. Jrm 990

emal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014 Open to Publi

Open to Public Inspection

For the 2014 calendar year, or tax year beginning and ending C Name of organization THE INTERNATIONAL DARK-SKY D Employer identification number Check if applicable: ASSOCIATION INC Address change Doing business as 74-2493011 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3223 N. FIRST AVENUE 520-293-3198 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code TUCSON 85719 532,992 G Gross receipts \$ Amended return Name and address of principal officer. H(a) Is this a group return for subordinates? Application pending 3223 N. FIRST AVENUE H(b) Are all subordinates included? AZ 85719 If "No," attach a list. (see instructions) TUCSON X 501(c)(3) 4947(a)(1) or Tax-exempt status: 501(c) ((insert no.) WWW.DARKSKY.ORG Website: 🕨 H(c) Group exemption number Form of organization: X Corporation Trust Year of formation: 1988 Other > M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 10 6 Total number of volunteers (estimate if necessary) 6 50 7a Total unrelated business revenue from Part VIII, column (C), fine 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year 548, 8 Contributions and grants (Part VIII, line 1h) 401 427,519 9 Program service revenue (Part VIII, line 2g) 169,720 102,030 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28 -2,30411 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 588 3,360 530,605 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 370,176 240 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5, 190 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 232,389 261,264 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 602,565 602,504 19 Revenue less expenses. Subtract line 18 from line 12 122,172 -71,899 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 343,167 252<u>,51</u>7 21 Total liabilities (Part X, line 26) 48,199 29,448 294,968 22 Net assets or fund balances. Subtract line 21 from line 20 223,069 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer _.gn Here JAMES DOUGHERTY PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid JULIE S. KLEWER, CPA P00343046 Preparer LUDWIG KLEWER 36-4538293 Firm's EIN e Only 4783 E CAMP LOWELL

TUCSON, AZ

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

85712

520-545-0500

Yes

ırm	990 (2014) THE INTERNATIONAL	DARK-SKY	74-2493011	Page 2
	rt III Statement of Program Service	Accomplishments		
	Check if Schedule O contains a	response or note to any line	in this Part III	X
1	Briefly describe the organization's mission:			
S	EE SCHEDULE O			
		*************************************	***************************************	
		• • • • • • • • • • • • • • • • • • • •		*************************
2	Did the organization undertake any significant prog			
	prior Form 990 or 990-EZ?	• • • • • • • • • • • • • • • • • • • •	***************************************	Yes X No
	ii res, describe triese new services on Schedule	0.		
3	Did the organization cease conducting, or make significant	unificant changes in how it conducts,	any program	
	services?		,	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accom			
	expenses. Section 501(c)(3) and 501(c)(4) organiz	The state of the s	unt of grants and allocations to others,	
	the total expenses, and revenue, if any, for each pr	ogram service reported.		
	(O-t	E E O 4		
	(Code:) (Expenses \$ 525	5,524 including grants of \$) (Revenue \$	102,030)
J.	O PRESERVE AND PROTECT THE	IE NIGHTIIME ENVIR	UNMENT THROUGH EDUCATIO)N
r	ROGRAMS, NEWSLETTERS (PRI	NI AND ELECTRONIC	MEDIA), IDA WEB SITE,	
L M	DUCATIONAL MATERIALS AND EETINGS, NETWORKING AND O	TUDLICALIONS, KES.	CARCH PROJECTS, SEMINAL	(S AND
1,1	EETINGS, NEIWORKING AND C	OUIREACH, AND GRAS	SKOOIS EFFORIS.	•••••
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4h	(Code:) (Expenses \$	including grapts of \$	\ /Pevenue \$	
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1c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
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	015			
‡Œ	Other program services (Describe in Schedule O.)	on arranta of C) /D:	
40	(Expenses \$ includir Total program service expenses ▶	ng grants of \$ 525,524) (Revenue \$)
-1€	rotal program service expenses	JZJ, JZ4		

			Yes	No_
	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	The second of the second of the Collection of the Artifician Constitution of the Second of the Secon	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	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 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	*Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
•	consolate Cabadula D. Bad III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt a Station and to a O. 15 State State of the state	9		Х
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	,000000000	,0000000000	
~	outlete Ochedula D. Destall	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	112		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d		,		
~	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a		Х
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
·	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	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		Х
а	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Drm 990 (2014) THE INTERNATIONAL DARK-SKY

Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
2.2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
د,	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_
а	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 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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		
_Ja	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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 Schedule L, Part I	25b		Χ
ગલ	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			-
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	2000000000	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
c	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
1	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Parti	31		X
•	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
,	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	-		
-	or IV, and Part V, line 1	34		Х
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
-	controlled entity within the meaning of 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? If "Yes," complete Schedule R, Part V, line 2	36		Х
υí	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		<u> </u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
;	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u></u>		
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

87.839	Check if Schedule O contains a response or note to any line in this Pa	rt V				
		ı	[_	Francisco Control	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> 0</u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		10			
	Statements, filed for the calendar year ending with or within the year covered by this return	<u>2a</u>	10		W.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
٦.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	•				V
³a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
b 4a	if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other			3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other fi					
	20000000	Haliciai		án.	X	1
L	account)? If "Yes," enter the name of the foreign country: ▶ BELGIUM		******************	4a	Δ	
þ	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial					
	(FBAR).	Accounts				
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction at any time duting the tax years.					X
C	MENOR AND THE SECOND STATE OF THE SECOND STATE				 	<u> </u>
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
'a	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			<u>va</u>		
~	the consequent and a described			6b		
,	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	aoods				
-	and services provided to the payor?			7a		**********
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		***************			
	required to file Form 8282?			7c		
d		7d]			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		200000000
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont					
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 a	s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain					
	sponsoring organization have excess business holdings at any time during the year?			8		
}	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
}	Section 501(c)(7) organizations. Enter:		t			
·a	Initiation fees and capital contributions included on Part VIII, line 12	10a				ı
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u>10b_</u>	ļ			
1	Section 501(c)(12) organizations. Enter:	1	t			
а	Gross income from members or shareholders	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
!a	, , , ,	,	4	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	***************************************			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	•	1	ı			
	the organization is licensed to issue qualified health plans					
Ç	***************************************	13c	<u> </u>			
14a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			14a	$\vdash \vdash$	<u>X</u>
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	ie U		14b	, ,	1

. urm	990 (2014) THE INTERNATIONAL DARK-SKY 74-2493011				F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throug					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in					
_	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					1
				10000000	Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year	1a	11	-		
	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					
1_	committee, explain in Schedule O.	4 &	11			
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	11	\dashv		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		l v
	Did the organization delegate control over management duties customarily performed by or under the direct					X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	-	X
~	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
J	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					1
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
-	stockholders, or persons other than the governing body?			7b		X
a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by					
а	The governing body?		_	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?			8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Interr	al Re	evenue Co	ode.)		
					Yes	No
ıa	Did the organization have local chapters, branches, or affiliates?	.		10a	X	
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
ı∠a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	• • •	,	12c		
13	Did the organization have a written whistleblower policy?			13	X	-
-1	Did the organization have a written document retention and destruction policy?			14	Χ	
;	Did the process for determining compensation of the following persons include a review and approval by					
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			45-		
a b	Other officers as her complement of the examination			15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		• • • • • • • • • • • • •	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
104	المحمد معام المتعارب			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100		
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such aπangements?			16b		·
90	tion C. Disclosure			1	l	
./	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 (Section 501(c			• • • • • • • • •		
	available for public inspection. Indicate how you made these available. Check all that apply.	. ,	••			
	Own website X Another's website X Upon request X Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest process of the conflict of interest process.	olicy,	and			
	financial statements available to the public during the tax year.	•				
)	State the name, address, and telephone number of the person who possesses the organization's books and records:	>				

3223 N. FIRST AVE

AZ 85719

TUCSON

THE INTERNATIONAL DARK SKY ASSOC

Section A.

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	
	Independent Contractors	_
	Check if Schedule O contains a response or note to any line in this Part VII	L

- Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the janization'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) ...lo 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.
- 1 int persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest mpensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	(d bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2 1000 SHGO)	organization and related organizations
(I) MARTIN MORGAN-TA										
IRECTOR	1.00	Х						0	0	0
) CHRISTIAN K. MON	RAD									
	3.00	Х	1	Х				0	0	0
TREASURER 3) J. KELLY BEATTY	0.00			^				<u> </u>	0	0
VICE PRESIDENT	3.00	Х		Х				0	0	0
1) JAMES R. BENYA	1 00									
DIRECTOR	1.00	Х						0	0	0
'5) JAMES DOUGHERTY										
PRESIDENT	6.00	Х		Х				0	0	0
(6) MARIO MOTTA, M. I										,
LIRECTOR	1.00	Х						0	0	0
(7) CONNIE WALKER, F	H.D. 4.00							1		
ECRETARY	0.00	Х		Х				0	0	0
(8) CHRISTOPHER KYBA										
IRECTOR	1.00	Х						0	0	0
(9) LEO SMITH	0.00	1		 						<u> </u>
IRECTOR	1.00	Х		-				0	0	0
)NELS LEUTWILER	1 00									
TIRECTOR	1.00	х						0	0	0
1) SCOTT ROBERTS	1.00									
DIRECTOR	0.00	Χ						0	0	0 50m 990 (2014)

Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization and related organizations
2) ROBERT PARKS	40.00									
DIRECTOR	40.00			Х				63,117	0	3,520
3) SCOTT KARDEL DIRECTOR	40.00			Х				54,645	0	3,337
4)										
′15)										
(16)										
(17)										
(18)										
(19)										
b Sub-total							>	117,762		6,857
c Total from continuation shee d Total (add lines 1b and 1c)							>	117,762		6,857
Total number of individuals (increportable compensation from	cluding but not lin	nîted					ove)	4	00,000 of	0,037
Did the organization list any for employee on line 1a? If "Yes," or	rmer officer, dire	ctor,	or tn	ustee	e, ke	y em		•		Yes No
For any individual listed on line organization and related organization and related organization.	1a, is the sum o izations greater t	f rep	ortab \$150	le co ,000	ompe ? If *	ensat Yes,'	ion a		n the	4 X
Did any person listed on line 1st for services rendered to the org	a receive or accru	ie co	mpe	nsat	ion f	rom a	any i		lividual	5 X
Section B. Independent Contractor Complete this table for your five		nate	ad Inc	dana	ndo		ntrno	ters that received more than	n 6400 000 of	
compensation from the organiz	ation. Report cor							year ending with or within t	he organization's tax year.	
Name and	(A) business address							Descript	(B) tion of services	(C) Compensation
• • • • • • • • • • • • • • • • • • • •										
· · · · · · · · · · · · · · · · · · ·										
									W. 6 v	4
Total number of independent c received more than \$100,000 c								listed above) who	0	

Pa	τV	II Statement of Reve Check if Schedule (nue O con	tains a r	esponse o	or note to any line	in this Part VIII		
		5				(A)	(B) Related or	(C)	(D)
						Total revenue	exempt	Unrelated business	Revenue excluded from tax
							function revenue	revenue	under sections 512-514
Cc tions ३, Gra and Other Similar Amounts	1a	Federated campaigns	1a						
		Membership dues		212,034					
		Fundraising events							
ar		d Related organizations1d							
ntion: ier Sim		e Government grants (contributions) 1e							
	Ī	f All other contributions, gifts, grants, and similar amounts not included above			215,485				
5	g Noncash contributions included in lines 1a-1f: \$				$\overline{}$				
a B	g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f.					427,519			
به					Busn, Code	,			
	2a	CONSULTING INCOME			900099	87,255	87,255		
교	b					14,775	14,775		
vice F.	С	***************************************							
i	d								
	е								
Progr		All other program service rever				102,030			
+	<u>g</u> 3	Total. Add lines 2a-2f				102,030			
	3					83			83
Ĩ	4	Income from investment of tax-						The state of the s	:
	5	Royalties		•	. [
		(i) Real			ersonal				
	6a	Gross rents							
	b	Less: rental exps.							
	С								
	d Net rental income or (loss)								
		sales of assets (i) Securities		(11)	Other				
ŀ	h	other than inventory b Less; cost or other							
	J	basis & sales exps.			2,387				
,	С	Gain or (loss)			-2,387				
	d	Net gain or (loss)		, , . ,	🕨	-2,387			-2,387
ø	8a	Gross Income from fundraising ever	nts						
ue		(not including \$							
,		of contributions reported on line 1c)							
ther F.		See Part IV, line 18							
77		Less: direct expenses Net income or (loss) from fund		ovente					
		Gross income from gaming activitie	- 1	EVEIRS					
	Ju	See Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from gam		vities	, 🕨				
	10a	Gross sales of inventory, less							
		returns and allowances	а						
		Less: cost of goods sold	b						
	С	Net income or (loss) from sale:	s of inv	entory					
	44-	Miscellaneous Revenue			900099	2,016			2,016
	TTA b	PRODUCT SALES MISCELLANEOUS			900099				1,344
	C	MISCELLANEOUS	· · · · · · ·			1,01,1			1/511
	d							· · · · · · · · · · · · · · · · · · ·	
	е	Total. Add lines 11a-11d			>	3,360			
		Total revenue. See instruction				530,605	102,030	0	1,056

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
_	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
3	trustees, and key employees	124,619	124,619							
	Compensation not included above, to disqualified	124,015	TZ-7, UT 2							
ŝ	·									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	102 000	1.62 1.00	16 000	2 5 5					
7	Other salaries and wages	183,862	163,189	16,920	3,753					
3	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0 540								
9	Other employee benefits	9,513	8,962	551						
0	Payroll taxes	23,246	21,684	1,562						
11	Fees for services (non-employees):									
а	Management									
b	Legal	8,343		8,343						
¢	Accounting	12,188		12,188						
	Lobbying									
е	Professional fundraising services. See Part IV, line 17				***************************************					
f	Investment management fees									
g	Other. (if line 11g amount exceeds 10% of line 25, column				· · · · · · · · · · · · · · · · · · ·					
•	(A) amount, list line 11g expenses on Schedule O.)	35,177	32,529	2,648						
2	Advertising and promotion	4,181	4,001	180						
13	Office expenses	38,446	31,570	6,772	104					
14	Information technology			<u> </u>						
5										
6	Royalties	36,812	29,994	5,636	1,182					
17	Occupancy Travel	21,498	19,972	1,526						
18	Payments of travel or entertainment expenses	21, 70	10,012	1,320						
ט	•				·					
40	for any federal, state, or local public officials	39,376	38,899	477						
19	Conferences, conventions, and meetings	39,370	30,099	4//						
20	Interest			- 						
1	Payments to affiliates	4 700	4 700							
_2	Depreciation, depletion, and amortization	4,780	4,780	2 000						
23	Insurance	4,338	510	3,828						
4	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	EQUIPMENT AND SOFTWARE	38,754	35,377	3,377						
b	MISCELLANEOUS	6,854	4,157	2,697						
C	REPAIRS AND MAINTENANCE	4,879	4,229	499	151					
ď	BANK FEES	3,316	59	3,257						
. e	All other expenses	2,322	993	1,329						
25	Total functional expenses. Add lines 1 through 24e	602,504	525,524	71,790	5,190					
^6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)									
A	(Sidning Od) 00 2 (100 000-120)				Form 990 (2014)					

nt X	0 (2014) THE INTERNATIONAL DAR Balance Sheet	T. OUT		-2493011		Page '
i Director	Check if Schedule O contains a response or not	e to any line in	this Part X			
	onesk ir conessio o containe a respones of the	o to drij into ni		(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			126,053	1	98,64
2	Savings and temporary cash investments					123,01
3	Pledges and grants receivable, net				3	,
4	Accounts receivable, net			145,720	4	17,79
	Loans and other receivables from current and former of					
	trustees, key employees, and highest compensated en	nployees.				
	Complete Part II of Schedule L.				5	
6	Loans and other receivables from other disqualified pe					
	4958(f)(1)), persons described in section 4958(c)(3)(B)	, and contribu	ting employers and			
	sponsoring organizations of section 501(c)(9) voluntary					
	organizations (see instructions). Complete Part II of Sc	hedule L	-		6	
7	Notes and loans receivable, net		7			
8	Inventories for sale or use		8			
9	Prepaid expenses and deferred charges			7,509	9	4,26
10a	Land, buildings, and equipment: cost or			,		
	other basis. Complete Part VI of Schedule D	10a	41,908			
b	Less: accumulated depreciation	10b	41,908 33,115	15,959	10c	8,79
11	The state of the s				11	
12	Investments—other securities. See Part IV, line 11			12		
13	Investments—program-related. See Part IV, line 11				13	***
14	Intangible assets			1	14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line			343,167	16	252,5
17	Accounts payable and accrued expenses			44,290	17	26,34
18	Grants payable		18			
19	Deferred revenue			3,909	19	3,10
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV			***************************************	21	
22	Loans and other payables to current and former officer					
	trustees, key employees, highest compensated employ	yees, and				
	disqualified persons. Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated thi	rd parties			23	
24	Unsecured notes and loans payable to unrelated third	nadion			24	
25	Other liabilities (including federal income tax, payables	to related third	d			
	parties, and other liabilities not included on lines 17-24). Complete Pa	art X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			48,199	26	29,44
	Organizations that follow SFAS 117 (ASC 958), che	eck here 🕨	X and			
	complete lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets		******	294,968	27	223,06
28	Temporarily restricted net assets		*******		28	
29	Permanently restricted net assets	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		29	
	Organizations that do not follow SFAS 117 (ASC 9					
	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds		*********		30	
31	Paid-in or capital surplus, or land, building, or equipme	nt fund	*******		31	
32	Retained earnings, endowment, accumulated income,	or other funds			32	
33				294,968	33	223,06
	Total liabilities and net assets/fund balances			343,167	34	252,51

⊢orm	990 (2014) THE INTERNATIONAL DARK-SKY 74-2493011			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	· · · · · · · · · · · · · · · · · · ·		
i	Total revenue (must equal Part VIII, column (A), line 12)	1	5	30,	605
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	02,	504
3	Revenue less expenses. Subtract line 2 from line 1	3		71,8	899
1	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	94,	968
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2	23,0	069
Рa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	· · · · · · · .	
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIED All the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	ACCRU)	<u>P</u>	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	$\mid x \mid$	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	igsquare	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

JOHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

partment of the Treasury Internal Revenue Service ···me of the organization

THE INTERNATIONAL DARK-SKY

Employer identification number 74-2493011

ASSOCIATION INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 1 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported (ii) EIN (iv) is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-9 support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (R) (U) (E) Total

Cohedule A (Form 990 or 990-EZ) 2014 THE INTERNATIONAL DARK-SKY

Part II Support Schedule for Organizations Described in Sections 1 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				, ,	, , , , , , , , , , , , , , , , , , , ,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	702,238	749,369	537,437	567,801	442,294	2,999,139
į	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						· · · · ·
}	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	702,238	749,369	537,437	567,801	442,294	2,999,139
•	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						2,999,139
Sec	tion B. Total Support						2, 555, 155
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	702,238	749,369	537,437	567,801	442,294	2,999,139
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	361	7	36		83	515
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,354	8,074	9,829	10,188	3,360	56,805
1 1	Total support. Add lines 7 through 10						3,056,459
12	Gross receipts from related activities, etc. (• • •					361,179
}	First five years. If the Form 990 is for the	-	second, third, fourth	າ, or fifth tax year a	s a section 501(c)(3)	. —
	organization, check this box and stop here			• • • • • • • • • • • • • • • • • • • •			<u></u> ▶]
	tion C. Computation of Public Su	* * 		1.77			
11	Public support percentage for 2014 (line 6,	column (f) divided b	y line 11, column (f))	• • • • • • • • • • • • • • • • • • • •		98.12%
5	Public support percentage from 2013 Sche					15	97.88%
16a	33 1/3% support test—2014. If the organi				1/3% or more, chec	k this	. —
	box and stop here. The organization qualif						▶ 🏻
р	33 1/3% support test—2013. If the organia	zation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more,		. —
	check this box and stop here. The organization	ation qualifies as a p	oublicly supported	organization			▶ □
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets				*		
	Part VI how the organization meets the "fac organization		-	· ••••••			> []
þ	10%-facts-and-circumstances test—201	If the organizatio	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne	
	15 is 10% or more, and if the organization r				-		
	Explain in Part VI how the organization mee	ets the "facts-and-ci	rcumstances" test.	The organization q	ualifies as a publici	y	
	supported organization					*****************	▶ 🗍
3	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						▶ ∐

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 qualify under the tests listed below, please complete Part II.)

	tion A. Public Support							
`alen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants,")							
i,	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	<u></u>						
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
- ;	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
j	The value of services or facilities furnished by a governmental unit to the organization without charge							
i	Total. Add lines 1 through 5							
а	Amounts included on lines 1, 2, and 3 received from disqualified persons		·					
b	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
	Public support (Subtract line 7c from							
200	line 6.) tion B. Total Support			<u> </u>	<u> </u>		XI	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
 y	Amounts from line 6	(4, 40, 6	(5/25).	(-, -, -, -, -	(=)==;	(4)	(17) 0.03	
10a								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b							
- 1	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 VI.)							
٦,	Total support. (Add lines 9, 10c, 11,							
	and 12.)		1	l		(6)	1	
į	First five years. If the Form 990 is for the organization, check this box and stop here	-		=				
Sec	tion C. Computation of Public Su				• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2014 (line 8,			(f))		15	5 %	
;	Public support percentage from 2013 Sche							
 oec	tion D. Computation of Investme							
17	Investment income percentage for 2014 (lir			column (f))		17	%	
i	Investment income percentage from 2013							
Эa	33 1/3% support tests—2014. If the organ	nization did not che	ck the box on line	14, and line 15 is n	nore than 33 1/3%,	and line		
	17 is not more than 33 1/3%, check this box	x and stop here. T	he organization qu	alifies as a publicly	supported organiz	ation	> 🗌	
b	33 1/3% support tests—2013. If the organ						. 🖵	
ž.	line 18 is not more than 33 1/3%, check this						▶ 📙	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization
--

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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<u>schedu</u>	le A (Form 990 or 990-EZ) 2014 THE INTERNATIONAL DARK-SKY	74-2493011		Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11:	a	
b	A family member of a person described in (a) above?	111		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	_	
	on B. Type I Supporting Organizations		<u>- </u>	ı
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		163	140
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_ 1		1
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? if "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			

Cooti	the supported organization(s). on D. All Type III Supporting Organizations			1
Secu	on D. All Type III Supporting Organizations			
		F	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_ 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			*
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):		
	The organization satisfied the Activities Test. Complete line 2 below.	matructions).		
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	h. /		
. с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	ty (see instructions).		
	C. St. T. A. Annana (A) and (B) below		[v	1
2 A	activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	28	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	21	.]	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in Part VI.	38		100000000000000000000000000000000000000
l.		100000		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	[
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	j 3l	2.1	1

Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	. 5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
mergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functionally-inte	orated Type III su	innorting organization (see	

instructions).

Schedule A (Form 990 or 990-EZ) 2014

	- B Bi-t-th-ti	apporting organizati	one (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose			
2	Amounts paid to perform activity that directly furthers exempt purposes of			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	***************************************		
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	on is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6		and the second s	
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·	,	
		(i)	(ii)	(III)
	Section E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
•	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
Ů	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
•	·			
8	and 4c.			
	Breakdown of line 7:			
a				
<u>b</u>				
C				
	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

∪chedule A (F	orm 990 or 990-	EZ) 2014 THE	INTERNAT	IONAL DA	ARK-SKY		74-2493011	Page 8
Part VI	Suppleme		. Provide the	explanations	required by	Part II, line 10; on. (See instruc	Part II, line 17a or 17b	; and
. D. D. D. T.								
PART 1	T, LINE	10 - OTHEF	C INCOME I	JETALL		• • • • • • • • • • • • • • • • • • • •		
OTHER	INCOME			\$	56,	805		
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JOHEDULE D (Form 990)

partment of the Treasury mal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Employer identification number

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	NE INTERNATIONAL DARK-SKY			
	SOCIATION INC			493011
ıΣa	rt I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or Acc	counts	•
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 6.		
		(a) Donor advised funds	d)) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
ş	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that t			
	funds are the organization's property, subject to the organization's exclusion	ive legal control?		Yes No
3	Did the organization inform all grantees, donors, and donor advisors in w			
·	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Эa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	li that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imports	ant land a	irea
	Protection of natural habitat	Preservation of a certified historic si	tructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservation	วก	
	easement on the last day of the tax year.		900000000000	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b	
C	Number of conservation easements on a certified historic structure include	ied in (a)	2c	
ď	Number of conservation easements included in (c) acquired after 8/17/06			
_			2d	
3	Number of conservation easements modified, transferred, released, extir		•	**************************************
•	tax year	igatorios, or torrinatos sy the organization s	armig ino	
4	Number of states where property subject to conservation easement is local	nated >		
5	Does the organization have a written policy regarding the periodic monitor	************		
J	violations, and enforcement of the conservation easements it holds?			Yes No
š	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing			[] Tes [] NO
,	Stant and volunteer flours devoted to mornioning, inspecting, and endural	ig conservation easements during the year		
7	Account of common incomed in countries in a incometing and and original			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements ouring the year		
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the			□ vaa □ sta
•	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easement			
	balance sheet, and include, if applicable, the text of the footnote to the or organization's accounting for conservation easements.	ganization's infancial statements that descrit	ies the	
32	mill Organizations Maintaining Collections of Art,	Historiaal Transuras, or Other Sir	milar A	cooto
89	Complete if the organization answered "Yes" to F		illiai A	55615.
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not			
	works of art, historical treasures, or other similar assets held for public ex		e of	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r			
	works of art, historical treasures, or other similar assets held for public ex	knibilion, education, or research in furtheranc	e of	
	public 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, or o		the	
	following amounts required to be reported under SFAS 116 (ASC 958) re		_	
а	Revenue included in Form 990, Part VIII, line 1			\$
_ <u>b</u>	Assets included in Form 990, Part X		<u> </u>	\$
HT F	aperwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 201

1000		ig conconono o	r Art, motorious	i i casai cs, c	I CHICI CILLI	iidi Maaçia	(COIIIIIIu	cu)	
3	Using the organization's acquisition, accessicollection items (check all that apply):	on, and other records	, check any of the fol	owing that are a	significant use o	of its	· · · · · · · · · · · · · · · · · · ·		
а	Public exhibition	d	Loan or exchange p	rograms					
b	Scholarly research	e	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further the	organization's ex	empt purpose in	Part			
5	During the year, did the organization solicit of								
	assets to be sold to raise funds rather than t		art of the organization	's collection?			Ye	s	No
Pa	rt IV Escrow and Custodial Ar						_		
	Complete if the organization 990, Part X, line 21.	on answered "Yes	s" to Form 990, P	art IV, line 9,	or reported a	an amount c	n Form		
1a	Is the organization an agent, trustee, custod								
	included on Form 990, Part X?				• • • • • • • • • • • • • • • • • • • •		. Ye	s [] No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
	Protection halous						Amount		
G	Beginning balance					1c			
u	Additions during the year					1d			
f	Distributions during the year					1e			
2a	Ending balance	orm 990 Part Y line	21 for energy or our	odial apparet liel	hilles	1f	Ye		T
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	olanation has been or	ovided in Part XI	unity?		. 🔲 те		No
₽a	rt V Endowment Funds.	. Crissic riors it file ox	prantition ride been pr	OFICE III T LITE / ()	*		<u></u>	<u>- </u>	<u>. </u>
	Complete if the organization	n answered "Yes	" to Form 990. P	art IV. line 10					
		(a) Current year	(b) Prior year	(c) Two year		Three years back	(e) Four	vears b	ack
1a	Beginning of year balance							-	
	Contributions					T- 1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
	Net investment earnings, gains, and								
	losses		1						
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance			•		TWO			
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a))	held as:					
a	Board designated or quasi-endowment	%							
ď	Permanent endowment ▶ %								
С	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c short								
Ja	Are there endowment funds not in the posse organization by:	ssion of the organizat	ion that are held and	administered for	ine		Г	T	
	- ·							Yes	No
	(i) unrelated organizations (ii) related organizations				************	• • • • • • • • • • • • • • • • • • • •	3a(i)		-
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization	s listed as required or	Schedule R?		• • • • • • • • • • • • • • • • • • • •		3a(ii) 3b		
4	Describe in Part XIII the intended uses of the						. [30]	l	
Pa	rt VI Land, Buildings, and Equ		THISTR IDIAG.				-		
,,,,,,,,,,	Complete if the organization		" to Form 990. P	art IV. line 11	a. See Form	990. Part X	line 10		
	Description of property	(a) Cost or other		or other basis	(c) Accumula		(d) Book v	aue	
		(investment) (other)	depreciatio	n	• •		
1a	Land								
b	Buildings								
· c	Leasehold improvements								
d	Equipment			41,908	33	3,115		8,7	793
е	Other								
rotal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 10	c.)	+++++++++++++++++++++++++++++++++++++++	<u></u> ▶		8,7	793

Part VII	Investments—Other Securities.		74-2493011	Page
	Complete if the organization answered "Yes" to	- 1		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method (Cost or end-of-ye	
(1) Financial d		-	Cost of end-or-y	sai market value
) Closely-he	erivatives Id equity interests			
(a) Other				
(A)				- Www.
				W
				-2-1-2
(E)				
/E\	***************************************			
(G)	***************************************			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	E 600 D. 134 F.	44 00 5 000 0	
	Complete if the organization answered "Yes" to (a) Description of investment	,		
	(a) Description of investment	(b) Book value	(c) Method (Cost or end-of-ye	
(1)			Cost of end-on-ye	ed Ibarket Aside
/2)				
3)				
(4)				·
(5)	A TO A CONTRACT OF THE PROPERTY OF THE PROPERT			
6)				
.7)				
(8)				
3)				
tal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, lin	e 11d. See Form 990, Pa	art X, line 15.
-	(a) Description			(b) Book value
(1)		**********		
(2)				
3)				
4)	MANA CONTRACTOR CONTRA			
(5)			******	
[′] 6)				
<u>7)</u>	Will be the second of the seco			
(8)				
(9)	(h) must a rue [Farm 000, Fart V, ast (R) Kas 45)			
Part X	(b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
CALLA	Complete if the organization answered "Yes" to	Form 000 Port IV lin	a 11a ar 11f Can Farm I	200 D-4 V
	line 25.	i Onii 990, Fait IV, III	e i le oi i ii. See Folliis	990, Pail A,
	(a) Description of liability	(b) Book value		
(1) Federal i	ncome taxes	(a) Book toda	\dashv	
(2)	THE CONTRACTOR OF THE CONTRACT			
3)	, , , , , , , , , , , , , , , , , , , ,		-	
(4)				
(5)				
6)				
7)				
(8)				
·′9)				
tal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶			

z. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

_ Shedule D (Form 990) 20	014 THE INTERNATIONAL DARK-S	KY 74-	2493011	Page 4
Part XI Recon	ciliation of Revenue per Audited Financial	Statements With Revenu		<u> </u>
	ete if the organization answered "Yes" to Form		· · · · · · · · · · · · · · · · · · ·	
	s, and other support per audited financial statements \dots			
	n line 1 but not on Form 990, Part VIII, line 12:	E I		
a Net unrealized gain	s (losses) on investments	2a		
b Donated services a	nd use of facilities	2b		
c Recoveries of prior	year grants	2c		
d Other (Describe in I	Part XIII.)	2d		
e Add lines 2a throug	h 2d		2e	
3 Subtract line 2e from	n line 1		3	
	n Form 990, Part VIII, line 12, but not on line 1:	<u> </u>		
	es not included on Form 990, Part VIII, line 7b			
b Other (Describe in it	Part XIII.)	4b		
c Add lines 4a and 4b) 		4c	
	lines 3 and 4c. (This must equal Form 990, Part I, line 12			
	ciliation of Expenses per Audited Financia		ses per Return.	
	ete if the organization answered "Yes" to Form	, , , , , , , , , , , , , , , , , , ,		,,,,,,
·				
	n line 1 but not on Form 990, Part IX, line 25:	1.1		
a Donated services a	nd use of facilities	2a		
b Prior year adjustme	nts	2b		
c Other losses		2c		
d Other (Describe in I	Part XIII.)	2d		
 Add lines 2a throug 	h 2d		2e	
3 Subtract line 2e from	n line 1		3	
4 Amounts included of	n Form 990, Part IX, line 25, but not on line 1:			
a Investment expense	es not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in I	Part XIII.)	4b		
c Add lines 4a and 4			4c	
5 Total expenses, Ad	d lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
	mental Information.			
Part XI, lines 2d and 4b	equired for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and Part XII, lines 2d and 4b. Also complete this part to N 48 FOOTNOTE			
THE ASSOCIA	TION'S POLICY IS TO DISCLOSE	OR RECOGNIZE IN	NCOME TAX POSITIO	ONS
BASED ON MA	NAGEMENT'S ESTIMATE OF WHETH	IER IT IS REASON	ABLY POSSIBLE OR	
PROBABLE, R	ESPECTIVELY, THAT A LIABILIT	Y HAS BEEN INCU	RRED FOR UNRECOGN	NIZED
			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
INCOME TAX	POSITIONS.			<i></i>
· ·				
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_ thedule D (F	orm 990) 2014	THE INTERNATION.	AL DARK-SKY	14	1-2493011	Page 5
Part XIII	Suppleme	ental Information (continued	d)			
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SCHEDULE O orm 990 or 990-EZ)

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.

THE INTERNATIONAL DARK-SKY

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ne of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer Identification number

ASSOCIATION INC	74-2493011					
FORM 990 - ORGANIZATION'S MISSION	•••••					
THE ASSOCIATION'S MISSION IS TO PRESERVE AND PROTECT	THE NIGHTTIME					
ENVIRONMENT AND OUR HERITAGE OF DARK SKIES THROUGH C	QUALITY 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 V, LINE 4B - FINANCIAL ACCOUNTS IN FO	REIGN COUNTRIES					
BELGIUM						
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW FORM 990					
THE PRESIDENT, VICE PRESIDENT AND SELECT MEMBERS OF	THE BOARD WILL REVIEW					
THE RETURN PRIOR TO APPROVAL TO FILE,						
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLIC						
ANNUAL STATEMENTS ARE REQUIRED TO BE COMPLETED AND S	SUBMITTED FOR APPROVAL.					
TODM OOG DADE UT TIME 10 GOVERNATION DOCUMENTS DATA						
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DIS						
COPIES OF THE TAX RETURN ARE AVAILABLE FOR PUBLIC IN						
MADE IN WRITING TO THE PRESIDENT AT THE TUCSON ADDRE	SS.					
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