Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2011

Open to Public Inspection

<u>A</u> [For the	e 2011 calendar year, or tax year beginning and e	nding		
В	Check If	C Name of organization		D Employer identifie	cation number
		THE INTERNATIONAL DARK-SKY			
X	Addre	S ASSOCIATION INC	·		
	Name chang	Doing Business As		74-2	493011
	Initial return		Room/suite	E Telephone number	
	Termir ated		,	•	293-3198
	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	757450.
	Applic	* TUCSON, AZ 85719-2103		H(a) is this a group re	
	pendi	F Name and address of principal officer:		for affiliates?	Yes X No
				H(b) Are all affiliates inc	
<u> </u>	Fax-ex	empt status: X 501(c)(3)	527	* *	list. (see Instructions)
		e: WWW.DARKSKY.ORG	<u> </u>	H(c) Group exemption	·
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: AZ
	art I	Summary	r tour		Otate or legal definienc. 2221
	T	Briefly describe the organization's mission or most significant activities: THE A	SSOCT	ATTON'S MIS	פדראז דפ ייר
Activities & Governance		PRESERVE AND PROTECT THE NIGHTTIME ENVIRO			
ä		Check this box if the organization discontinued its operations or dispose			
Ş				i i	16
ලි		Number of independent voting members of the governing body (Part VI, line 1b)		3	16
భ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			13
Ē					
Š	7.0	Total number of volunteers (estimate if necessary)		6	25
Ă	/ a	Total unrelated business revenue from Part VIII, column (C), line 12	•••••	7a	0.
	- 0	Net unrelated business taxable income from Form 990-T, line 34	······	į į	0.
		Oracle Marketing and Association (Co. 1) (D. 1) (Marketing and Association (Co. 1))	-	Prior Year	Current Year
ř		Contributions and grants (Part VIII, line 1h)		696036.	722169.
Revenue		Program service revenue (Part VIII, line 2g)		20791.	<u>27200.</u>
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		361.	7.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14927.	8074.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		732115.	757450.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		318048.	371114.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	b	Total fundralsing expenses (Part IX, column (D), line 25) 7357		对重要 对自2003	
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		345646.	342405.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		663694.	<u>713519.</u>
		Revenue less expenses. Subtract line 18 from line 12		68421.	43931.
Net Assets or Fund Balances	1		Beg	inning of Current Year	End of Year
88	20	Total assets (Part X, line 16)		145423.	194166.
SEA SEA SEA SEA SEA SEA SEA SEA SEA SEA	21	Total liabilities (Part X, line 26)		21691.	26503.
		Net assets or fund balances. Subtract line 21 from line 20		123732.	167663.
		Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
					1
Sig	n	Signature of officer		Date	110
Her	e	Cam B Junell		11/14	4//2
		Type or print name and title 😘		,	1
		Print/Type preparer's name Preparer's signature	, D	ate Check	PTIN
Paid	j	HOWARD G. FRIES	ا/ برو	$1/13/J^2$ f = 1/13/J2	F00271880
Prej	parer	Firm's name H.G. FRIES & COMPANY		Firm's EIN	26-1725553
Use	Only	Firm's address 13333 POINT RIDER LANE			
	-	HERNDON, VA 20171-3813		Phone no. 70	03-707-8214
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

(Rev. January 2012)

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or 74-2493011 The International Dark-Sky Association Social security number (SSN) print Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your 3223 N. First Ave, Tucson, AZ 85719-2103 instructions. Enter the Return code for the return that this application is for (file a separate application for each return) 01 Return Application Return Application Code Is For Code Is For 07 Form 990-T (corporation) 01 Form 990 08 02 Form 1041-A Form 990-BL 09 Form 4720 01 Form 990-EZ 10 04 Form 5227 Form 990-PF 11 Form 6069 05 Form 990-T (sec. 401(a) or 408(a) trust) 12 06 Form 8870 Form 990-T (trust other than above) The books are in the care of ► Susan Ciarniello FAX No. ► 1-520-293-3192 Telephone No. ► 1-520-293-3198 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box . . . ▶ □ . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 20, 12, to file the exempt organization return for the organization named above. The extension is

EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

▶ ☐ tax year beginning , 20 , and ending

estimated tax payments made. Include any prior year overpayment allowed as a credit.

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

for the organization's return for: ▶ ☑ calendar year 20 11 or

☐ Change in accounting period

nonrefundable credits. See instructions.

3a

3b

f.vou are '	filing for an Additional (Not Automatic complete Part II if you have already bee filing for an Automatic 3-Month Exten	sion, complete o	nly Part I (on page 1).	niac naededl
art II	filing for an Automatic 3-Month Exten Additional (Not Automatic) 3-Mo	nth Extension o	of Time. Only file the original (no co	ying number, see instructions
200			Enter filer's identity	ntification number (EIN) or
	Name of exempt organization or other file	r, see instructions.		,,,,,,,
pe or int	{			ty number (SSN)
	Number, street, and room or suite no. If a	P.O. box, see instru	ictions.	•
by the addedor				
g your um. See tructions.	City, town or post office, state, and ZIP c			
iter the R	eturn code for the return that this appli	cation is for (file a	separate application for each return)	Dotum
		Return	Application	Return
pplication	on	Code	Is For	
For		01	18101	08
orm 990		02	Form 1041-A	09
orm 990 orm 990		01	Form 4720	10
orm 990	· · · · · · · · · · · · · · · · · · ·	04	Form 5227	11
orm 990	-FF -T (sec. 401(a) or 408(a) trust)	05	Form 6069	12
	not complete Part II if you were not air	06	Form 8870	
or the wh	note aroup, check this box 🕟 🕟 💌	► . If it is for pa	oup Exemption Number (GEN) art of the group, check this box	D and attach a
or the wh ist with th	note group, check this box ne names and EINs of all members the	► ☐ . If it is for parextension is for.	art of the group, check this box	▶ ☐ and attach a
or the wh st with th	nole group, check this box ne names and EINs of all members the equest an additional 3-month extension	→ ☐ . If it is for parextension is for. Tof time until	art of the group, check this box	, , ▶ ☐ and attach a
or the who ist with the 4 1 re 5 Fo 6 If the	nole group, check this box ne names and EINs of all members the equest an additional 3-month extension or calendar year the tax year entered in line 5 is for less	→ ☐ . If it is for parextension is for. Tof time until	art of the group, check this box	, , ▶ ☐ and attach a
or the who st with the 4 1 re 5 Fo 6 If the Image of the	nole group, check this box ne names and EINs of all members the equest an additional 3-month extension or calendar year the tax year entered in line 5 is for less Change in accounting period	. If it is for pa extension is for. n of time until r beginning than 12 months, o	, 20 , and ending	and attach a
or the who st with the 4 1 re 5 Fo 6 If the Image of the	nole group, check this box ne names and EINs of all members the equest an additional 3-month extension	. If it is for pa extension is for. n of time until r beginning than 12 months, o	art of the group, check this box	and attach a
or the whist with the state of	equest an additional 3-month extension or calendar year or other tax year the tax year entered in line 5 is for less. Change in accounting period tate in detail why you need the extension	extension is for. of time until r beginning than 12 months, on	rt of the group, check this box	ond attach a
or the whist with the state of	equest an additional 3-month extension or calendar year or other tax year the tax year entered in line 5 is for less change in accounting period tate in detail why you need the extension this application is for Form 990-BL, 99	extension is for parextension is for parextension is for. In of time until probability than 12 months, compared to the parextension is for parextension in the parextension in the parextension is for parextension in the parextension in the parextension is for parextension in the parextension in the parextension is for parextension in the parextension in the parextension is for parextension in the parextension in the parextension is for parextension in the parextension in the parextension is for parextension in the parextension is for parextension in the parextension in the parextension is for parextension in the parextension in the parextension is for parextension in the parext	, 20 , and ending heck reason:	ond attach a and attach a
or the whist with the state of	equest an additional 3-month extension or calendar year, or other tax year the tax year entered in line 5 is for less. Change in accounting period tate in detail why you need the extension this application is for Form 990-BL, 990 onrefundable credits. See instructions.	extension is for parextension is for. n of time until r beginning than 12 months, con.	, 20 , and ending heck reason:	, , ▶ ☐ and attach a), 20 Final return any 8a \$ and
or the whist with the st with	equest an additional 3-month extension or calendar year or other tax year the tax year entered in line 5 is for less. Change in accounting period tate in detail why you need the extension this application is for Form 990-BL, 990 onrefundable credits. See instructions. This application is for Form 990-PF, stimated tax payments made, include the page 1868.	in it is for parextension is for. If it is for parextension is for. If of time until it beginning than 12 months, or on 12 months, or on 12 months, or on 14 months, or on 15 months, or on 16 months, or on 16 months, or on 17 months, or on 18	, 20 , and ending heck reason:	any 8a \$ and any 8b \$
or the whist with the st with	equest an additional 3-month extension or calendar year, or other tax year the tax year entered in line 5 is for less. Change in accounting period tate in detail why you need the extension of the extensio	extension is for parextension is for. In of time until reginning than 12 months, con 100-PF, 990-T, 4720, or any prior year of time your paymone instructions.	, 20 , and ending heck reason:	any 8a \$ and any 8b \$ FTPS 8c \$
or the whist with the state of the with the state of the	equest an additional 3-month extension or calendar year or other tax year the tax year entered in line 5 is for less. Change in accounting period tate in detail why you need the extension of th	extension is for. of time until r beginning than 12 months, on on on on include your paymone instructions.	, 20 , and ending heck reason:	any 8a \$ and any 8b \$ FTPS 8c \$
or the wheat with the st with	equest an additional 3-month extension or calendar year, or other tax year the tax year entered in line 5 is for less. Change in accounting period tate in detail why you need the extension of the extensio	extension is for parextension is for. In of time until reginning than 12 months, con parextension is for. O-PF, 990-T, 4720, or any prior year of the instructions.	, 20 , and ending , 20 , or 6069, enter the tentative tax, less overpayment allowed as a credit and tent with this form, if required, by using Elust be completed for Part II only, including accompanying schedules and s	any 8a \$ and any 8b \$ FTPS 8c \$

(Rev. January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

▶ File a separate application for each return.

Internal Revenue	Service			le Bart Land shock this box		. ▶ 🛘
 If you are f 	filing for a	n Automatic 3-Month Extension, co	omplete or	ly Part I and check this box	is form).	
• If you are f	filing for a	n Additional (Not Automatic) 3-Moi	ntn Extens	ion, complete only Part II (on page 2 of the	v filed Form	8868.
Do not com	plete Pa	<i>rt II unless</i> you have already been gr	anted an at	utomatic 3-month extension on a previous		months for
a corporation 8868 to require Return for instructions	n require juest an e Transfers	d to tile Form 990-1), or an additional extension of time to file any of the formal Associated With Certain Personal redetails on the electronic filing of this	orms listed Benefit Co is form, visi	need a 3-month automatic extension of timatic) 3-month extension of time. You can in Part I or Part II with the exception of Fontracts, which must be sent to the IRS it www.irs.gov/efile and click on e-file for C	Form 8870, I S in paper f	Information ormat (see
			$\Delta = 1$	mit original (no contes needed).		
A corporati	ion requi	red to file Form 990-T and reques	ting an au	s, and trusts must use Form 7004 to reque		
All other co	rporation	s (including 1120-C filers), partnershi	ps, nemio	s, una madia madia		
to file incon	ne tax reti	ums.		Enter filer's identifying	number, see	instructions
	1.11	f exempt organization or other filer, see In	structions.	Employer Identific	ation number	(EIN) or
Type or	Name o	exempt organization of other mer, soo in	011441141141			
print File by the	Number	, street, and room or suite no. If a P.O. bo	x, see instru	ctions. Social security nu	mber (SSN)	
due date for filing your	City to	wn or post office, state, and ZIP code. For	a foreign ac	Idress, see instructions.		
return. See	City, to	ivi oi poor omoof orare,				
instructions.	_1			and confication for each return)		
Enter the R	leturn cod	de for the return that this application i	s for (file a	separate application for each return) .		Deturn
Application			Return	Application		Return Code
ls For	011		Code	is For		
Form 990			01	Form 990-T (corporation)		07
Form 990			02	Form 1041-A		09
Form 990			01	Form 4720		
Form 990			04	Form 5227		10
		01(a) or 408(a) trust)	05	Form 6069		11 12
		other than above)	06	Form 8870		12
101111330	, tagor					
			E	FAX No. >		▶□
10.41		. Jana not have an office of DIRCE OF F	าบรเกษรร แา	the Othica Otatos, officer and services		his is
for the wh	ole arous	o, check this box 🕠 🕟 🕒 . If	it is for pa	rt of the group, check this box	► [and a	macii
		I tikin of all mombare the extent	sion is tor.			
1 Ire	equest an	automatic 3-month (6 months for a c	corporation	required to file Form 990-T) extension of ti	me hove Thele:	xtension is
un	til	, 20, to file the exe	empt organ	required to tile Form 990-1) extension of the ization return for the organization named a	0040. 1110 07	((0),0,0,0
for	the orga	nization's return for:				
>	calenc	lar year 20 or				
			0/	n and anding	. 21	ο.
>	tax ye	ar beginning	اکے ا	0 , and ending heck reason: ☐ Initial return	turn	
2 lf !	the tax ye	ear entered in line 1 is for less than 12	monus, c	Heck reason.		
	Change	in accounting period	90-T 4720	, or 6069, enter the tentative tax, less any		
3a lf	this appli	ble credits. See instructions.	30.11 4120	, 0, 000-1 000-0	3a \$	
nc 	nreiunga	Eastles is for Form 990-PF 990-T	4720. or	6069, enter any refundable credits and		
0.0	timated t	av navments made, include any prior	vear overp	Sayment allowed as a credit.	3b \$	
95	olonce d	as Subtract line 3h from line 3a. Inclu	ide your pa	ayment with this form, if required, by using		
			i Soo ingin	uctions.	30 7	
Caution	If you are o	joing to make an electronic fund withdraw	al with this F	Form 8868, see Form 8453-EO and Form 8879-E	O for paymer	it instructions.
Caution, I	, you are t	,			Form 88	368 (Rev. 1-2012)

Form 8868 ((Rev. 1-2012)			Page 2
	my (A. L. IIII and Mat Automotic) 3-M	onth Extens	sion, complete only Part II and che	ck this box
Maka Oa	by complete Bart II if you have already been gra	nted an auto	matic 3-month extension on a brev	lously filed Forth 6006.
 If you a 	CULTURE AND	complete u	INV PALL TOTT DAGE 17.	
Part II	Additional (Not Automatic) 3-Month E	xtension	Elifet lilet a ice	ilitiying namber, eee
	Name of exempt organization or other filer, see	Instructions.	Employer	identification number (EIN) or
Type or		in latit doction to		74-2493011
print	The International Dark-Sky Association Number, street, and room or suite no. If a P.O. t	oox, see instru	TO TO THE	curity number (SSN)
File by the	0000 11 First Ave		[L-J	
due date for fiting your	3223 N. First Ave City, town or post office, state, and ZIP code. For a state, and ZIP code.	or a foreign ac	ddress, see instructions.	
return. See Instructions				
	Return code for the return that this application	in for file o	separate application for each return	3)
Enter the	Return code for the return that this application		separate application for cases	Return
Applica	ation	Return	Application	Code
is For		Code	is For	
Form 99	90	01		08
Form 99	90-BL	02	Form 1041-A	09
Form 99		01	Form 4720 Form 5227	10
Form 9		04	Form 6069	11
	90-T (sec. 401(a) or 408(a) trust)	06	Form 8870	12
Form 9	90-T (trust other than above) o not complete Part II if you were not already (and a selection of the
If the control of th	properties of the tax year entered in line 5 is for less than 1. Change in accounting period Change in accounting period State in detail why you need the young and they will not be able to the properties of the period of the tax with the tax year entered in the 5 is for less than 1.	four digit Gro If it is for pa It is for pa It is for pa It is for. In until It is for.	November 15 , 20 , and ending heck reason: Initial return	20 12 . g
			and the testative toy to	oc any
	If this application is for Form 990-BL, 990-PF, nonrefundable credits. See instructions.			08 T
c	If this application is for Form 990-PF, 990-estimated tax payments made. Include any pamount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include	e your payme	verpayment allowed as a credit at	8b \$
	(Electronic Federal Tax Payment System). See inst		A Land San Dank It and	
			ist be completed for Part II on	
Under (knowled	penalties of perjury, I declare that I have examined dge and belief, it is true, correct, and complete, and t	hat I am autho	Drized to prepare this form	·
Signatur	A Ra	Title	Executive Director	Date ► July 17. 2012
Signatur				Form 8868 (Rev. 1-2012

132002 02-09-12 Form **990** (2011)

568017.

including grants of \$

4e Total program service expenses

Page 3

Part IV | Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c 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 X 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 <u>11</u>f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional...... 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 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 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011)

THE INTERNATIONAL DARK-SKY

Form 990 (2011) ASSOCIATION INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			Ì
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	-		l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			١
	of any of these persons? If "Yes," complete Schedule L, Part III	27	- 1 * * 1.	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	·	.5 - 5	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- T
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			v
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	* * * * * * * * * * * * * * * * * * * *	051	ŀ	х
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	077		- v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38	$\Gamma \Lambda$	

Form 990 (2011)

THE INTERNATIONAL DARK-SKY Form 990 (2011) ASSOCIATION INC

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
		1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable	1b	0			* -
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-		· · · ·	. 1		
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				**
	, , , , , , , , , , , , , , , , , , ,	.,,,,,,,,,		3a		X
	, , , , , , , , , , , , , , , , , , , ,		***************************************	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4-	v	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	m) r	4a	X	
g	If "Yes," enter the name of the foreign country: ► <u>BELGIUM</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	٨٥٥٥١١	nte -			
F-	and the state of t			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		······································	5b		X
b	14 N. C. 11 N. C. 11 N. C. 11 N. C. 12			5c		
6a	The state of the s			- 00		
ou	any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			- Ari	20.2	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices (provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?	·····		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		12.42	1 .	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	<u> </u>			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	ally III	ne during the year r	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		***************************************			
.c a	Initiation fees and capital contributions included on Part VIII, line 12	10a			Marie	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1				
11	Section 501(c)(12) organizations, Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					100
	amounts due or received from them.)	11b		. * !		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				5
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				ļ	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand			44-		v
	,,,,		**************************	14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	ie U		14b	ฉฉก	/2014\

Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16			
	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 in Schedule O.	ŀ	ĺ				
b	Enter the number of voting members included in line 1a, above, who are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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						
•	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			- 1	5		X
6	Did the organization have members or stockholders?			- 1	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
7 a	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
D					7b		Х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			····· }		****	-
8	The governing body?				8a	Х	
a h	Each committee with authority to act on behalf of the governing body?				8b	X	
d	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			·····			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			ļ	9		x
900	tion B. Policies (This Section B requests information about policies not required by the Internal F						
Sec	tion b. Foncies (this Section b requests information about policies not required by the internal t	16 v Ci iu	0.0000.7			Yes	No
40	Did the executation have local chapters branches as affiliates?			ſ	10a	X	,,,,,
	Did the organization have local chapters, branches, or affiliates?				IVA	_ 43	-
b	If "Yes," did the organization have written policies and procedures governing the activities of such c				10b	Х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?				11a	- 12	X
_	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay Deit	ne ming the ior	""	118		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				40-		х
12a	• • • • • • • • • • • • • • • • • • • •		ndiala?		12a		A
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			1	40-		
	in Schedule O how this was done				12c		v
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction policy?				14		
15	Did the process for determining compensation of the following persons include a review and approv		naepenaent		Ĭ,		' ' '
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					erra. M	1 77
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		***		Mit.		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			[177
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's		13		1 1
_	exempt status with respect to such arrangements?				16b		<u> </u>
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·T (Sec	tion 501(c)(3)s	only) a	ıvailal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest poli	cy, an	d fina	ncial	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the org	ganizat	tion: 🕽	-	
	THE ORGANIZATION - 520-293-3198						
	3223 N. FIRST AVENUE, TUCSON, AZ 85719-2103						
13200 01-23	16 -12				Form	990	(2011)

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A) Name and Title	(B) Average hours per week	box	not d	ss der	ition more rson l	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations
(1) BUELL JANNUZI									_	
PRESIDENT	1.00	X	ļ	X				0.	0.	0.
(2) CHRISTIAN K. MONRAD									•	
VP (INTERIM TREASURER)	5.00	X		Х	_			0.	0.	0.
(3) CHRISTOPHER W. WALKER		l		<u> </u>				_	0	
TREASURER	5.00	X	├	X		<u> </u>		0.	0.	0.
(4) J. KELLY BEATTY	1 00	١,,		x				0.	0.	0.
SECRETARY	1.00	X		A		 		U .	U •	<u> </u>
(5) JAMES R. BENYA	1.00				ŀ			0.	0.	0.
DIRECTOR	1.00	 	 			┢	ļ	<u> </u>	0.	<u></u>
(6) NANCY CLANTON	1.00				 			0.	0.	0.
DIRECTOR (7) PAUL ERICSON	1.00			\vdash				V •	•	•
(7) PAUL ERICSON DIRECTOR	1.00		ļ					0.	0.	0.
(8) AUDREY FISCHER			ļ	 						
DIRECTOR	1.00					ĺ		0.	0.	0.
(9) TERRY K. MCGOWAN										
DIRECTOR	1.00							0.	0.	0.
(10) DR. MARIO MOTTA										
DIRECTOR	1.00				<u> </u>			0.	0.	0.
(11) LEO SMITH	1									
DIRECTOR	1.00	<u> </u>				$oxed{oxed}$	<u> </u>	0.	0.	0.
(12) REGINALD WILSON				1					_	
DIRECTOR	1.00	╄	ļ	ļ	<u> </u>	ļ	ļ	0.	0.	0.
(13) ROBERT WAGNER										
DIRECTOR	1.00	<u> </u>		<u> </u>	_		_	0.	0.	0.
(14) MARTIN MORGAN-TAYLOR	1					ŀ				
DIRECTOR	1.00	-		╄	ļ			0.	0.	0.
(15) FRIEDEL PAS	1 00							_	0.	
DIRECTOR	1.00	+	+-	\vdash	\vdash	\vdash	-	0.	U .	0.
(16) JEAN-FRANCOIS SIMARD	1.00						1	0.	0.	0.
DIRECTOR	1 I UU	1	1	I	1	1			J	V •

Form 990 (2011)

ASSOCIATION INC

Par	t VII Section A. Officers, Directors, Tru (A)	ustees, Key Er (B)	nplo		(()		est	Compensated Employ (D)	ees (continued) (E)		(F)	
	Name and title	Average hours per week (describe hours for related	box offi	not c , unle cer an	ss pe d a d	more rson recto	than is bot or/trus	n an lee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC		Estima amoun othe ompens from t organiza	t of r sation he
		organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and rela	ated
									-				
С	Sub-total Total from continuation sheets to Part V	II, Section A	••••	• • • • • •					0. 0. 0.	().).		0. 0. 0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportable		Yes	0 s No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	such individual	•••	•••••							3	3	х
4 5	For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or	50,000? <i>If</i> "Yes	," CC	mpl	ete :	Sch	edul	e <i>J</i> :	for such individual		4	4	X
Sec	rendered to the organization? If "Yes," constition B. Independent Contractors	nplete Schedu	le J	for s	uch	per	son					5	X
1	Complete this table for your five highest of the organization. Report compensation for (A)										ensatio	(C)	
	Name and busines:	s address	N	ON:	E		<u></u>		Description of s	services	Con	npensat	ion
2	Total number of independent contractors \$100,000 of compensation from the organ		not I	imite	ed to	the	ose li O	ste	d above) who received r	nore than			· · · · · · · · · · · · · · · · · · ·
											Fo	_{rm} 99((2011)

15031113 134374 0527

Form 990 (2011) ASSOCIA
Part VIII Statement of Revenue ASSOCIATION INC

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ध्य	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	302462.				
A m	C	Fundraising events	1c					
消光	d	Related organizations	1d					
S,E	е	Government grants (contribution	ons) 1e					
S	f	All other contributions, gifts, grant	s, and					
世		similar amounts not included above	/e 1f	419707.				
퉏	g	Noncash contributions included in lines	1a-1f: \$					
<u> 용</u>	h	Total. Add lines 1a-1f			722169.			
				Business Code				
છ	2 a	FSA FEES		900099	27200.	27200.		
Program Service Revenue	b							
Sol	C							
e a	d							
<u>Б</u> /Т	е							
<u>-</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			27200.	ABREAU TO THE		
	3	Investment income (including				_		
Ì		other similar amounts)			7.	7.		
	4	Income from investment of tax	k-exempt bond p	oroceeds >				
	5	Royalties)				<u> </u>
			(i) Real	(ii) Personal				
	6 a	Gross rents						
]	b	Less: rental expenses	1					
Ì	C	Rental income or (loss)				Pith History		
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)					103.6.573	
		Net gain or (loss)						A PERSON OF THE PROPERTY.
ଦ୍ର	8 a	Gross income from fundraising	g events (not					
en		including \$	of					
ě		contributions reported on line						
Other Revent		Part IV, line 18						
₽		Less: direct expenses)				The state of the
		Net income or (loss) from fund		>				<u> </u>
	9 a	Gross income from gaming ac		1				
		Part IV, line 19						
	i i	Less: direct expenses					The part of the second	The following the design business
		Net income or (loss) from gam	=				12,10,000,000	
	10 a	Gross sales of inventory, less						
	_	and allowances						
ļ		Less: cost of goods sold						
	C	Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code	8074.	8074.		
		MISCELLANEOUS		300033	00/4.	00/4		
	b							
	C							
	d				8074.			
		Total Add lines 11a-11d			757450.	35281.	0.	0.
1320- 01-23	12 09 3-12	Total revenue. See instructions.	***************************************	··············	13/430	, 33201,	·I	Form 990 (2011)

ASSOCIATION INC

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) but are not required to complete columns (B), (C), and (D).

b, 9b, and 10b of Part VIII.				
Grants and other assistance to governments and		expenses	general expenses	expenses
-				
_				
· · · · · · · · · · · · · · · · · · ·				
-				
Benefits paid to or for members				
trustees, and key employees				
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	327489.	261991.	32749.	32749.
Pension plan accruals and contributions (include				
section 401(k) and section 403(b) employer contributions)				
· · · · · · · · · · · · · · · · · · ·				1364.
	29984.	23988.	2998.	2998.
	405400	0=400	40540	40640
	106488.	85192.	10648.	10648
1				
-				
	1000	100	1700	· · · · · · · · · · · · · · · · · · ·
				1005
	10852.	8682.	1085.	1085
į.	40001	22617	4202	4202
· · · · · ·				4202
	35405.	48345.	3540.	3540
•			•	
· · · · · · · · · · · · · · · · · · ·	C202	E042	630	630
	6303.	5043.	030.	0.30
				114014 T W
	2002	2115	300	389
. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				397
	33140	<u> </u>		
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	46965	37571.	4697.	4697
				1727
				2371
				1205
				5573
				73575
	, _ , _ , _ , _ ,		, , , , , , ,	
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 4010) and section 402(b) employer contributions) Other employee benefits Payroll taxes Pees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other Advertising and promotion 1989. Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 1016 Assistance 1017 Assistance 1017 Assistance 1018 Assistance	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation included above, to disqualified persons (as defined under section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions eached section 401(s) and section 4958(c)(3)(B) Other employee benefits 13641. 10913. Payroll taxes 29984. 23988. Fees for services (non-employees): Management 106488. 85192. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other Advertising and promotion 1989. 1999. Office expenses 10852. 8682. Information technology Royalties Occupancy 1999. Royalties Occupancy 42021. 33617. Travel 35405. 28325. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization 3893. 3115. Insurance 3972. 3178. Other expenses. Itemize expenses not covered above, (List miscellaneous expenses in line 24e. If line 25, column (A) amount, list line 24e expenses on Schedule 0.) CONTRACT LABOR POSTAGE 17274. 13820. PRINTING & REPRODUCTION 13548. 11177. NEWSLETTER EXPENSE 12049. 9669. Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Total functional expenses.	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benofits paid to or for members Compensation of current officers, directors, frustees, and key amployees Compensation of current officers, directors, frustees, and key amployees Compensation of current officers, directors, frustees, and key amployees Compensation of current officers, directors, frustees, and key amployees Compensation of current officers, directors, frustees, and key amployees Densin plan accruals and contributions gouldes ascites 400g and sectice 400g and section 400g and section 400g and section 400g an

Form 990 (2011)
Part X Balance Sheet ASSOCIATION INC

Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, d employees, and highest compensated employe of Schedule L Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(d employers and sponsoring organizations of sec employees' beneficiary organizations (see instra Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets	irectors, trust les. Complete defined und c)(3)(B), and c stion 501(c)(9) uctions) 10a 10b	ees, key Part II er section ontributing voluntary 31635. 17421.		1 2 3 4 5 5 6 7 8 9	102561. 47863.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, demployees, and highest compensated employer of Schedule L. Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(demployers and sponsoring organizations of section employees' beneficiary organizations (see instruction location), persons described in section 4958(demployers and sponsoring organizations of section employees' beneficiary organizations (see instruction), and loans receivable, net inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments · publicly traded securities Investments · other securities. See Part IV, line Investments · program-related. See Part IV, line	irectors, trust les. Complete defined und c)(3)(B), and c stion 501(c)(9) uctions) 10a 10b	ees, key Part II er section ontributing voluntary 31635. 17421.	113. 50000. 28500.	2 3 4 5 6 7 8	47863.
Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, demployees, and highest compensated employer of Schedule L. Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(demployers and sponsoring organizations of section 4958(demployees' beneficiary organizations (see instruction of section 4958(demployees' beneficiary organizations (see instruction of section 4958(demployees' beneficiary organizations (see instruction of section of section organizations) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments · publicly traded securities Investments · other securities. See Part IV, line Investments · program-related. See Part IV, line	irectors, trust les. Complete defined und c)(3)(B), and c stion 501(c)(9) uctions)	ees, key Part II er section ontributing voluntary 31635. 17421.	50000. 28500. 2480.	3 4 5 6 7 8	
Accounts receivable, net Receivables from current and former officers, demployees, and highest compensated employer of Schedule L Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(demployers and sponsoring organizations of section 4958(demployees' beneficiary organizations (see instruction of section 4958(demployees' beneficiary organizations (see instruction of section 4958(demployees' beneficiary organizations (see instruction of section of sec	irectors, trust les. Complete defined und e)(3)(B), and c etion 501(c)(9) uctions) 10a 10b	ees, key Part II er section ontributing voluntary 31635. 17421.	28500.	5 6 7 8	29528.
Receivables from current and former officers, demployees, and highest compensated employer of Schedule L. Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(demployers and sponsoring organizations of section 4958(demployers) beneficiary organizations (see instruction of section 4958(demployees) beneficiary organizations (see instruction of section 4958(demployees) beneficiary organizations (see instruction of section of sect	irectors, trust les. Complete defined und c)(3)(B), and c etion 501(c)(9) uctions) 10a 10b	ees, key Part II er section ontributing voluntary 31635. 17421.	2480.	6 7 8	29528.
employees, and highest compensated employee of Schedule L. Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(demployers and sponsoring organizations of section 4958(demployees' beneficiary organizations (see instructions) in the section 4958(demployees' beneficiary organizations (see instructions) in the section of sections and loans receivable, net	defined und c)(3)(B), and c ction 501(c)(9) uctions)	Part II er section ontributing voluntary 31635. 17421.		6 7 8	29528.
Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(demployers and sponsoring organizations of section 4958(demployees' beneficiary organizations (see instructions) in the section 4958(demployees' beneficiary organizations) (see instructions) investments or sale or use the section of the sect	10a 10b	ar section ontributing voluntary 31635.		6 7 8	29528.
4958(f)(1)), persons described in section 4958(demployers and sponsoring organizations of section 4958(demployees' beneficiary organizations (see instructions) and loans receivable, net inventories for sale or use inventories cost or other basis. Complete Part VI of Schedule D investments · publicly traded securities investments · other securities. See Part IV, line investments · program-related. See Part IV, line investments · program-related. See Part IV, line	10a 10b	31635.		7 8	29528.
employers and sponsoring organizations of sec employees' beneficiary organizations (see instra Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments · publicly traded securities Investments · other securities. See Part IV, line Investments · program-related. See Part IV, line	10a 10b	31635. 17421.		7 8	29528.
employees' beneficiary organizations (see instructions) losses and loans receivable, net	10a 10b	31635. 17421.		7 8	29528.
Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10a 10b	31635. 17421.		7 8	29528.
Inventories for sale or use	10a 10b	31635. 17421.			29528.
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments · publicly traded securities Investments · other securities. See Part IV, line Investments · program-related. See Part IV, line	10a 10b	31635. 17421.			29528.
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments · publicly traded securities Investments · other securities. See Part IV, line Investments · program-related. See Part IV, line	10a 10b	31635. 17421.			
basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments · publicly traded securities Investments · other securities. See Part IV, line Investments · program-related. See Part IV, line	10b	17421.			
Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10b	17421.			 A Section of the Control of the Contro
Investments · publicly traded securities	11			10c	14214.
Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	11			11	
Investments - program-related. See Part IV, line				12	
	.11		I .	13	
			I .	14	
Other assets. See Part IV, line 11				15	
Total assets, Add lines 1 through 15 (must equ			4 4 5 4 6 6	16	194166.
Accounts payable and accrued expenses			21691.	17	26503.
Grants payable				18	
Deferred revenue				19	
Tax-exempt bond liabilities				20	
Escrow or custodial account liability. Complete				21	
Payables to current and former officers, director					
highest compensated employees, and disquali					
of Schedule L				22	
Secured mortgages and notes payable to unre				23	
Unsecured notes and loans payable to unrelate				24	
· · · · · · · · · · · · · · · · · · ·					
·	-				
·	-			25	
***************************************			21691.		26503.
	1010 - 12	and complete			
			53512.	27	167663.
					0.
				1	
				Ī	
	oricon rici c	unio			
	e.			30	
Paid-in or canital surplus or land, building or a			<u> </u>		
			123732.	·	167663.
Retained earnings, endowment, accumulated i				34	194166.
	Other liabilities (including federal income tax, p parties, and other liabilities not included on line Schedule D Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117, check it lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, complete lines 30 through 34. Capital stock or trust principal, or current fund. Paid-in or capital surplus, or land, building, or each	Other liabilities (including federal income tax, payables to religional parties, and other liabilities not included on lines 17-24). Conschedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here Lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fur Retained earnings, endowment, accumulated income, or other constants.	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here Wall and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here In and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here In and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here In and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 123732. 33

Form 990 (2011)

Form	990 (2011) ASSOCIATION INC	74-2493	011	Pag	_{je} 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		574	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>19.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>31.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	<u> 237</u>	<u>32.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	_		0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10	576	63.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule Q contains a response to any question in this Part XII	***************************************	•••••		Ш
				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 in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			·
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			31.2	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		<u> X</u>
þ	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 in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form !	9 90 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of t	the organizati		ERNATIONAL D	ARK-SI	KY			E		lentification number	
			rion inc						74	<u>-2493011</u>	
Part I	Reason	or Public Charit	t y Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.			
The organ	ization is not a	private foundation b	ecause it is: (For lines 1	l through 1	1, check of	only one be	ox.)				
1 🖳	A church, cor	vention of churches	, or association of chur	ches descr	ibed in se	ction 170(b)(1)(A)(i)				
2 🖳	A school des	chool described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3											
4	A medical res	earch organization o	perated in conjunction	with a hosp	oital descr	ibed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	e hospital's name,	
	city, and state	ə:									
5 🗌	An organizati	on operated for the b	enefit of a college or ur	niversity ow	vned or op	erated by	a governr	nental uni	t described	ni t	
	section 170	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 🔲	A federal, sta	te, or local governme	nt or governmental uni	t described	i in sectio	n 170(b)(1)(A)(v).				
7 X	An organizati	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
	section 170(b)(1)(A)(vi). (Complete Part II.)										
8 🗌	A community	trust described in se	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🔲	An organizati	on that normally rece	ives: (1) more than 33 ⁻	1/3% of its	support fr	om contril	outions, m	nembershi	p fees, and	l gross receipts from	
	activities rela	ted to its exempt fun	ctions - subject to certa	ain exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross investment	
	income and u	inrelated business ta	xable income (less sect	tion 511 tax	x) from bu	sinesses a	cquired b	y the orga	anization af	ter June 30, 1975.	
	See section	509(a)(2). (Complete	Part III.)								
10	An organizati	on organized and op-	erated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	l).			
11	An organizati	on organized and op-	erated exclusively for th	ne benefit c	of, to perfo	rm the fur	ctions of,	or to carr	y out the p	urposes of one or	
	more publicly	supported organizat	tions described in secti	on 509(a)(1	l) or sectio	n 509(a)(2). See se c	ction 509((a)(3). Chec	k the box that	
	describes the	type of supporting o	organization and compl	ete lines 11	e through	11h.					
	а Пуре І	b	Type II 🕠	с 🔲 Туре	e III - Func	tionally int	egrated		d	Type III - Other	
е 🗔	By checking	this box, I certify that	t the organization is not	controlled	directly or	r indirectly	by one or	r more dis	qualified p	ersons other than	
			nan one or more publicl								
f			en determination from								
	supporting of	rganization, check th	is box								
g			rganization accepted a								
	(i) A perso	n who directly or indi	rectly controls, either a	lone or tog	ether with	persons d	escribed i	in (ii) and ((iii) below,	Yes No	
	the gove	erning body of the su	pported organization?							11g(i)	
	(ii) A family	member of a person	described in (i) above?)						11g(ii)	
	(iii) A 35% (controlled entity of a	person described in (i)	or (ii) above	∍?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization((s).						
(i) Name	e of supported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did you	ı notify the	(vi)	s the	(vii) Amount of	
	anization	(,	organization (described on lines 1-9	in col. (I) lis	sted in your	organizat	ion in col.	organizati (i) organiz	zed in the	support	
ū			above or IRC section	solings of illing to laurarolla quelimental (i) of folis clindusta 1		ີ ປ.ຄ	5.?				
			(see instructions))	Yes	No	Yes	No	Yes	No		
				ļ					ļ		
]		
Total			in the factorial frame of the second		I Wastern	Ingestioner.	1			•	

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

(Form 990 or 990-EZ) 2011 ASSOCIATION INC 74-2493011 Page 2
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2011 ASSOCIATION INC

Part II Support Schedule for Organizations Descri

(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	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	912022.	437570.	679510.	702238.	749369.	<u>3480709.</u>				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf	,									
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total, Add lines 1 through 3	912022.	437570.	679510.	702238.	749369.	<u>3480709.</u>				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	amount shown on line 11,										
	column (f)										
	Public support. Subtract line 5 from line 4.				haragaji kata salay ta 1111	1 2 3 4 1 1 1 1 1 1 1 1	3480709.				
		912022.	437570.	679510.	702238.	749369.	3480709.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties				0.54	_	45005				
	and income from similar sources	11735.	4249.	1555.	361.	7.	17907.				
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 IV.)	Albania de la Nación de La Maria		14816.	<u>25354.</u>	8074.					
	Total support. Add lines 7 through 10	Martin (A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					3546860.				

13	•						, 1				
<u></u>	organization, check this box and stor	here Bo	roontogo				<u>P</u>				
							00 12 %				
											
16a											
t											
178											
		corted organization) included ne 1 that exceeds 2% of the unit shown on line 11, mn (f) Its support. Subtract line 8 from line 4. 3480709.									
ł											
	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) Public support. Subtract line 5 from line 4. Total Support Mary year (or fiscal year beginning in) Amounts from line 4 More and a support subtract line 5 from line 4. More and year (or fiscal year beginning in) Amounts from line 4 More and year (or fiscal year beginning in) Amounts from line 4 More and year (or fiscal year beginning in) More										
	•		•								
<u>. 18</u>	Private foundation. If the organization	on did not check a	DOX OF THE 13, 10:	a, 100, 17a, 01 1/L							
					JUIN	radio V (i Oilli 99/	<u>Lej 2011</u>				

Schedule A (Form 990 or 990 EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
gualify under the tests listed below places complete Part II \

Sec	ction A. Public Support				•••		¥
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						ļ
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
_	.,,						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to						Į
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				ľ		
	amount on line 13 for the year Add lines 7a and 7b			-			
	· · · · · · · · · · · · · · · · · · ·	Principal de l'archività	e e pare e la contrata de la				
	Public support (Subtract line 7c from line 6.)	4,44,441,444,444,1114,1144,1144				<u> </u>	
		<i>t-</i> \ 0007	(F) 0000	(=) 2000	(d) 2010	(e) 2011	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(u) 2010	(e) 2011	(I) I Otal
	Amounts from line 6			:			
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	unrelated business taxable income						
	(less section 511 taxes) from businesses		Ė				
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
, =_	or loss from the sale of capital						
	assets (Explain in Part IV.)		1				-
	Total support (Add lines 9, 10c, 11, and 12.)		F			on 501(a)(3) argani	i-ation
14	First five years. If the Form 990 is for						ization,
_	check this box and stop here	a Compart Da	vacatora	***************************************		***************************************	
	ction C. Computation of Publ					1	0/
15	Public support percentage for 2011 (I					15	<u>%</u>
16					***************************************	16	<u>%</u>
	ction D. Computation of Inves						
17	Investment income percentage for 20	111 (line 10c, colu	mn (f) divided by l	ne 13, column (f))			%
18							%
19	a 33 1/3% support tests - 2011. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
	b 33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che	eck this box and s	itop here. The ord	ianization qualifies	as a publicly sub	ported organizatioi	n
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

THE INTERNATIONAL DARK-SKY

OMB No. 1545-0047

2011

Employer identification number

74-2493011 ASSOCIATION INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization THE INTERNATIONAL DARK-SKY ASSOCIATION INC

Employer identification number

74-2493011

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional space is needed.
--------	--------------	---------------------	----------------------	--

	,	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHRISTOPHER W. WALKER 10740 PARKRIDGE BLVD #110 RESTON, VA 20191	\$97275.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MUSCO SPORTS LIGHTING 100 1ST AVE WEST OSKALOOSA, IA 52577	\$ <u>125000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DAVID MITTELMAN 16 ROLLING LANE DOVER, MA 02030	\$15000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

123452 01-23-12

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

THE INTERNATIONAL DARK-SKY

74-2493011

Employer identification number

ASSOCIATION INC Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

THE	INTERNATIONAL	DARK-SKY

SOCIAT art III E yo th	RNATIONAL DARK-SKY ION INC xclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. see duplicate copies of Part III if additional	idual contributions to section 501(c)(7), (8 te following line entry. For organizations con the contributions of \$1,000 or less for the yeal space is needed.	74-2493011 B), or (10) organizations that total more than \$1,000 for the model of the state of				
) No. rom eart I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee				
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
No. om art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee¹s name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE INTERNATIONAL DARK-SKY

Employer identification number

	ASSOCIATION INC		74-2493011
Par		ds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t	that the assets held in donor advis	
	are the organization's property, subject to the organization's exclusi-		
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	conferring
	impermissible private benefit?		YesNo_
Par	t II Conservation Easements. Complete if the organization	on answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (e.g., recreation or education	on) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure	included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/	17/06, and not on a historic struct	ure
	listed in the National Register		
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic management of the periodic manageme	nonitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds'		
6	Staff and volunteer hours devoted to monitoring, inspecting, and en	iforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and enforci	ng conservation easements during	the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above satis	fy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation eas		
	include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes	the organization's accounting for
	conservation easements.	TP	Ot the Association
Pa	t III Organizations Maintaining Collections of Art,		ither Similar Assets.
	Complete if the organization answered "Yes" to Form 990, P		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	historical treasures, or other similar assets held for public exhibition		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes the		
b			
	treasures, or other similar assets held for public exhibition, education	on, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	,	> \$
2	If the organization received or held works of art, historical treasures		al gain, provide
	the following amounts required to be reported under SFAS 116 (AS		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

THE INTERNATIONAL DARK-SKY

	lule D (Form 990) 2011 ASSOCIA						7 <u>4-24</u>			
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Othe	r Simila	ar Asset	ts (conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that a	are a sig	gnificant (use of its o	collection	n items	3
	(check all that apply):									
а	Public exhibition	d	Loan or exc	change program	ns					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	the organization	ı's exen	npt purpo	se in Part	XIV.		
	During the year, did the organization solicit or							_		_
	to be sold to raise funds rather than to be ma							Yes		No
	t IV Escrow and Custodial Arran							ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other asse	ets not i	included		_		_
	on Form 990, Part X?						<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIV									
~			-					Amoun	t	
С	Beginning balance					. 1c				
	Additions during the year									
	Distributions during the year					1 . 1				
	Ending balance					1 1				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIV.									
Par			swered "Yes" to Fo	orm 990, Part IV	/, line 10	0.				
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years	back
1a	Beginning of year balance			1						
	Contributions									
	Net investment earnings, gains, and losses									
_	Grants or scholarships							made in the	7. X.: 11	
	Other expenditures for facilities							11.00	. 50 1	
е	-								7.0	
	and programs									: -
	Administrative expenses							1 1 1 1 1 1		
	End of year balance		l	(a)) hald as:						
2	Provide the estimated percentage of the cur			(a)) Helu as.						
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment									
	The percentages in lines 2a, 2b, and 2c show				(
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are neid	and administere	ea tor ti	ne organi	zation		· I	
	by:							0.00	Yes	No
	(i) unrelated organizations						-,	. 3a(i)		
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organization							. <u>3b</u>		
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipn									
	Description of property	(a) Cost or obasis (investi		st or other s (other)		ccumulat preciation	l	(d) Boo	k valu	е
1a	Land						******			
b	Buildings									
6	Leasehold improvements									
d	Equipment									
	Other			31635.		174	21.		142	14.
	I. Add lines 1a through 1e. (Column (d) must e		t X, column (B), line		*****		. 🕨 🗔		142	14.
1010	in the mine of the second of t		1 77 711-2							

Schedule D (Form 990) 2011

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

Fin 48 (ASC 740) Foolnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740 FIN 48 (ASC 740

Schedule D (Form 990) 2011

Sche	fule D (Form 990) 2011 ASSOCIATION INC				74-2493011	. Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	l Finan	cial S	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9		10	- Determ	
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Witi	n Kevel	nue p	er Return	
1	Total revenue, gains, and other support per audited financial statements				1	
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12:	1 1			1.54	
а	Net unrealized gains on investments					
b	Donated services and use of facilities					
C	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)					
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)	4b				
c	Add lines 4a and 4b	• • • • • • • • • • • • • • • • • • • •			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	onte Mi	th Evn	neas	ner Return	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	Cillo III	III EXP	711300	1	
1	Total expenses and losses per audited financial statements					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما			80	
а	Donated services and use of facilities					
b	Prior year adjustments					
C						
d					2e	
е						
3	Subtract line 2e from line 1			********	*****	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4b				
b	Other (Describe in Part XIV.)				4c	
_	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					
5	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III lines 1s	and 4: F	Part IV.	lines 1b and 2b; Part V, I	ine 4; Part
Con	nplete this part to provide the descriptions required to Fart 11, lines 3, 3, and 3, 1 are in eq. 1 are in eq. 1 are in eq. 1 are in eq. 2. Part XII, lines 2d and 4b. Also com	niete this	part to pr	ovide a	anv additional information	1.
X, III	18 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. 7465 oct.	p.000 0.110	bant to b.		,	
_						
					·	
_						
						,
					0 to 10 to 1	000\ 0044

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

THE INTERNATIONAL DARK-SKY

ASSOCIATION INC

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"

	to Form 990, Parl	t IV. line 14b.			-	
1			maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
•	the grantees' eligibility for	or the grants or a	ssistance, and	the selection criteria used to award the	grants or assistance?	Yes No
					·	
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
	United States.					
3	Activities per Region. (Ti	ne following Part	l, line 3 table ca	n be duplicated if additional space is r		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total expenditures
		offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	for and
		in the region	contractors	recipients located in the region)	of service(s) in region	investments in region
			in region	,		infogion
			ı			
				INFORMATION SHARING,		0.
SUR	OPE	1 1	11	ACTIVITY COORDINATION		<u> </u>
		, i		,		
			•			
				1		
				1		
			ļ			
						İ
			<u> </u>			-
	a Sub-total		1			0,
ŀ	Total from continuation					
	sheets to Part I		0			0,
•	c Totals (add lines 3a				[[일 : 기본 본글 : 기기 및 함께	
	and 3b)		1 1	A CONTRACTOR OF THE PROPERTY O		<u> </u>

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

Schedule F (Form 990) 2011

THE INTERNATIONAL DARK-SKY

Page 2

74-2493011

ASSOCIATION INC

Schedule F (Form 990) 2011

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region Part II can be duplicated if additional space is needed. Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization Part II N

Schedule F (Form 990) 2011

132072 01-23-12

က

25

74-2493011

Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2011
(g) Description of non-cash assistance					Schedule F
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					WWW.Williamstration.
(a) Type of grant or assistance (b) Region					ANALYSIS OF THE STATE OF THE ST

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or Indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No
	. Sch	edule F (Fo	rm 990) 2011

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

THE INTERNATIONAL DARK-SKY

Employer Identification number 74-2493011

ASSOCIATION INC 14-2493011
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DARK SKIES THROUGH QUAILTY OUTDOOR LIGHTING. THE ASSOCIATION WORKS TO
STOP THE ADVERSE IMPACT ON DARK SKIES WORLD-WIDE BY BUILDING AWARENESS
OF THE PROBLEM OF LIGHT POLLUTION, PROVIDING SOLUTIONS AND EDUCATING
THE PUBLIC ABOUT THE VALUE AND EFFECTIVENESS OF QUALITY OUTDOOR
LIGHTING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
POLLUTION, PROVIDING SOLUTIONS AND EDUCATING THE PUBLIC ABOUT THE VALUE
OF QUALITY OUTDOOR LIGHTING.
FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT, VICE PRESIDENT AND
SELECT MEMBERS OF THE BOARD WILL REVIEW THE RETURN PRIOR TO APPROVAL TO
FILE.
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE TAX RETURN ARE
AVAILABLE FOR PUBLIC INSPECTION UPON REQUESTS MADE IN WRITING TO THE
PRESIDENT AT THE TUCSON ADDRESS.

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

ear on	160. 59. 918.	1278. 564.	145. 146.	623	e .				
Current Year Deduction					68 8 8				

Current Sec 179									
	* page *	- 1916			**************************************				
Accumulated Depreciation	1040 426 4265	5167	370		3528				
Accum			NA.		H				
Ē	8 8 0 0 8 8	50 B	μ, c		ក្ត <u>ុ</u>				A AND AND AND AND AND AND AND AND AND AN
Basis For Depreciation	1600 585 9183	80 c	1015	5337	3163				
Der Be									
nl n					•				
Reduction In Basis									
Bus % Exci									
ted asis	1600. 585. 9183.	945. 950.	1015.	1 . W	635.				
Unadjusted Cost Or Basis	16 9 5 91	5	H -	n N	310 10				
		보고 12년 1월 12년 - 12년 1월 12년 - 12년 - 12년							
Line No.	0016 0016 0016	10 H	1 1 6	<u> </u>					
Lífe	10.0 10.0	7.00	7.00					18 19 18 19	
Method									
 	04SL 05SL 08SL	09SI 10SI	10SI	ISI					
Date Acquired	033104SL 032105SL 012208SL	123109SL 020110SL	121010SL	0 0 0					
	RASO O O	7		100 100 100					
	R CAMI INTI	E TEM RAT]	I.E.N.	PUT					
ption	ARE METER DIGITAL C 25/25PPM SCAN/PRI	ETIC LIB 111	전 경	COOM					
Description	RE MIGIT	NE CAN	ETE -70	5 HS(99					
	LUMINARE SONY DIG RICOH 25 COLOR SC	RADIRAN OFFICE TELEPHONE SYSTEM OPTICAL CALIBRATION EQUIPMENT MINOLTA LS-110	HT.	MACINTOSH COMPUTERS * TOTAL 990 PAGE 10	~				***************************************
	1LUMINARE METER 033104SL 2SONY DIGITAL CAMERA032105SL RICOH 25/25PM 3COLOR SCAN/PRINTER 012208SL	RADIRAN OFFICE 4TELEPHONE SYSTEM OPTICAL CALIBRAT 5EQUIPMENT MINOLTA LS-110	GLIGHT METER	8MACINTOSH COMPUTERS060911SI * TOTAL 990 PAGE 10	DEPR		Maria Maria		
Asset No.	. T . Z . E	4 0	9 /	~					
	Ng Marka			- Silveri		Nille I	1.111		

(D) - Asset disposed

128102 05-01-11

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name	s) shown on return			Busi	iness or activity to whic	ch this form relate	s	Identifying number
TH!	E INTERNATIONAL DAF	RK-SKY						
	SOCIATION INC				<u>RM 990 PA</u>			74-2493011
Pa	rt I Election To Expense Certain Prop	erty Under Section 17	9 Note: If you h	ave any l	listed property, co	omplete Part	V before y	ou complete Part I.
	Maximum amount (see instructions)		***************************************		*************************		1	500000.
	otal cost of section 179 property pla							
	hreshold cost of section 179 propert							2000000.
	Reduction in limitation. Subtract line 3							
	Collar limitation for tax year, Subtract line 4 from li		I					
6	(a) Description of g	эгорепу	(8	o) Cost (ous	iness use only)	(c) Elected	cost	
7 1	isted property. Enter the emount from	m line 00			1 -			
	isted property. Enter the amount from	***************************************	in actions (a) E					
	otal elected cost of section 179 prop							
	entative deduction. Enter the smalle							
	Carryover of disallowed deduction fro Business income limitation. Enter the							
	Section 179 expense deduction. Add							
	Carryover of disallowed deduction to						12	
	: Do not use Part II or Part III below f				🖊 🛮 13			
Pa			· · · · · · · · · · · · · · · · · · ·		ude listed proper	tv 1		
14 5	Special depreciation allowance for qu					<u> </u>		1
	he tax year		-			_	14	1
	Property subject to section 168(f)(1) e							
								3893.
	rt III MACRS Depreciation (Do n						10	3033.
			Section					
17 N	MACRS deductions for assets placed	in service in tax ve	ars beginning b	efore 20	 11		17	
	you are electing to group any assets placed in se						i i	
		s Placed in Service					tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/invest only - see instr	ment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
ď	10-year property							
е	15-year property							
f	20-year property							
g	25-year property	FILLS FREIGH			25 yrs.		S/L	, ,
	Desidential cost-level	/			27.5 yrs.	MM	S/L	
h	Residential rental property	1			27.5 yrs.	MM	S/L	
	Name add action and a sure action	1			39 yrs.	MM	S/L	
i	Nonresidential real property	1				MM	S/L	
	Section C - Assets	Placed in Service	During 2011 Ta	x Year l	Jsing the Altern	ative Deprec	iation Sy	stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	40-year	1			40 yrs.	MM	S/L	
Pai	rt IV Summary (See instructions.)							
	isted property. Enter amount from lin						21	
	otal. Add amounts from line 12, lines							
	inter here and on the appropriate line			-	ations - see instr.		22	3893.
23 F	or assets shown above and placed in	n service during the	current vear. e	nter the				

portion of the basis attributable to section 263A costs

74-2493011 Page 2

P	art V Listed Propert amusement.)	ty (Include at	utomobiles, ce	rtain oth	ner vehic	cles, cer	ain com	puters	s, and pro	perty us	ed for e	ntertainn	nent, rec	reation,	or
	Note: For any	vehicle for wi	hich you are u	sing the	standar	d mileag	e rate or	dedu	cting lease	e expens	se, comp	olete onl	y 24a, 2	4b, colu	mns (a)
	through (c) of S								* * * *		<u> </u>				
			on and Other						1						
<u>24a</u>	a Do you have evidence to s	1		ent use cl	aimed?	<u> </u>	es L	_l No	24b if "Y	T		nce writ	ten? L	_l Yes L	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentaç		(d) Cost or her basis	1 6011	(e) is for depre siness/inve use only	stment	(f) Recovery period	Me	(g) thod/ vention	Depre	(h) eciation uction	Ele secti	(i) ected on 179 ost
25	Special depreciation allo	wance for q	ualified listed	property	placed	in servi	e during	the t	ах year aп	ď					
	used more than 50% in	a qualified b	usiness use								. 25				
26	Property used more tha														
			9	6											
		: :	9	6											
			9	6											
27	Property used 50% or le	ess in a quali	fied business	use:										·	
		: :	9	6						S/L-					함은
			9	6						S/L·					
		: :		6						S/L-					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and or	ı line 21	page 1				. 28	-			
29	Add amounts in column	(i), line 26. E	nter here and	on line	7, page	<u>1</u>							. 29		
			9	ection i	B - Infor	mation	on Use	of Vel	nicles						
If y	mplete this section for ve ou provided vehicles to y se vehicles.												ing this s	section f	or
30	Total business/investment		•	1 '	a) nicle	1 7	(b) Vehicle \		(c) /ehicle	(d) Vehicle		(e) Vehicle		(f) Vehicle	
	year (do not include com														
31	Total commuting miles	driven during	the year			į									
32	Total other personal (no	ncommuting	ı) miles												
	driven									ļ		1			
33	Total miles driven during	g the year.													
	Add lines 30 through 32	<u>)</u>		ļ	1	<u> </u>	,						1	<u> </u>	1
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	No.	Yes	No	Yes	No	Yes	No
	during off-duty hours?				<u> </u>			ļ							ļ
35	Was the vehicle used p	, ,													
	than 5% owner or relate			ļ						ļ				ļ	ļ
36	ls another vehicle availa	ble for perso	onal		į										
_	use?							1					į		
	swer these questions to ners or related persons.		- Questions f you meet an e	•	•					-			re not n	nore tha	n 5%
	Do you maintain a writte	en policy stat	tement that or	ohibits :	all perso	nal use	of vehicle	es, inc	ludina co	nmutino	ı. by vor	ır		Yes	No
٠,	employees?		•		•				_	_	,, ~, , , , ,			, 03	1.0
38	Do you maintain a writte	en policy stat	tement that or	ohihits :	personal	Luse of v	ehicles	excer	of commu	ting by	vour	••••••		•	
-	employees? See the ins			•			-	•		0	•				
30	Do you treat all use of v														
	Do you provide more th												**********	•	-
70	the use of the vehicles,							-							
41	Do you meet the require														+
~ 1	Note: If your answer to										••••••		**********	•	
P	art VI Amortization	07,00,00,7	0,014113 16	3, UU 11	or comp	iere Oec	HOIT D TO	n une c	COVERED YE	mores.					
	(a)			(b)	T	(c)			(d)		(e)			(f)	
	Description o	fcosts	Date	amortization begins		Amortiza amoun	ole t		Code section		Amortiz period or pe	ation	Ą	mortization or this year)
42	Amortization of costs th	nat hegine di	iring your 201		ı ar:	a noe!!	•		Socion	<u> </u>	herion or he	+v¢ពនាវ៉ូទ	.,	year	
42	, 2.10/1/2010/1/01/00/10/1	iac bogins at	inig your cor	y O								·····			
	 	·			†										
				<u> </u>						f_		1			

Form 4562 (2011)

43 Amortization of costs that began before your 2011 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

116252 11-18-11