**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.

2013 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Δ	For th	e 2013 c	alendar year, or tax year beginning , and ending					
В	Check if a	pplicable:	C Name of organization THE INTERNATIONAL DARK-SKY	D	Employ	er (dentif	ication number	
	Address o	change	ASSOCIATION INC					
		Ť	Doing Business As	1	74-	2/10.	3011	
_	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	_		ne numb		
	Initial retu	rn	3223 N FIRST AVENUE		-		3-3198	
]	Terminate	ed e	City or town, state or province, country, and ZIP or foreign postal code	╁	<u> </u>	<u>-29.</u>	3-3190	
							564	
_	Amended	return	TUCSON AZ 85719  F Name and address of principal officer:	<b>G</b> Gro	ss rece	pts\$	724,	/37
	Application	n pending	H(a) is this a g	roun setus	n for sul	hordinates	? Yes X	No
								_
			3223 N FIRST AVENUE H(b) Are all su				Yes	No
			10001	," attach	a list. (s	see instru	ictions)	
<u>l</u>	Tax-exe	mpt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527					
J	Website	: ► W	WW.DARKSKY.ORG H(c) Group ex	emption	number	<b>&gt;</b>		
	t transit to	organization:	X Corporation Trust Association Other ▶ L Year of formation:	L988	}	M State	of legal domicile:	ΑZ
P	art i	Su	mmary					
	1 1	Briefly de	scribe the organization's mission or most significant activities:				***************************************	
ė		THE .	ASSOCIATION'S MISSION IS TO PRESERVE AND PROTECT THE NIGHTTI	ME				
Ĕ	1		RONMENT AND OUR HERITAGE OF DARK SKIES THROUGH QUALITY OUTDO			• • • • • • •		
ű	1		TING. THE ASSOCIATION WORKS TO STOP THE ADVERSE IMPACT ON D		SKT	 무역		
š	1 2		s box ▶ if the organization discontinued its operations or disposed of more than 25% of its net ass		SILT			
& Governance	ŀ			ı	. 1	11		
∞ ಗ			of voting members of the governing body (Part VI, line 1a)	├	3	11		
Activities	4	Number d	of independent voting members of the governing body (Part VI, line 1b)	-	4	<u>11</u>		
Ξ̈́			nber of individuals employed in calendar year 2013 (Part V, line 2a)		5	11_		
Ac			ber of volunteers (estimate if necessary)	L	6	71_		
	7a	Total unre	elated business revenue from Part VIII, column (C), line 12	📙	7a		3,6	
	b	Net unrel	ated business taxable income from Form 990-T, line 34		7b		-2 <b>,</b> 7	774
	l _		Prior Yo				Current Year	
e e	1			3,6			548 <b>,</b> 4	
Revenue				3,8			169,7	<u> 720</u>
ξ	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		36			28
ш	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,8			6,5	88
	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,3	02		724,7	737
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		0			0
	14	Benefits <sub>j</sub>	paid to or for members (Part IX, column (A), line 4)		0			0
ģ	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,9	22		370,1	.76
JSe	16a				0			0
Expenses	b		nal fundraising fees (Part IX, column (A), line 11e)  draising expenses (Part IX, column (D), line 25) ▶ 4,048		indiadire			
Щ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,0	40	VIII. V	232,3	389
				0,9			602,5	
				6,3			122,1	
5 %	g		Beginning of Ci				End of Year	. 1 4
Sign	20	Total ass		3,0	_		343,1	67
ASS	21		***************************************	9,0			48,1	
Net Assets or	22	Net asse		4,0			294,9	_
	art II		gnature Block	170	<u> </u>		25-11-2	200
			perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I					
tr	ue, com	ect, and o	omplete. Declaration of preparer (wither than officer) is based on all information of which preparer has any knowled	oest of I	пу кас	wieage /	and belief, it is	
		T	- Vac Vlaratill	J-:	_	<del>7/1</del> 5	2/2014	
ei,	an	- s	ignature of officer		Data	<u> </u>	Y (XII) I T	
	gn				Date	/ 1	4	
пе	ere	-	TIM HUNTER PRESIDENT  ype or print name and title					
		1,		Т.			Partie & A	
D~¹	id		e preparer's name Preparer's signature Date	1	Check	if	PTIN	
Pai Pro		JULIE	S. KLEWER, CPA		self-emp		P00343046	
	eparer	Firm's na		Firm's E	IN 🕨	36	<u>-453829</u>	<u> 33</u>
US	e Only		4783 E CAMP LOWELL DR					
		Firm's ad	dress > TUCSON, AZ 85712	Phone n	^	520	-545-05	500

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

No

Yes

**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," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Х Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part Vi 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Χ 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Χ reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Χ 14a 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 Χ foreign investments valued at \$100,000 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 other assistance to or 15 Χ for any foreign organization? 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 other assistance to or for foreign individuals? 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 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Part VIII, lines 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? 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
2 <b>2</b>	Did the organization report more than \$5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete 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 25a	24a		_X_
b	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		
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		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 "Vee " complete Schedule   Part	25b		Х
26	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 parsons? If so complete Schedule I Part II	26		Χ
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	ŀ		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	39900000	Haldway/A	
	Part IV instructions for applicable filling thresholds, conditions, and exceptions):		Bundani Pagasal	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	400000	Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		-2.3
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	2.0.0		<u> </u>
٠	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
JU	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,	30		
31		31		Х
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-31		
JZ		32		Х
33	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		Δ.
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		<u> </u>
34		34		X
250	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JUA	<del>                                     </del>	1
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20		วอม		<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	2.7		<sub>v</sub>
20	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
38	19? Note. All Form 990 filers are required to complete Schedule O	38	v	
	13 FNO.C. AND ONN 330 NEIS SIE REGUNEU IU COMBIELE SCHEUUE U	1 30	ı Δ	1

	t V Statements Regarding Other IRS Filings and Tax Compliance				
Га	Check if Schedule O contains a response or note to any line in this Part V				
	Official Contraction of Containing a respective services	•		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ia 2			
1a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 <b>b</b> 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	and the state of t		1c	Х	
Δ-	reportable gaming (gambling) winnings to prize withters?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1			
2a		2a   11			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		Χ
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Significant Extraction		2000/00/00/00/00/00/00/00/00/00/00/00/00
_	Note. If the sum of lines is a and 2a is greater than 250, you may be required to 5 more during the year?		3a	Χ	
3a			3b	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	vority	-		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors are the calendar year, did the organization have an interest in, or a signature or other finance.	ial			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	iai	4a	Х	
	account)?		100000		days surface
b		arınıa			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acc	ounta.	5a	NEW PROPERTY	<u>X</u> _
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		36	<del>                                     </del>	<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				Х
	Olddingarou gottor and contributions are		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or	A.L.		
	gifts were not tax deductible?		6b	10000000	September 1
7	Organizations that may receive deductible contributions under section 170(c).				\$5000000000000000000000000000000000000
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds			History
	and services provided to the payor?		7a	<u> </u>	<del></del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<del>                                     </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1_		
	required to file Form 8282?		7c	0,00044553	62/AMAGERIA
d	Il 162' illoidate the hamber of course of a mea agains are larger than the contract of the course of	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract?	7e_	<u> </u>	<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		<u></u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	<u>7g</u>	-	₩
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a Form 1098-C?	7h	o <b>i</b> vacanoid	98889888
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		170000	100.0	
	organization, have excess business holdings at any time during the year?		8_	4 100000000	50000093198
9	Sponsoring organizations maintaining donor advised funds.		1000000	10000000	
а	Did the organization make any taxable distributions under section 4966?		9a	<del> </del>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	2 (2.25/2004)	o sovenskéhol
10	Section 501(c)(7) organizations. Enter:		100000		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a	100000000000000000000000000000000000000		
b	the settled assessed (the net not amounte due or paid to other sources		100000		
_	against amounts due or received from them.)	11b			
12a	to the stable to the latest and the experience of Form 900 in light of Form	1041?	12a	1 300.000	ar = 2500-ccc25-5
b		12b			1800
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	the three day is the second prolifered health plane in more than one state?		13a	1	
а	Note. See the instructions for additional information the organization must report on Schedule O.				
b					
N	the organization is licensed to issue qualified health plans	13b			1
c	= 4 0	13c			
148	The state of the s		148	1	X
i-ac	the state of the state of the second three neumants? If "No " provide an explanation in Schedule	O	148		
	TR TOO, THO R MOO W. OTH THE OF THE PARTY TO		F	om 99	90 (2013)

	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "l	No"	
1 (54)	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instru	iction	s.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
000	MONTH COTOTINES BOW, WITH INCLUSION		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11	100 00 00 00 00 00 00 00 00 00 00 00 00		
ıα	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.			
h	Enter the number of voting members included in line 1a, above, who are independent  1b 11			
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	en en betek	Χ
2	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision 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 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Distriction have resulted by a stable balders?	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		
b	to although an agreement of the other than the conversion had of	7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1000000		2000 00 00 00 00 00 00 00 00 00 00 00 00
8		8a	Χ	100 000000
a b	The governing body?  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			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
<u> </u>	tion 211 Onotes (11110 Cooker 2 Forest Line 1111)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	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	Χ	
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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	1275000 31750000	9889465 1889465	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	- and the state of	1000000		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	200000		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction 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 (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			

State the name, physical address, and telephone number of the person who possesses the books and records of the

3223 N FIRST AVE

AZ 85719

organization: ▶ THE INTERNATIONAL DARK SKY ASSOC

TUCSON

20

# 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.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(1)TIM B. HUNTER, M.D.  2.00  (2)MARTIN MORGAN-TAYLOR  1.00  (3)CHRISTIAN K. MONRAD  TREASURER  0.00 X  (4)J. KELLY BEATTY  5.00  SECRETARY  0.00 X  (5)JAMES R. BENYA  1.00  DIRECTOR  0.00 X  0.00 X	(A) Name and Title	(B) Average hours per week (list any hours for	bo) offi	ι, unle	ss pe nd a d	ition more rson i	than on s both a r/trustee	ın ∋)	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
PRESIDENT		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related
(2) MARTIN MORGAN-TAYLOR 1.00 1.00 X 0.00 X		2.00	x		Х				0	0	0
(3) CHRISTIAN K. MONRAD  5.00  TREASURER  0.00 X X D O O O  (4) J. KELLY BEATTY  5.00  SECRETARY  0.00 X X D O O O  (5) JAMES R. BENYA  1.00  DIRECTOR  0.00 X D O O O  (6) JAMES DOUGHERTY  1.00  DIRECTOR  0.00 X D O O O  (7) MARIO MOTTA, M.D.  DIRECTOR  0.00 X D O O O  (8) TYLER NORDGREN, PH.D.  1.00  DIRECTOR  0.00 X D O O O  (9) CONNIE WALKER, FH.D.  5.00  VICE PRESIDENT  0.00 X D O O O  (10) CHRISTOPHER KYBA  DIRECTOR  0.00 X D O O O  (11) LEO SMITH	(2) MARTIN MORGAN-TA	YLOR 1.00							0	0	0
(4) J. KELLY BEATTY       5.00       X       X       0       0       0         SECRETARY       0.00       X       X       0       0       0       0         (5) JAMES R. BENYA       1.00       0       0       0       0       0       0         DIRECTOR       0.00       X       0       0       0       0       0         (6) JAMES DOUGHERTY       1.00        0       0       0       0       0       0       0       0       0       0       0       0       0       0       0        0		RAD 5.00									
(5) JAMES R. BENYA  1.00 DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			X						U		
DIRECTOR   0.00   X   0   0   0   0   0   0   0   0			X		X				C	C	0
DIRECTOR   0.00   X   0   0   0   0   0   0   0   0		0.00	X						C		0
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.00	X		-				(	) (	0
1.00   0   0   0   0   0   0   0   0   0	DIRECTOR (8) TYLER NORDGREN,	0.00 PH.D.	X						(	) (	0
S.00   X   X   O   O   O   O		0.00	X							) (	0
1.00 DIRECTOR 0.00 X 0 0 0	VICE PRESIDENT	5.00 0.00	X		X		i		(		0
	DIRECTOR	1.00	. X								0
DIRECTOR 0.00 X 0 0 0 0		1.00	 X							0	O O O Form <b>990</b> (2013)

Par		, Directors, Tru	stee	s, Ke	y Eı	npi	oyees	s, a	nd Highest Compensated (D)	Employees (continued)	(F)
	(A) Name and title	(B) Average hours per week (list any hours for	box off	k, unle	ss pe id a di	tion more rson l recto	than or s both a r/truste	an e)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	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
12) P	OBERT PARKS	40.00	-				Δ.				
 DIRI	ECTOR	40.00			Х				93,446	0	4,826
13)											
	.,,.										
14)											
	.,										
15)									•		
16)											
							_				
(17)										!	
				-				_			
(18)											
				-		-		_			
(19)											
416	Sub-total			<u> </u>				<u> </u>	93,446		4,826
	Total from continuation she							<b>&gt;</b>			
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (in	actuding but not	imite	n to	thos	e lis	ted al	bov	93,446		4,820
	reportable compensation from	the organizatio	n 🕨	0							Yes No
3	Did the organization list any f	ormer officer, di	recto	r, or	trust	ee,	key e	mpl	oyee, or highest compensa	ted	3 X
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related organ	e 1a, is the sum	of re	port	able	con	ipens	atic	n and other compensation	from the	
5	individual  Did any person listed on line	1a receive or ac	e	comi		atio	n fron	 n ar	v unrelated organization or	individual	4 X
	for services rendered to the o	rganization? If "	Yes,"	com	plete	e Sc	hedu	le J	for such person	· · · · · · · · · · · · · · · · · · ·	5 X
Sect 1	ion B. Independent Contract Complete this table for your f	ive highest comp	ensa	ated i	inde	pen	dent o	ont	ractors that received more	than \$100,000 of	
	compensation from the organ	(A) nd business address	omp	ensa	tion	for	he ca	len	dar year ending with or with	nin the organization's tax ye.  (B) iption of services	ar. (C) Compensation
-	Name ar	nd business address							Desci	ipuori di services	Compensation
								+			
								1			
								T			
								+			
2	Total number of independent received more than \$100,00	t contractors (inc	ludir	ıg bu	t not	limi	ted to	the	ose listed above) who	0	

Statement of Revenue

Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) Total revenue (D) Revenue (B) Related or exempt function excluded from tax business under sections 512-514 revenue revenue 1a Federated campaigns 1a b Membership dues 1b 215,650 c Fundraising events ...... 1c d Related organizations 1d e Government grants (contributions) 17,398 1e f All other contributions, gifts, grants, and similar amounts not included above 315,353 \$ 5,300 g Noncash contributions included in lines 1a-1f: 548,401 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 146,720 146,720 CONSULTING INCOME 19,400 19,400 FSA FEES 541800 3,600 3,600 ADVERTISING f All other program service revenue ...... 169,720 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 28 28 Income from investment of tax-exempt bond proceeds Royalties .... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) ..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_a b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ..... b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ...... b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn, Code 4,557 4,557 11a MISCELLANEOUS 1,176 1,176 MEETING INCOME 855 855 PRODUCT SALES d All other revenue e Total. Add lines 11a-11d 6,588 724,737 172,736 3,600 

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respor			plete column (A).	
	of 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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	98,272	98,272		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	235,817	110,794	122,441	2 <b>,</b> 582
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,891	3,062	4,729	100
10	Payroll taxes	28,196	24,654	3,542	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	2,656	204	2,452	
d	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.)	5,076	3,276	1,800	
12	Advertising and promotion	6,374	5,975	399	
13	Office expenses	60,638	44,844	15,700	94
14	Information technology	2,016	858	1,158	
15	Royalties				
16	Occupancy	39,453	20,152	18,110	1,191
17	Travel	41,142	36 <b>,</b> 790	4,352	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,241	27,025	6,216	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,155		6,155	
23	Insurance	5,693	815	4,878	
24	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	HARDWARE AND EQUIPMENT EX	15,078	11,798	3,280	
b	MEALS AND ENTERTAINMENT	4,355	3,375		<del>• • • • • • • • • • • • • • • • • • • </del>
С	MISCELLANEOUS	3 <b>,</b> 376	2,737		
d	DUES AND SUBSCRIPTIONS	3,370	1,107	2,263	
е	All other expenses	3,766	1,481	2,204	
25	Total functional expenses. Add lines 1 through 24e	602,565	397 <b>,</b> 219	201,298	4,048
26	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)			·	
DAA	loading out out (not odd-120)	<u> </u>		<u> </u>	Form 990 (2013

Part X

**Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 126,053 105,874 Cash—non-interest bearing 47,899 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 145,720 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 30,527 7,509 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10b 28,875 18,737 15,959 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 203,037 <u>343,167</u> Total assets. Add lines 1 through 15 (must equal line 34) 16 16 19,034 17 Accounts payable and accrued expenses 17 18 Grants payable 18 3,909 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 199 19,034 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 184,003 294,968 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 184,003 294,968 33 Total net assets or fund balances 33 343,167 203,037 Total liabilities and net assets/fund balances

orm	990 (2013) THE INTERNATIONAL DARK-SKY 74-2493011			Page	e 1 <u>2</u>
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			<u>L</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		24,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		02,5	
	Revenue less expenses. Subtract line 2 from line 1	3		22,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	34,0	<u> 003</u>
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		11,2	<u> 207</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		Í		
	33, column (B))	10	2	94,9	<u> 888</u>
Pa	rt XII Financial Statements and Reporting				-
75.0	Check if Schedule O contains a response or note to any line in this Part XII	, <u>, , , , , , , ,</u>			X
			***************************************	Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other MODIFIED A	CCR	<u>.UA</u>	7.000	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		150	30.050.00	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	v
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis		5.00		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
-	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:			11,100	
	Separate basis Consolidated basis Both consolidated and separate basis			4400000000 300000000 30000000	
c	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	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	<u> </u>	X
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.	<u></u>	3b		<u> </u>
			Fo	m 990	<b>)</b> (2013)

#### **SCHEDULE 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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

 THE
 INTERNATIONAL
 DARK-SKY
 Employer Ident

Employer identification number 74–2493011

			ASSOCIATION :	LNC					/4-	<u> </u>	<u> 3011</u>			
Pa	rt I	Reaso	n for Public Charity (	Status (All organizations	must co	mplete	this pa	rt.) Se	e instr	uction	S.			
The o	rganizati	on is not a	private foundation because	it is: (For lines 1 through 11, ch	eck only o	ne box.)								
1	A ch	urch, con	ention of churches, or asso	ciation of churches described in	section '	170(b)(1)	(A)(i).							
2	A so	hool desc	ribed in section 170(b)(1)(A	)(ii). (Attach Schedule E.)										
3	Aho	ospital or a	cooperative hospital service	e organization described in sect	tion 170(t	)(1)(A)(ii	i).							
4	A m	edical rese	earch organization operated	in conjunction with a hospital de	escribed ir	section	170(b)(	1)(A)(iii)	. Enter	the hos	pital's	name,		
	city,	and state:												
5	An o	organizatio	n operated for the benefit of	a college or university owned o	or operated	by a go	vernmen	tal unit d	lescribe	ed in				
	sect	tion 170(t	)(1)(A)(iv). (Complete Part I	l.)										
6	A fe	deral, stat	e, or local government or go	vernmental unit described in <b>se</b>	ction 170	(b)(1)(A)	(v).							
7	X And	organizatio	n that normally receives a s	ubstantial part of its support fror	n a goveri	nmental u	mit or fro	m the g	eneral p	oilduc				
	des	cribed in s	ection 170(b)(1)(A)(vi). (Co	mplete Part II.)										
8				<b>′0(b)(1)(A)(vi).</b> (Complete Part l										
9	And	organizatio	n that normally receives: (1)	more than 33 1/3% of its support	ort from co	ntribution	ns, mem	bership t	ees, an	d gross				
	rece	elpts from	activities related to its exemp	ot functions—subject to certain e	exceptions	s, and (2)	no more	than 33	1/3% c	of its				
				i unrelated business taxable inc				from bus	sinesse	S				
	acqu	uired by th	e organization after June 30	, 1975. See section 509(a)(2).	(Complete	e Part III.)								
10		•		xclusively to test for public safe	-									
11		-		xclusively for the benefit of, to p										
				d organizations described in se						ection				
	509			e type of supporting organization			Г							
	_ a i	Type	·	c Type III-Functions			d			n-functi	onally i	ntegrati	ed	
е	· -	-		nization is not controlled directly	-									
				than one or more publicly supp	ortea orga	anizations	s describ	ea in se	CTION 5L	)(a)(a)				
_		ection 509		and a first than 100 that it is	. T T	11	T 111							
f		=		mination from the IRS that it is	a type i, i	ype II, or	Type III	support	ng					
	-	-	check this box	an annual on all an autiliar			· · · · · · · · ·		• • • • • • •					Ш
g		-		on accepted any gift or contribu	RIOH ROHE	any or me	;							
		owing per		-41 <del>24</del> 1										No
	(1)			ntrols, either alone or together v	with normar	a docarib	od in (ii)	hand				ſ	Voe	
	(11)		, the noverning bony of the									110(1)	Yes	NO
		A ramily		supported organization?								11g(i)	Yes	NO
_			member of a person describ	ed in (i) above?								11g(li)	Yes	NO
		) A 35% c	member of a person describ ontrolled entity of a person d	ed in (i) above? escribed in (i) or (ii) above?									Yes	NO
<u>h</u>	Pro	A 35% coording the f	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? he supported organization(s).						s the	(vii)	11g(ii) 11g(iii)		
	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d	ed in (i) above? escribed in (i) or (ii) above?	(iv) is the o		(v) Did y	rou notify nization in	(vi) I	on in col.	(vii)	11g(li)	f monet	
	Pro	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your	(v) Did y the organ	rou notify nization in of your	(vi) l organizati (i) organiz	on in col. zed in the	(vii)	11g(lii) 11g(lii) Amount o	f monet	
	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? te supported organization(s).  (III) Type of organization (described on lines 1-9	(iv) is the o	rganization sted in your	(v) Did y the organ	rou notify nization in	(vi) I	on in col. zed in the	(vii)	11g(lii) 11g(lii) Amount o	f monet	
(1)	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your docurnent?	(v) Did y the organ col. (i) sup	rou notify nization in of your port?	(vi) l organizati (i) organiz U.S	on in col. zed in the 3.?	(vii)	11g(lii) 11g(lii) Amount o	f monet	
	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your docurnent?	(v) Did y the organ col. (i) sup	rou notify nization in of your port?	(vi) l organizati (i) organiz U.S	on in col. zed in the 3.?	(vii)	11g(lii) 11g(lii) Amount o	f monet	
(A)	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your docurnent?	(v) Did y the organ col. (i) sup	rou notify nization in of your port?	(vi) l organizati (i) organiz U.S	on in col. zed in the 3.?	(vii)	11g(lii) 11g(lii) Amount o	f monet	
(1)	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your docurnent?	(v) Did y the organ col. (i) sup	rou notify nization in of your port?	(vi) l organizati (i) organiz U.S	on in col. zed in the 3.?	(vil)	11g(lii) 11g(lii) Amount o	f monet	
(A) (B)	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your docurnent?	(v) Did y the organ col. (i) sup	rou notify nization in of your port?	(vi) l organizati (i) organiz U.S	on in col. zed in the 3.?	(vii)	11g(lii) 11g(lii) Amount o	f monet	
(A)	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your docurnent?	(v) Did y the organ col. (i) sup	rou notify nization in of your port?	(vi) l organizati (i) organiz U.S	on in col. zed in the 3.?	(vii)	11g(lii) 11g(lii) Amount o	f monet	
(A) (B)	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your docurnent?	(v) Did y the organ col. (i) sup	rou notify nization in of your port?	(vi) l organizati (i) organiz U.S	on in col. zed in the 3.?	(vii)	11g(lii) 11g(lii) Amount o	f monet	
(A) (B) (C)	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your docurnent?	(v) Did y the organ col. (i) sup	rou notify nization in of your port?	(vi) l organizati (i) organiz U.S	on in col. zed in the 3.?	(vii)	11g(lii) 11g(lii) Amount o	f monet	
(A) (B) (C)	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your docurnent?	(v) Did y the organ col. (i) sup	rou notify nization in of your port?	(vi) l organizati (i) organiz U.S	on in col. zed in the 3.?	(vii)	11g(lii) 11g(lii) Amount o	f monet	
(A) (B) (C)	Pro Name of st	) A 35% co ovide the f upported	member of a person describ ontrolled entity of a person d ollowing information about th	ed in (i) above? escribed in (i) or (ii) above? the supported organization(s).  (III) Type of organization (described on lines 1–9 above or IRC section	(iv) is the o	rganization sted in your docurnent?	(v) Did y the organ col. (i) sup	rou notify nization in of your port?	(vi) l organizati (i) organiz U.S	on in col. zed in the 3.?	(vii)	11g(lii) 11g(lii) Amount o	f monet	

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

	ion A. Public Support	4-1.0000	(h) 0040	(=) 2044	(+) 2012	(e) 2013	(f) Total
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	679,510	702,238	749,369	537,437	567,801	3,236,355
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						-110-r40
4	Total. Add lines 1 through 3	679,510	702,238	749,369	537,437	567,801	3,236,355
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						3,236,355
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	679,510	702,238	749,369	537,437	567,801	3,236,355
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,555	361	7	36	28	1,987
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.)	14,816	25,354	8,074	9,829	10,188	68,261
11	Total support. Add lines 7 through 10						3,306,603
12	Gross receipts from related activities, etc.	(see instructions)				12	259,148
13	First five years. If the Form 990 is for the	-	, second, third, fou	rth, or fifth tax year	r as a section 501(c	;)(3)	<b>.</b> .
	organization, check this box and stop her						
Sec	tion C. Computation of Public S						
14	Public support percentage for 2013 (line 6			n (f))			97.88%
15	Public support percentage from 2012 Sch						97.97 <b>%</b>
16a	33 1/3% support test—2013. If the organ						▶ [▽]
	box and stop here. The organization qua						<b>▶</b> 🗓
b	33 1/3% support test—2012. If the organ						▶ □
	check this box and stop here. The organi						
17a	10% or more, and if the organization mee	ts the "facts-and-ci	cumstances" test,	check this box and	<mark>i stop here.</mark> Explai	n in	
	Part IV how the organization meets the "fa						▶ □
	organization						💆 🗀
b	10%-facts-and-circumstances test—20					i line	
	15 is 10% or more, and if the organization					. r . t .	
	Explain in Part IV how the organization m						▶ □
	supported organization		_ 1 _ 20 20 20	b 47=47* -*	alathia barras d		🟲 🗀
18	Private foundation. If the organization d						<b>&gt;</b> [
	instructions					*****************	

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

Cabboit Comerane to: C.Samerane	
(Complete only if you checked the box on line 9 c	f Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests I	sted below, please complete Part II.)

Sect	ion A. Public Support							
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	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							
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							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							<del>.</del>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с 8	Add lines 7a and 7b  Public support (Subtract line 7c from							
800	line 6.) tion B. Total Support						annes.	
	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Tota	<u> </u>
9	Amounts from line 6	(u) 2000	(2) 2010	(0) 20 1.	\			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							<del></del>
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)  First five years. If the Form 990 is for the	organization's fir	et eacond third fo	urth or fifth tay ve	ar as a section 501		<u> </u>	
14	organization, check this box and stop her	: 019a1112ati011 5 111:	st, second, tillo, to	until Or man tax yes		· (~/(~/ ·		<b>•</b>
Sec	ction C. Computation of Public S	upport Perce	ntage					
15	Public support percentage for 2013 (line 8	3, column (f) divide	ed by line 13, colun	nn (f))			15	%
16	Public support percentage from 2012 Sch	edule A, Part III, li	ine 15				16	%
	ction D. Computation of Investme	ent Income P	ercentage				. 1	
17	Investment income percentage for 2013 (			3, column (f))			17	%
18	Investment income percentage from 2012	Schedule A, Part	i III, line 17			,,,,,,, <b>,</b>	18	%
19a		anization did not c	heck the box on lin	e 14, and line 15 i	s more than 33 1/3	3%, and line		
	17 is not more than 33 1/3%, check this b	ox and stop here	. The organization	qualifies as a publ	icly supported orga	anization		
b	33 1/3% support tests—2012. If the org	anization did not o	check a box on line	14 or line 19a, and	ille To is more th	organization	A	<b>▶</b> 「
	line 18 is not more than 33 1/3%, check the Private foundation. If the organization d	nis box and stop i	nere, i ne organiza	illon qualifies as a r 10h, cheal thia b	haniicià sabboitea Annie se prefere	viganizativii , , , tione		
20	Private foundation, if the organization of	id fior check a box	COLLINE 14, 198, 0	LIDD, CHOCK HIS D	on and see mound			

Schedule A (Form 9) Part IV Su	nplemental info	rmation. Prov	ide the explar	nations requ	uired by Part II	, line 10; Part	2493011 II, line 17a or 17 i).	Page 4 b; and	
Part III, line 12. Also complete this part for any additional information. (See instructions).  PART II, LINE 10 - OTHER INCOME DETAIL									
OTHER INC					68,261		,		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , , , , , , , , , , , , , , , ,			,	
				,					
,								,	
,									
,		,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
						.,			
,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	************								
	.,								
				*************					
			,						
	.,								

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

THE INTERNATIONAL DARK-SKY

#### Schedule of Contributors

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

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

OMB No. 1545-0047

**Employer identification number** 

74-2493011 ASSOCIATION INC Organization type (check one): Section: Filers of: 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 |X| For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE INTERNATIONAL DARK-SKY

Employer identification number 74-2493011

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

Рап	Contributors (see instructions). Use duplicate copies of Fa	Tri additional opago to fice		
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
. 1	MUSCO SPORTS LIGHTING 100 1ST AVE WEST OSKALOOSA IA 52577	<b>\$</b> 156,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	DAVID MITTELMAN 16 ROLLING LANE DOVER MA 02030	<b>\$</b> 15,000	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	OCEANSIDE PHOTO & TELESCOPE 918 MISSION AVE OCEANSIDE CA 92054	<b>\$</b> 12,401	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
. 4	ANNENBERG FOUNDATION 2000 AVE OF THE STARS SUITE 1000 LOS ANGELES CA 90067	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	NATIONAL SCIENCE FOUNDATION 4201 WILSON BOULEVARD ARLINGTON VA 22230	<b>\$</b> 20,594	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal 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.

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

Employer Identification number

Open to Public Inspection

OMB No. 1545-0047

TH			74 2402011
	SSOCIATION INC		74-2493011
Pa	rt I Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" to F	nds or Other Similar Funds or F Form 000 Doct IV line 6	Accounts.
	Complete if the organization answered Tes to i	(a) Donor advised funds	(b) Funds and other accounts
	m.,		(b) f divide did deleter
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)	}	
4	Aggregate value at end of year	the coasts hold in depart advised	
5	Did the organization inform all donors and donor advisors in writing that		Yes No
_	funds are the organization's property, subject to the organization's exclusive and decrease the control of the		
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or dono		Yes No
Do	conferring impermissible private benefit?	<u></u>	100 [ 100
га	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	portant land area
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse.	rvation contribution in the form of a conser	vation
	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		2b
C			2c
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	ion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is !	ocated ►	
5	Does the organization have a written policy regarding the periodic mon		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the ye	ear
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	<b>\\$</b>	470(1)(4)(7)	
8	Does each conservation easement reported on line 2(d) above satisfy		Yes No
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easem balance sheet, and include, if applicable, the text of the footnote to the	ents in its revenue and expense statements, that do	i, allu
	organization's accounting for conservation easements.	organization's infancial statements that de	sacribes the
D	art III Organizations Maintaining Collections of Art	. Historical Treasures, or Other	Similar Assets.
14.8	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	
1:	If the organization elected, as permitted under SFAS 116 (ASC 958), r		palance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of
	public service, provide, in Part XIII, the text of the footnote to its finance		
ì	If the organization elected, as permitted under SFAS 116 (ASC 958), t		nce sheet
-	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	,	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	the state of the s	r other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958		
	Revenues included in Form 990, Part VIII, line 1	***************************************	<b>&gt;</b> \$
	Assets included in Form 990, Part X		Sehadula D (Form 990) 201

	rt III Organizations Maintaining C						Commue	u)	
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, che	ck any of the follo	owing that are a	a significant use o	of its			
а	Public exhibition	d Loar	or exchange pro	grams					
b	Scholarly research	e Othe	r						
c	Preservation for future generations								
4	Provide a description of the organization's collection	ctions and explain how	they further the o	organization's e	xempt purpose ir	n Part			
	XIII.								
5	During the year, did the organization solicit or re								
	assets to be sold to raise funds rather than to be		the organization'	s collection?		· · · · · · · · · · · · · · · · · · ·	Yes		No
Pa	rt IV Escrow and Custodial Arrar	igements.		1978			Farms		
	Complete if the organization a	inswered "Yes" to	Form 990, Pa	π IV, line 9,	or reported a	n amount o	n Form		
	990, Part X, line 21.					1149.000			
1a	Is the organization an agent, trustee, custodian						□ Vas		Ma
	included on Form 990, Part X?				.,.,.		Yes		No
þ	If "Yes," explain the arrangement in Part XIII and	d complete the following	ig table:				Amount		_
						10	Amount		
	Beginning balance					1c   1d			_
	Additions during the year					1e			_
_	Distributions during the year					1f			
f	Ending balance						Yes	П	No
za	Did the organization include an amount on Form If "Yes," explain the arrangement in Part XIII. Cl	neck here if the evoluti	ation has been no	ovided in Part				-	***
	ert V Endowment Funds.	seck fiele if the explain	ation has been pr	OVIGCO III T GIT	·dit , ,	*********			
F.C	Complete if the organization a	enswered "Yes" to	Form 990, Pa	rt IV. line 10	).				
	Complete if the organization of	(a) Current year	(b) Prior year	(c) Two year	i	ree years back	(e) Four y	ears ba	eck
12	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and								
v	losses			1					
d	Grants or scholarships								
	Other expenditures for facilities and								
•	programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the currer	it year end balance (lin	e 1g, column (a))	held as:					
а	Board designated or quasi-endowment ▶								
b	Permanent endowment ▶ %								
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess	ion of the organization	that are held and	administered t	or the		_		
	organization by:						, ,	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations								
k	If "Yes" to 3a(ii), are the related organizations I	isted as required on So	chedule R?				3b		
4	Describe in Part XIII the intended uses of the c	rganization's endowme	ent funds.						
P	art VI 💎 Land, Buildings, and Equip								
	Complete if the organization	answered "Yes" to							
	Description of property	(a) Cost or other basis	1	r other basis	(c) Accumulat	ì	(d) Book v	alue	
		(investment)	· · · · · · · · ·	ther)	depreciatio				
	a Land								
	Buildings								
	c Leasehold improvements								
•	i Equipment			44 024	~ ~ ~	075	1	5	0 5 0
	e Other			44,834		3,875		.5, .5,	
Tot	at. Add lines 1a through 1e. (Column (d) must ed	iuai Form 990, Part X. i	column (B), line 1	U(C).)		P I	J	J,	ソリソ

	Complete if the organization answered "Yes" to F  (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
1) Financial o	lerivatives		
2) Closely-he	ld equity interests		
3) Other			
	,		
(D)			
(E)			
	.,,,		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		000 D11/ E-	44- C Farm 000 Dart V line 40
	Complete if the organization answered "Yes" to F		····
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(4)			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
		<b>;</b>	1
	n (b) must equal Form 990. Part X. col. (B) line 13.)		
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.		
	Other Assets.	orm 990. Part IV. lir	ne 11d. See Form 990, Part X, line 15,
Total. (Colum		orm 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.
Total. (Colum Part IX	Other Assets.  Complete if the organization answered "Yes" to F	orm 990, Part IV, lir	
Total. (Colum Part IX (1)	Other Assets.  Complete if the organization answered "Yes" to F	form 990, Part IV, lir	
Part IX  (1) (2)	Other Assets.  Complete if the organization answered "Yes" to F	orm 990, Part IV, lir	
Total. (Colum Part IX (1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" to F	orm 990, Part IV, lir	
Part IX  (1) (2)	Other Assets.  Complete if the organization answered "Yes" to F	orm 990, Part IV, lir	
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" to F	form 990, Part IV, lin	
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" to F	form 990, Part IV, lin	
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" to F	form 990, Part IV, lin	
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" to F	form 990, Part IV, lin	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)	form 990, Part IV, lin	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.	Form 990, Part IV, lii	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.  (a) Description of liability		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.	Form 990, Part IV, lii	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colum Part X   1. (1) Federal (2)	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.  (a) Description of liability	Form 990, Part IV, lii	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) (3)	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.  (a) Description of liability	Form 990, Part IV, lii	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X)  1. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.  (a) Description of liability	Form 990, Part IV, lii	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.  (a) Description of liability	Form 990, Part IV, lii	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.  (a) Description of liability	Form 990, Part IV, lii	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.  (a) Description of liability	Form 990, Part IV, lii	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.  (a) Description of liability	Form 990, Part IV, lii	(b) Book value
(1) (2) (3) (4) (5) (6) (7) Federal (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9)	Other Assets. Complete if the organization answered "Yes" to F (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.  (a) Description of liability	Form 990, Part IV, lii	(b) Book value

Schedule D (F	Form 990) 2013	3 THE IN	TERNATION	AL DARK-SI	ΧY	/4-249.	301T	Page <b>5</b>
Part XIII	Supplem	ental Informa	TERNATIONA Ition (continued	<u>(k</u>				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
								,
						,,		
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							, , , , , , , , , , , , , , , , , , , ,	
						.,		
						,		
			, , , , , , , , , , , , , , , , , , , ,					
	,,							
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,	,
					**************	.,		
*								

## SCHEDULE O

(Form 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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number INTERNATIONAL DARK-SKY ASSOCIATION INC 74-2493011 FORM 990 - ORGANIZATION'S MISSION THE ASSOCIATION'S MISSION IS TO PRESERVE AND PROTECT THE NIGHTTIME ENVIRONEMENT AND OUR HERITAGE OF DARK SKIES THROUGH QUALITY OUTDOOR THE ASSOCIATION WORKS TO STOP THE ADVERSE IMPACT ON DARK SKIES LIGHTING. 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 FOREIGN 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 CONFLICTS POLICY ANNUAL STATEMENTS ARE REQUIRED TO BE COMPLETED AND SUBMITTED FOR APPROVAL. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF THE TAX RETURN ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUESTS MADE IN WRITING TO THE PRESIDENT AT THE TUCSON ADDRESS. FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION THE ORGANIZATION CHANGED ACCOUNTING METHODS FROM AN ACCRUAL TO A MODIFIED

ACCRUAL BASIS FOR A DEPARTURE FOR THE TREATMENT OF MEMBERSHIP REVENUE.