	11,300,816.	22,432,053.	12,195,142.	16,708,119.	80,273,747.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	120,000.	121,000.	122,000.	123,000.	124,000.	610,000.
4	Total. Add lines 1 through 3	17,757,617.	11,421,816.	22,554,053.	12,318,142.	16,832,119.	80,883,747.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						20,867,779.
6	Public support. Subtract line 5 from line 4.						60,015,968.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	17,757,617.	11,421,816.	22,554,053.	12,318,142.	16,832,119.	80,883,747.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,661.	2,268.	9,825.	12,208.	14,004.	41,966.
9	Net income from unrelated business			-			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						80,925,713.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 25	,147,302.
	First 5 years. If the Form 990 is for th			fourth. or fifth tax	vear as a section 5		
	organization, check this box and stor	-	, , ,	, .	,	()()	
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2021 (line 6, column (f), c	livided by line 11, o	column (f))		14	74.16 %
	Public support percentage from 2020					15	72.57 %
	33 1/3% support test - 2021. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the o						nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		0	
b	0 10% -facts-and-circumstances tes	-		• • • •	-		
	more, and if the organization meets th						
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				s ►
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sectio	n A. Public Support						
Calendar	year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gift	s, grants, contributions, and						
	mbership fees received. (Do not						
incl	ude any "unusual grants.")						
mer forn any	ess receipts from admissions, rchandise sold or services per- ned, or facilities furnished in ractivity that is related to the anization's tax-exempt purpose						
-	ss receipts from activities that						
are	not an unrelated trade or bus-						
ines	ss under section 513						
4 Tax	revenues levied for the organ-						
izat	ion's benefit and either paid to						
or e	expended on its behalf						
	value of services or facilities						
furr	nished by a governmental unit to						
the	organization without charge						
	al. Add lines 1 through 5						
	ounts included on lines 1, 2, and						
	eceived from disgualified persons						
from exce	unts included on lines 2 and 3 received other than disqualified persons that ed the greater of \$5,000 or 1% of the unt on line 13 for the year						
c Add	l lines 7a and 7b						
	Dlic support. (Subtract line 7c from line 6.)						
	n B. Total Support					_	
Calendar	year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Am	ounts from line 6						
divi	ss income from interest, dends, payments received on urities loans, rents, royalties, l income from similar sources						
b Unre	elated business taxable income						
`	s section 511 taxes) from businesses uired after June 30, 1975						
c Add	l lines 10a and 10b						
11 Net acti whe	income from unrelated business vities not included on line 10b, ether or not the business is ularly carried on						
12 Oth or lo	er income. Do not include gain oss from the sale of capital						
	ets (Explain in Part VI.) al support. (Add lines 9, 10c, 11, and 12.)			1	1		
	st 5 years. If the Form 990 is for th	e organization's fi	rst second third	I fourth or fifth tay	Vear as a section	1 501(c)(3) organ	ization
	ck this box and stop here	6		,	5	()()	
	n C. Computation of Publ						
	blic support percentage for 2021 (column (f))		15	%
	blic support percentage from 2020					16	%
	n D. Computation of Inves			·····			70
	estment income percentage for 20					17	%
	estment income percentage for 20					18	<u>%</u>
	1/3% support tests - 2021. If the						
	re than 33 1/3%, check this box a	-					
	1/3% support tests - 2020. If the						►
	18 is not more than 33 1/3%, che						
	vate foundation. If the organization						
132023 01					1113 DUN ANU 366 III		ile A (Form 990) 2021
132023 01	-04-22			15		Schedu	1 202 (1 0111 330) 202 I

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

Part IV	Supporting Or	ganizations (cont	tinued)
	A (Form 990) 2021		OBSERVATORY

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		1
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the examination operate for the bonefit of any supported examination other than the supported

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	supervised, or controlled the supporting organization.

Section	C. I	ype I	I Supporting	Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1
 1
 1
 1

 Section D. All Type III Supporting Organizations
 1
 1
 1
 1
 1

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral P	Part Test during the veafsee instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

132025 01-04-22

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17 2021.03050 LOWELL OBSERVATORY Yes No

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

LOWELL OBSERVATORY

1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
-	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting or	apization (acc

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

LOWELL OBSERVATORY

86-0098918 Page 7

Sche	dule A (Form 990) 2021 LOWELL OBSERV			8	6-0098918 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	າຣ	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
-	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2017				
-	Excess from 2018				
-	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

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	Form 990) 2021	LOWELL OBSERVATORY		86-0098918 _{Page}
	Part IV, Section A, lines line 1; Part IV, Section I	Prmation. Provide the explanations required 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, 9, lines 2 and 3; Part IV, Section E, lines 1c, 2a, d 8; and Part V, Section E, lines 2, 5, and 6. Als	, and 11c; Part IV, Section B, lines ⁻ 2b, 3a, and 3b; Part V, line 1; Part V	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)			
132028 01-04-2	2			Schedule A (Form 990) 20
90614	759078 16383	20 2021.03050 LOW	ELL OBSERVATORY	16383

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

86-0098918

LOWELL OBSERVATORY	Z
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Organization type (check or	Drganization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B	(Form	990)	(2021)
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Name of organization

Page 2

LOWELL OBSERVATORY

Employer identification number

86-0098918

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,310,220.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,513,280.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$1,260,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,434,633.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	1.21	\$439,421.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021

22 2021.03050 LOWELL OBSERVATORY

Schedule B (Form 990) (2021)

LOWELL OBSERVATORY

Name of organization

Employer identification number

86-0098918

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 2,600,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution X 8 Person Payroll 1,550,109. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 565,141. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Х Person Payroll 1,547,820. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 354,895. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 23

2021.03050 LOWELL OBSERVATORY

15290614 759078 16383

Page 2

LOWELI	G OBSERVATORY		86-00
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	

Name of organization

Employer identification number

(d) **Date received**

86-0098918

(d) Date received (d) Date received (d) Date received \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 123453 11-11-21 Schedule B (Form 990) (2021)

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Name of org	ganization			Employer identification number	
LOWELL	OBSERVATORY			86-0098918	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the yea	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
-		(e) Transfer of gif	 t		
	Transferee's name, address, a			ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
-		(e) Transfer of gif	 t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of gif	 t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
+	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
123454 11-11-	21	25		Schedule B (Form 990) (2021	

Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

LOWELL OBSERVATORY

Employer identification number 86-0098918

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or A	ccounts.Com	plete if the
		(a) Donor advised fi	unds (b) Funds and oth	er accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held	in donor advised fun	ds	
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant	funds can be used o	only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any o	other purpose confer	ring	
	impermissible private benefit?				Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" of	on Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·			
	Preservation of land for public use (for example, recreat	·	reservation of a histo	• •	
	Protection of natural habitat	□ P	reservation of a certi	fied historic struc	ture
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution	on in the form of a co		
	day of the tax year.				End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or teri	minated by the organ	nization during the	e tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the peri				Yes No
~	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and	enforcing conservati	on easements du	nng the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and onfor	aing concernation of	acomente durina i	the week
7	Amount of expenses incurred in monitoring, inspecting, nand \$	ing of violations, and error	cing conservation ea	sements during i	ine year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements (of section 170/b)(4)(F	3)(i)	
0	and section 170(h)(4)(B)(ii)?	•			Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation				
5	balance sheet, and include, if applicable, the text of the footn		•		
	organization's accounting for conservation easements.	ote to the organization s in			
Par	t III Organizations Maintaining Collections of	Art. Historical Treas	sures, or Other	Similar Asset	S.
	Complete if the organization answered "Yes" on Form		,		
1a	If the organization elected, as permitted under FASB ASC 958		ue statement and ba	lance sheet work	 S
	of art, historical treasures, or other similar assets held for pub				
	service, provide in Part XIII the text of the footnote to its finan			·	
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of	
	art, historical treasures, or other similar assets held for public	-			
	provide the following amounts relating to these items:	, ,		·	
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
					400,000.
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1	-		. 🕨 \$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions				D (Form 990) 2021
	10-28-21				-
		26			

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Sche	dule D (Form 990) 2021 LOWELL	OBSERVATORY				86-0	009891	8 Pa	age 2	
Par	t III Organizations Maintaining C	collections of Art,	, Historical Tr	easures, o	r Other	Similar As	sets(conti	nued)		
3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following that	: make sign	ificant use of	f its			
	collection items (check all that apply):									
а	X Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be ma	aintained as part of the	e organization's co	ollection?			Yes	X	No	
Par	t IV Escrow and Custodial Arran	gements. Complete	e if the organizatio	n answered "	Yes" on Fo	rm 990, Part	IV, line 9, o	r		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contribution	is or other ass	sets not inc	luded			_	
	on Form 990, Part X?						Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:							
							Amoun	t		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F					?	Yes		No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on	Part XIII]	
Par	t V Endowment Funds. Complete i	f the organization answ	wered "Yes" on Fo	orm 990, Part	IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years ba	ack (e) Fou	r years	back	
1a	Beginning of year balance	36,315,509.	30,997,339.	26,558	,269.	33,571,68	33. 39	,620,	403.	
	Contributions	4,366,064.	2,278,596.	709	,421.	467,87	72. 1	,476,	056.	
	Net investment earnings, gains, and losses	3,881,793.	3,333,162.	4,013	,194.	-1,781,86	56. 4	,372,	359.	
	Grants or scholarships	259,809.	175,186.	163	,237.	5,566,10	05. 11	,732,	526.	
	Other expenditures for facilities									
	and programs									
f	Administrative expenses	123,929.	118,402.	120	,308.	133,31	15.	164,	609.	
	End of year balance	44,179,628.	36,315,509.	30,997	,339.	26,558,26	59. 33	,571,	683.	
2	Provide the estimated percentage of the cur				,	, ,	I			
	Board designated or quasi-endowment	11 01 00	%	,,,						
	Permanent endowment ► 18.5320	%	, •							
	Term endowment ► 69.6510									
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ion that are held a	nd administer	red for the	organization				
	by:					- 5	1	Yes	No	
	(i) Unrelated organizations						3a(i)		Х	
	(ii) Related organizations							Х		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as required	d on Schedule R?				3b	Х		
4	Describe in Part XIII the intended uses of the									
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		Part IV, line 11a. S	See Form 990	, Part X, line	e 10.				
	Description of property	(a) Cost or oth		or other	(c) Accu	1	(d) Boo	k value	<u>-</u>	
		basis (investme		(other)	depree		(4) 200	it value		
12	Land		,	5,917.			44	5,9	17.	
	Buildings			9,990.	7.01	4,394.	16,58			
	Leasehold improvements			3,617.		9,132.	-	$\frac{3}{4}, 4$		
	Equipment			1,672.		5,583.	24,82			
	Other		-	2,032.		0,571.	7,08			
	Add lines 1a through 1e. (Column (d) must e			-			49,80	-		
1010		gaar onn 000, rattA,					lule D (Forr			
						ouneu		550)		

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
) Financial derivatives		
2) Closely held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		
Part IX Other Assets.		
Complete if the organization answered "Yes"		
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(7) (8)		
(7) (8) (9)		
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)	
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	·	
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	·	
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	·	
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	(b) Book value
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO PERCIVAL LOWELL TRI	on Form 990, Part IV, line	
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	(b) Book value
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO PERCIVAL LOWELL TRI	on Form 990, Part IV, line	(b) Book value
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO PERCIVAL LOWELL TRI (3)	on Form 990, Part IV, line	(b) Book value
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO PERCIVAL LOWELL TRI (3) (4)	on Form 990, Part IV, line	(b) Book value
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO PERCIVAL LOWELL TRI (3) (4) (5)	on Form 990, Part IV, line	(b) Book value
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO PERCIVAL LOWELL TRI (3) (4) (5) (6)	on Form 990, Part IV, line	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO PERCIVAL LOWELL TRI (3) (4) (5) (6) (7)	on Form 990, Part IV, line	(b) Book value

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 LOWELL OBSERVATORY		86-0098918 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts 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 XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE USED FOR SUPPORT OF LOWELL OBSERVATORY AND FOR

REINVESTMENT.

PART X, LINE 2:

THE FOLLOWING DISCLOSURE IS RELATED TO THE COMBINED FINANCIAL STATEMENTS

OF THE LOWELL OBSERVATORY, TRUST U/W OF PERCIVAL LOWELL, AND THE LOWELL

OBSERVATORY FOUNDATION:

THE OBSERVATORY, THE FOUNDATION, AND THE TRUST ARE EXEMPT FROM INCOME

TAXES UNDER BOTH INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND ARIZONA

THE OBSERVATORY IS CLASSIFIED AS OTHER THAN A PRIVATE INCOME TAX LAWS.

132054 10-28-21

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	<u>86-0098918 Page 5</u>
Part XIII Supplemental Information (continued)	
FOUNDATION UNDER IRC SECTION 509(A)(1). THE FOUNDATION AND	THE TRUST ARE
EACH CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION UNDER IRC	C SECTION
509(A)(3) AS A SUPPORTING ORGANIZATION OF THE OBSERVATORY.	INCOME FROM
CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'	S TAX-EXEMPT
PURPOSE, HOWEVER, MAY BE SUBJECT TO TAXATION AS UNRELATED BU	JSINESS TAXABLE
INCOME (UBTI).	

FROM TIME TO TIME, THE ORGANIZATION MAY BE SUBJECT TO PENALTIES AND INTEREST ASSESSED BY VARIOUS TAXING AUTHORITIES, WHICH ARE CLASSIFIED AS GENERAL AND ADMINISTRATIVE EXPENSES IF THEY OCCUR.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990)		Grants and Oth					OMB No. 1545-0047
(10111330)		overnments, an					2021
Department of the Treasury Internal Revenue Service	Com	_	Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization	BSERVATOR	Y					Employer identification number 86-0098918
Part I General Information on Grant	s and Assistance						
1 Does the organization maintain record criteria used to award the grants or as	ssistance?	-					
2 Describe in Part IV the organization's						(" E 000 D	
Part II Grants and Other Assistance recipient that received more that	-				anization answered "	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	-	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LOWELL OBSERVATORY FOUNDATION 1400 W. MARS HILL ROAD							
FLAGSTAFF, AZ 86001	47-2052113	501(C)(3)	539,611.	0.			TO FUND AN ENDOWMENT
NORTHERN ARIZONA UNIVERSITY P.O. BOX 4070 FLAGSTAFF, AZ 86011	74-2579628	STATE OF ARIZONA	333,257.	0.			NASA GRANT - SUBAWARD COLLABORATION RESEARCH
NORTHERN ARIZONA UNIVERSITY P.O. BOX 4070 FLAGSTAFF, AZ 86011	74-2579628	STATE OF ARIZONA	99,883.	0.			NSF GRANT - SUBAWARD COLLABORATION RESEARCH
PLANETARY SCIENCE INSTITUTE 1700 E. FORT LOWELL, SUITE 106 TUCSON, AZ 85719	33-0175263	501(C)(3)	67,558.	0.			NASA GRANT - SUBAWARD COLLABORATION RESEARCH
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE, B21 PITTSBURGH, PA 15213	25-0965591	501(C)(3)	30,257.	0.			NASA GRANT - SUBAWARD COLLABORATION RESEARCH
ARIZONA STATE UNIVERSITY P.O. BOX 876011 TEMPE, AZ 85287	86-0196696	STATE OF ARIZONA	72,402.	0.			NSF GRANT - SUBAWARD COLLABORATION RESEARCH
2 Enter total number of section 501(c)(3		•	e line 1 table				<u>5.</u>
3 Enter total number of other organizati							
LHA For Paperwork Reduction Act Not	ce, see me instruc	1015 101 F0111 990.					Schedule I (Form 330) 202 I

Schedule I (Form 990) 2021

LOWELL OBSERVATORY

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, columr	n (b); and any other a	dditional information.	-
PART I, LINE 2:					

ALL GRANT RECIPIENTS ARE MAJOR UNIVERSITIES, WITH SOPHISTICATED SYSTEMS FOR

ADMINISTERING GRANTS. OBSERVATORY GRANTS TO THE UNIVERSITIES ARE PAID ON A

COST REIMBURSEMENT BASIS. THE OBSERVATORY PRINCIPAL INVESTIGATOR UNDER EACH

AWARD CLOSELY COORDINATES RESEARCH EFFORTS WITH THE UNIVERSITY RECEIVING

THE SUB AWARD AND REVIEWS EACH INVOICE SUBMITTED BY THE UNIVERSITY PRIOR TO

PAYMENT.

SC	SCHEDULE J Compensation Information			OMB No. 1545-0				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	21			
		Compensated Employees		20				
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nan	ne of the organizatio		Employer i			mber		
_		LOWELL OBSERVATORY	86-0	09891	8			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o	, jaka setter set						
	Travel for companions Payments for business use of personal residence							
		cation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)					
		n a channa chuir an an chuir a						
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
2	Indianta which if a	ny of the following the exercited used to establish the compensation of the exercitedian	' a					
3	•	ny, of the following the organization used to establish the compensation of the organization' ector. Check all that apply. Do not check any boxes for methods used by a related organizat						
	·	ation of the CEO/Executive Director, but explain in Part III.						
		TT						
	·	compensation consultant X Compensation survey or study ther organizations X Approval by the board or compensation or	ommittoo					
			Jommillee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a re							
а	0	ce payment or change-of-control payment?		4a		x		
b		ceive payment from a supplemental nonqualified retirement plan?				X		
		ceive payment from an equity-based compensation arrangement?				X		
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r							
а	The organization?			5a		Х		
b	Any related organiz	ration?		5b		Х		
		or 5b, describe in Part III.						
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r	net earnings of:						
а	The organization?			6a		Х		
		ation?				X		
		or 6b, describe in Part III.						
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s					
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t						
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section	n 53.4958-6(c)?	<u></u>	9				
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990) 2021		

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86-0098918

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) HALL, JEFFREY	(i)	165,023.	0.	0.	9,200.	9,883.	184,106.	0.	
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MASSEY, PHILIP	(i)	161,788.	0.	0.	7,970.	7,967.	177,725.	0.	
ASTRONOMER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ACTOR, ANN T.	(i)	156,233.	0.	0.	7,875.	9,038.	173,146.	0.	
CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) LEVINE, STEPHEN	(i)	153,518.	0.	0.	7,613.	8,197.	169,328.	0.	
ASTRONOMER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) HUNTER, DEIDRE	(i)	153,021.	0.	0.	7,875.	7,962.	168,858.	0.	
ASTRONOMER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) LABRUZZO, ANNE	(i)	148,969.	0.	0.	7,825.	9,753.	166,547.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) WEST, MICHAEL	(i)	157,143.	0.	0.	7,825.	1,218.	166,186.	0.	
DIRECTOR FOR SCIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

Name of the	organization
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LOWELL OBSERVATORY

	LOWELL OBSER	VATORY					86-0	098	918	
Pa	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r		(d) lethod of de ash contrib	etermir		ts
1	Art - Works of art	X	2		FAI	IR 1	MARKET	' VA	LUE	
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	16	801,056.	TRA	NS.	ACTION	I VA	LUE	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified 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									
23	Scientific specimens									
24	Archeological artifacts									
25	Other \blacktriangleright (<u>CHARGING STN.</u>)	X	1	40,000.						
26	Other ► (NANO WALL)	Х	1	6,000.						
27	Other (SUPPLIES)	Х	5	4,830.	FAI		MARKET	' VA	LUE.	1
28	Other ► ()									
29	Number of Forms 8283 received by the organi									
	for which the organization completed Form 82	83, Part V, I	Oonee Acknowledg	gement 29					Vac	No
20-	During the year did the exception reactive h	voortributio	n any proporty rough	aartad in Dart L linaa 1 thrau	~h 00		. :.		Yes	No
30a	During the year, did the organization receive b	-			-					
	must hold for at least three years from the date							200		X
L	exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.	۰						30a		
	Does the organization have a gift acceptance	nolicy that r	auires the review	of any nonstandard contrib	itiono	2		24	x	
31		•	-	-		· · · · ·		31	<u> </u>	
32d	Does the organization hire or use third parties contributions?	or related of	yanizations to soli	icit, process, or sell noncast	I			32a	x	
								JJZd	1 43	1

contributions?

LHA	For Paperwork Reduction Act	Notice, see the Instructions for Form 990.
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Schedule M (Form 990) 2021

32a

132141 11-17-21

b If "Yes," describe in Part II.

Schedule M (Form 990) 2021 LOWELL OBSERVATORY

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF INSTANCES THAT A

DONATION OCCURRED.

SCHEDULE M, LINE 32B:

PUBLICLY TRADED SECURITIES ARE DEPOSITED INTO AN INVESTMENT ACCOUNT

OWNED BY THE OBSERVATORY. THE SECURITIES ARE SOLD BY A BROKER SHORTLY

AFTER.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 86-0098918

LOWELL OBSERVATORY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LOWELL DISCOVERY TELESCOPE (LDT) DELIVERED APPROXIMATELY 275 SCIENCE NIGHTS USED BY LOWELL STAFF, AS WELL AS ASTRONOMERS AT OUR PARTNER INSTITUTIONS: BOSTON UNIVERSITY, NORTHERN ARIZONA UNIVERSITY, UNIVERSITY OF MARYLAND, UNIVERSITY OF TOLEDO, AND YALE UNIVERSITY. IN THE LDT FEATURED PROMINENTLY IN NEARLY 90 SCIENTIFIC OR TOTAL, TECHNICAL PUBLICATIONS IN 2021. THE LDT'S GROWING SUITE OF STATE-OF-THE-ART INSTRUMENTS, SUCH AS THE HIGH-PRECISION SPECTROGRAPH EXPRES, ENABLE CUTTING EDGE RESEARCH ACROSS MULTIPLE FIELDS, INCLUDING THE SEARCH FOR EXOPLANETS. IN PARTNERSHIP WITH THE US NAVAL OBSERVATORY AND THE NAVAL RESEARCH LABORATORY, LOWELL HAS BEGUN A MULTI-MILLION DOLLAR UPGRADE OF THE NAVY PRECISION OPTICAL INTERFEROMETER (NPOI) THAT WILL ADD THREE ONE-METER TELESCOPES TO THE EXISTING ARRAY AND COMPLETE OTHER CRITICAL MAINTENANCE AND UPGRADES, GREATLY INCREASING THE SCIENTIFIC PERFORMANCE OF THAT SITE. LOWELL OBSERVATORY ALSO CONTINUED TO OPERATE OTHER SMALLER TELESCOPES AT ITS ANDERSON MESA SITE, AND HAS BEGUN LAYING THE GROUNDWORK FOR THE REPLACEMENT OF ITS ANTIQUATED 31" TELESCOPE WITH A MODERN 1M TELESCOPE. ACCESS TO LOCAL TELESCOPES EQUIPPED WITH WORLD-CLASS INSTRUMENTS HAS ENABLED SCIENCE THAT COULD NOT BE DONE ELSEWHERE. IN ADDITION, THE OBSERVATORY IS UNDERTAKING A DRAMATIC EXPANSION OF ITS MAIN CAMPUS ON INCLUDING PRELIMINARY DESIGN WORK FOR A NEW TECHNICAL MARS HILL, SERVICES BUILDING THAT WILL GREATLY INCREASE THE INSTRUMENTATION AND ENGINEERING CAPABILITIES OF ITS TECHNICAL STAFF.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

Schedule O (Form 990) 2021	Page 2
Name of the organization LOWELL OBSERVATORY	Employer identification number 86-0098918
OF THE COSMOS!". WORKING IN COLLABORATION WITH THE MARKET	ING AND
COMMUNICATIONS DEPARTMENT, THE OUTREACH TEAM CONTINUED TO	OFFER
PROGRAMS THROUGH DIGITAL MEANS. LOWELL OBSERVATORY CAMPS	FOR KIDS
(LOCKS) PROGRAMS RESUMED IN THE SUMMER AFTER AN EXTENDED	HIATUS AND
SERVED MORE THAN 200 CHILDREN. NINE ADDITIONAL PRESCHOOL	CLASSES WERE
ADDED TO THE LOCKS - EXPANSION PROJECT, SIX FROM CAVE CRE	EK, ARIZONA,
AND THREE FROM FLAGSTAFF. THE NATIVE AMERICAN ASTRONOMY	OUTREACH
PROGRAM (NAAOP) TEAM CONDUCTED THEIR CLASSROOM VISITS VIR	TUALLY
THROUGHOUT THE SCHOOL YEAR AND HOSTED VIRTUAL SUMMER AND	WINTER CAMPS
FOR STUDENTS. LOWELL EDUCATORS RETURNED TO THE FLAGSTAFF	FAMILY FOOD
CENTER (FFFC) TO LEAD SCIENCE ACTIVITIES FOR THE CHILDREN	THAT FFFC
SERVES. THESE VISITS OCCURRED EVERY OTHER WEEK FROM JANUA	RY THROUGH
DECEMBER. THE OBSERVATORY ALSO PARTICIPATED IN SEVERAL LO	CAL OUTREACH
EVENTS, INCLUDING THE FLAGSTAFF STAR PARTY AND SCIENCE IN	THE PARK.
PRIVATE EVENTS AND FACILITY RENTALS ALSO RESUMED IN 2021,	AND THE
EVENTS TEAM PULLED OFF SEVERAL SUCCESSFUL EVENTS BOTH ON	AND
OFF-CAMPUS.	

FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 DRAFT WILL BE FIRST REVIEWED BY THE CHIEF FINANCIAL OFFICER	
(CFO) FOR ACCURACY. ONCE IT HAS BEEN DEEMED ACCURATE BY THE CFO, IT WILL	ն
BE FORWARDED TO THE SOLE TRUSTEE, DIRECTOR AND AUDIT COMMITTEE FOR THEIR	
REVIEW AND COMMENTS. AFTER ANY QUESTIONS AND COMMENTS HAVE BEEN ADDRESS	ED,
THE 990 WILL BE APPROVED AND A FINAL COPY WILL BE SIGNED AND FILED BY THE	E
CFO.	

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CONDUCTS WEEKLY REVIEWS OF PAYABLES INCLUDING POTENTIALI32212 11-11-21Schedule O (Form 990) 20213915290614 759078 163832021.03050 LOWELL OBSERVATORY16383_1

Schedule O (Form 990) 2021	Page 2
Name of the organization LOWELL OBSERVATORY	Employer identification number 86-0098918
CONFLICTS OF INTEREST AND FOLLOW-UP OCCURS TO ENFORCE COM	PLIANCE WITH THE
COMPANY POLICY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION OF THE DIRECTOR FOR LOWELL OBSERVATORY IS DE	TERMINED BY THE
SOLE TRUSTEE OF THE CORPORATION AFTER REVIEW OF INFORMATI	ON PROVIDED BY THE
HUMAN RESOURCE ADMINISTRATOR AND MEMBERS OF THE ADVISORY	BOARD AND LOWELL
OBSERVATORY FOUNDATION WHO HAVE EXPERIENCE IN THE RESEARC	H INDUSTRY OR
COMPENSATION AT NON-PROFITS. THE HUMAN RESOURCE ADMINIST	RATOR REVIEWS THE
TOTAL COMPENSATION OF THE DIRECTOR IN ACCORDANCE WITH	
REGULATIONS/GUIDELINES ESTABLISHED BY THE IRS AND INDUSTR	Y BEST PRACTICES.
DATA REGARDING SALARIES OF OTHER DIRECTORS (CEOS) AT ORGA	NIZATIONS OF
SIMILAR SIZE, INCLUDING BOTH NON-PROFIT AND FOR-PROFIT CO	MPANIES IS ALSO
REVIEWED. THE SOLE TRUSTEE, WITH ADVICE FROM THE ADVISOR	Y BOARD, ALSO

ESTABLISHES GOALS AND OBJECTIVES FOR THE DIRECTOR AND EVALUATES THE

PERFORMANCE OF THE DIRECTOR BASED ON THE PRIOR YEAR'S GOALS AND OBJECTIVES.

FORM 990, PART VI, SECTION C, LINE 19:

WHEN REQUESTED, DOCUMENTS REGARDING THE OBSERVATORY ARE PROVIDED BY THE BUSINESS OFFICE. THE 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE LOWELL OBSERVATORY WEBSITE. THE 990 IS ALSO AVAILABLE ON GUIDESTAR AND CHARITY NAVIGATOR. A SUMMARY OF THE CONSOLIDATED FINANCIAL STATEMENTS IS PUBLISHED ANNUALLY IN AN ANNUAL REPORT.

132212 11-11-21

SCHEDULE R	í
(Form 990)	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

86-0098918

Department of the Treasury Internal Revenue Service Name of the organization

LOWELL OBSERVATORY

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	1	1	1		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
PERCIVAL LOWELL TRUST UW - 04-2007327							
1400 W MARS HILL ROAD	TRUST F/B/O LOWELL				LOWELL		
FLAGSTAFF, AZ 86001	OBSERVATORY	ARIZONA	501(C)(3)	LINE 12B, II	OBSERVATORY	X	
LOWELL OBSERVATORY FOUNDATION - 47-2052113							
1400 W MARS HILL ROAD	FOUNDATION F/B/O LOWELL						
FLAGSTAFF, AZ 86001	OBSERVATORY	ARIZONA	501(C)(3)	LINE 12B, II	N/A		X
	_						
	-						
	_						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 LOW Part III Identification of Related C organizations treated as a p	ELL OBSERVA	as a Partn	ership. Complete i	f the organi	zation answe	ered "Ye	es" on For	n 990, F	art IV, line	34, b	ecaus	86-(e it had one c				Page
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(related, unrelated excluded from tax un		Share	(f) e of total come	Sha end-	(g) are of of-year sets	Disprop alloca	h) ortionate tions?	(i) Code V-U amount in I 20 of Sched	box dule	managin partner	^{or} Perci ^g own	(k) entag ership
	_	country)		sections	s 512-514)					Yes	No	K-1 (Form 10	065)	Yes No		
	-															
	-															
	-															
	_															
Part IV Identification of Related C	Drganizations Taxable	e as a Corpo	oration or Trust. C	omplete if t	he organizat	on ans	wered "Ye	s" on Fo	rm 990, Pa	art IV,	line 34	I, because it	had o	ne or r	nore re	elated
(a) Name, address, and EIN of related organization		(b) Primary activity		(C) Legal domicile (state or foreign	(d) Direct cont entity		(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income			(g) Share of end-of-year assets	Perc	(h) centag nership	e 512 con	(i) ection 2(b)(13) htrolled
				country)								433613			Yes	No
																\vdash
													-			+

Schedule R (Form 990) 2021 LOWELL OBSERVATORY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes					
a	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	Gift, grant, or capital contribution to related organization(s)	1b	X					
с	Gift, grant, or capital contribution from related organization(s)	1c	X					
	Loans or loan guarantees to or for related organization(s)	1d	X					
	Loans or loan guarantees by related organization(s)	1e	Х					
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	1g		Х				
	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х					
	Sharing of paid employees with related organization(s)	10	Х					
р	Reimbursement paid to related organization(s) for expenses	1p	X					
q	Reimbursement paid by related organization(s) for expenses	1q	X					
r	Other transfer of cash or property to related organization(s)	1r		Х				
s	Other transfer of cash or property from related organization(s)	1s		Х				
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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PERCIVAL LOWELL TRUST UW	Е	12,052,466.	END OF YEAR BALANCE
(2)			
_(3)			
_(4)			
(5)			
(6)			
132163 11-17-21	43	-	Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 LOWELL OBSERVATORY

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) !? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	ral or iging ner?	(k) Percentage ownership

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21