Form 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

2015 Open to Public Inspection

	<u>A</u>	For the 2015 c	alendar year, or tax year beginning , and ending				
	B	Check if applicable:	C Name of organization THE INTERNATIONAL DARK-SKY		D Employe	r identification number	
	Ш	Address change	ASSOCIATION INC				
ı	П	Name change	Doing business as			493011	
and.	Ħ	initial return	Number and street (or P.O. box if mail is not delivered to street address) 3223 N. FIRST AVENUE	Room/suite	E Telephon	9 number 293-3198	
	님	Final return		<u> </u>	273 3170		
		terminaled	City or town, state or province, country, and ZIP or foreign postal code TUCSON AZ 85719	G Gross receipts \$ 602,523			
		Amended return	TUCSON AZ 85719 F. Name and address of principal officer:		G Gross rec	elpss 002, 323	
	$\bar{\sqcap}$	Application pending		H(a) Is this a gr	oup return for si	ubordinates? Yes X No	
	ليا	. phustom beneaug	JEFFREY FEIERABEND	H(b) Are all sul	sandaatan laik	uded? Yes No	
			3223 N. FIRST AVENUE	1		(see instructions)	
	_	_	TUCSON AZ 85719		, 411047676	(000 11.11.11.11.11)	
	<u> </u>	Tax-exempt status:	X 501(c)(3)	┥			
	<u></u>		WW.DARKSKY.ORG	H(c) Group exe			
J	****	2.0000000000000000000000000000000000000		Year of formation: 1	.900	M State of legal domicile: AZ	
	3330		ımmary				
			scribe the organization's mission or most significant activities:	• • • • • • • • • • • • • • • • • • • •			
	Activities & Governance	SEE	SCHEDULE O				
	nar	* , , ,					
	Ver	• • • • • • • • • • • • • • • • • • • •					
	တ္ပ		is box > if the organization discontinued its operations or disposed of more than 2		1 - 1	10	
	త		of voting members of the governing body (Part VI, line 1a)			13	
	ties		of independent voting members of the governing body (Part VI, line 1b)			<u>13</u>	
	Ž		nber of individuals employed in calendar year 2015 (Part V, line 2a)				
_	Ac		nber of volunteers (estimate if necessary)			50	
			elated business revenue from Part VIII, column (C), line 12			0	
7	_	b Net unrel	ated business taxable income from Form 990-T, line 34	Prior Ye		Current Year	
		8 0-4-5-4	inn and marker (Dark VIII). Jing 465		7,519	554,206	
	99	0 December	ions and grants (Part VIII, line 1h)		2,030	10,000	
	Revenue	9 Frogram	service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 4, and 7d)		2,304	-178	
	Re		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,360	-13,382	
			ende (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,605	550,646	
_		r -		33	0,000	330,040	
			nd similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4)		-	<u>_</u>	
J			other compensation, employee benefits (Part IX, column (A), lines 5–10)	3.4	1,240	331,467	
	xpenses	15 Salaries,	other compensation, employee benefits (rait in, column (A), lines 5-10)		1,230	28,250	
	ě	h Tetal fun	nal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 40,751		<i>A</i>	20,230	
	Ä	47 Other aus	/m. c th/t /At th/// /Ad day day day day	26	1,264	158,524	
			enses, Add lines 13–17 (must equal Part IX, column (A), line 25)		2,504	518,241	
					1,899	32,405	
1	7.00	I I P Kevenue	less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year	
	Net Assets or	20 Total ass	ets (Part X, line 16)		2,517	238,254	
	ASS	21 Total liab	ilities (Part X, line 26)		9,448	93,364	
	¥.	22 Net asse	s or fund balances. Subtract line 21 from line 20		3,069	144,890	
			nature Block	<u> </u>			
	_		perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the b	est of my kn	owledge and belief, it is	
	tn	ue, correct, and co	emplete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledg	ge.		
7	Sig	ın 📝 s	gnature of officer		Date	72 - 74	
	He	' I .	JEFFREY FEIERABEND EXECU	TIVE DI	RECTOR		
			ype or print name and title				
		Print/Type	preparer's name Preparer's signature	Date	Check	if PTIN	
	Pai	d ERIC S	. RUDNER, CPA		self-em	ployed P00378841	
7	Pre	parer Firm's nar	THOUTO WIDDED 4 CO. DITC		Firm's EIN	36-4538293	
	Use	Only	4783 E CAMP LOWELL DR				
_		Firm's add	BUGGON DE 05712		hone no.	520-545-0500	
	May		s this return with the preparer shown above? (see instructions)			Yes No	
ľ	For		iction Act Notice, see the separate instructions.			Form 990 (2015)	
1	DAA						

om 99	0 (2015) THE INTERNATIONAL DARK-SKY	74-2493011	Page
Part	III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to		
1 Br	riefly describe the organization's mission:	any line iit uns Fait iii	<u>e</u>
	E SCHEDULE O		
	d the organization undertake any significant program services during the	year which were not listed on the	Yes X
	ior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O.		Yes 🔝 N
	d the organization cease conducting, or make significant changes in how	it conducts, any program	
	ervices?	it collects, any program	Yes X
	"Yes," describe these changes on Schedule O.		
	escribe the organization's program service accomplishments for each of i	ts three largest program services, as measu	red by
ex	penses. Section 501(c)(3) and 501(c)(4) organizations are required to re	port the amount of grants and allocations to o	others,
the	e total expenses, and revenue, if any, for each program service reported.	1353	
	400 450		10.00
	ode:) (Expenses \$ 418, 453 including gran		
TO	PRESERVE AND PROTECT THE NIGHTTIME	ENVIRONMENT THROUGH E	DUCATION
PRO	OGRAMS, NEWSLETTERS (PRINT AND ELECT	RONIC MEDIA), IDA WEB	SITE,
	JCATIONAL MATERIALS AND PUBLICATIONS		SEMINARS AND
MEF	ETINGS, NETWORKING AND OUTREACH, AND	GRASSRUOTS EFFURTS.	
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(C	ode:) (Expenses \$ including gran	ts of \$) (Revenu	.e \$
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d O	het program seniices (Describe in Schedule C.)		
	her program services (Describe in Schedule O.) xpenses \$ including grants of \$) (Revenue \$	١
100	vhenses a microalità distrita oi a	\ /L/esetine a	
	tal program service expenses ► 418, 453		

2000	areaves officedures ocheques		Γ	T
1			Yes	No
0.1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	,,	
	complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١.,		٠,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
1 4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		١,,
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1 _ 1		
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			i
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		_V
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١,,
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			١,,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			١
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Salata de la constanta de la c	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c	_	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
8	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<u> </u>
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			1
5	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X.	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		X_
		For	990	(2015)

	Pa	art V Checklist of Required Schedules (continued)			
	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
53	121	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	i	Х
	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	9		
		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		Х
	24a		31		
	- 74	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	3	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
-	ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		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	The state of the s	2.44		
	200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	h	A DECEMBER OF THE PROPERTY OF	204		1
	b	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		X
	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		<u> </u>
	. 20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
i		disqualified persons? If "Yes," complete Schedule L, Part II	26		X
	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	9		
	21	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		X
	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
-		A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	200000000	X
	a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
		Schedule L, Part IV	28b		X.
		An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	- 200		
	С	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
		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	30		30		_X_
	31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	·		
	31	Book	31		X
_	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,") <u> </u>		
	32		32		x_
	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	·		
	33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	7 33		
	-		34		X
	35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_		X
	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	3 332		
		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	- 		
		•	36		Х
	37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	3,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
			37		X
	38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	· -		
	Ju	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
		is in the state of			

,	Part V Statements Regarding Other IRS Filings and Tax Compliance			П
-	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
_	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	2003003000
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
J	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	2000000000
,	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	200000000	X_
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4		'		
en:	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
1	account)?	4a	X	
33	b If "Yes," enter the name of the foreign country: ▶ BELGIUM			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	•		
	(FBAR).			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-0000000000	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
_	b If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
	gifts were not tax deductible?	6b		
7				*
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			× ·
7	and services provided to the payor?	7a	ACMANDA .	20,000,000
1	of "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
ш.	d If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	WARRANCE	Newson-
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		0.0000000000000000000000000000000000000
-	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	SEC SEC SECURITIES OF THE PROPERTY OF THE PROP			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
1	Gross income from other sources (Do not net amounts due or paid to other sources			
7	against amounts due or received from them.)			
12		12a		1000
- 1	of "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13				
ll a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
- 1	Note. See the instructions for additional information the organization must report on Schedule O.			
1	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
J e	Enter the amount of reserves on hand			
14	Did the organization receive any payments for indoor tanning services during the tax year?		$oxed{oxed}$	X
1	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b		

the section of	it VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a !		'age t
SE				20
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e insir	uctio	ıs. ⊽l
Sac	Check if Schedule O contains a response or note to any line in this Part VI			
<u> </u>	tion At Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13		163	140
144	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	********	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			11
•	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
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Plid the assessment of the bound of the boun	6		Х
7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint			1
	one or more members of the governing body?	7a	- 83	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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing hedy?	8a	X	00000000
b	Each committee with authority to act on behalf of the governing body?	8b	X	$\overline{}$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 00		\vdash
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	110
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
l1a		11a	77163	Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	00000000
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	
4	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			
	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	econord.
b		15b	115.649	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	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		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ AZ			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)		13-07.11	2012/5/10
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
9	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.			
0.	State the name, address, and telephone number of the person who possesses the organization's books and records:			
TF	IE INTERNATIONAL DARK-SKY ASSOCIAT 3223 N. FIRST AVENUE			
नग	ICSON A. 2. 85719 520	-29	3 – 3	198

Form 990 (201)	5) THE INTE	RNATIONA	<u>L</u> 1	DA I	<u> RK</u> -	<u>-S</u> F	<u>(Y</u>		74-249	3011	Page 7
Part VII	Compensation	of Officers,						es,	Key Employees, Hig		
	Independent C					20.0	\r m-	ato i	to any line in this Part	1/11	
Section A.		• •							t Compensated Employe		<u></u>
1a Complete th	is table for all perso								ion for the calendar year er		
organization's t	•	urrent officers of	liroct	ore.	terrei		(who	thac	individuals or organization	s) regardless of smaller	ž
compensation.	Enter -0- in columns	(D), (E), and (F) if no	cor	npei	nsati	on w	as p	aid.		ı
	•								ons for definition of "key en er than an officer, director,	• •	
who received re	portable compensat	ion (Box 5 of Fo							orm 1099-MISC) of more th		
	d any related organia the organization's for		ev er	nnlo	VAA5	ani	d hia	hest	compensated employees	who received more than	
\$100,000 of re	portable compensati	on from the orga	ıniza	tion	and	any	relate	ed oi	rganizations.		
 List all of organization, m 	the organization's fo ore than \$10,000 of	ormer directors reportable comp	or tr ensa	uste ition	es t from	hat r 1 the	eceir orga	ved, aniza	in the capacity as a former ation and any related organ	director or trustee of the izations.	
List persons in	the following order: i	ndividual trustee	s or				-		trustees; officers; key emp		8
	mployees; and forme	•		hate	oms	กเรา	tion	com	pensated any current office	er director or trustee	
Oncor una	(A)	(B)	7 151	1160		C)	COLL		(D)	(E)	(F)
Nan	ne and Title	Average hours per	1	o pot	Pos	ition	than o		Reportable compensation	Reportable compensation from	Estimated amount of
		week	bo	x, unl	ess pe	erson	is both v/trust	n an	from	related organizations	other
1		(list any hours for related	-						the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the
		organizations	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	(W-2/1033-MISC)		organization and related
ř.		below dotted line)	or trus	<u>2</u>		oloyea	le M				organizations
			8	stee			nsate				
(1) MARTIN	N MORGAN-T	YLOR		-	\vdash		<u> </u>	\vdash			
	<u>(40</u>	2.00				252				_	
DIRECTOR (2) CHRIST	ידאא צ אַ	0.00	X			H		-	0	0	0
(2) CIIX 10 1	IAN K. MOI	2.00									
DIRECTOR		0.00	X		L				0	0	0
(3) J. KEI	LLY BEATTY	2 00							2		
VICE PRES	IDENT	2.00	x		X				0	0	0
	R. BENYA		ļ		<u> </u>			Т			
000111101000		1.00	١								2
DIRECTOR	DOUGHERTY	0.00	X		-				0	0	0
(5) 0711-1110	DOOGIIBIKIT	4.00	ļ.,						0		
PRESIDENT		0.00	Х		Х				0	0	0
(6) MARIO	MOTTA, M.I	1						ŀ		2:	
DIRECTOR		2.00	x						0	0	0
	WALKER, I	H.D.									
		3.00								, a	0
DIRECTOR	OPHER KYBA	0.00	Х		\vdash				. 0	0	0
(0) 0111(101	Corner Ribi	2.00									
DIRECTOR		0.00	Х		_		_		0	0	0
(9) LEO SM	1ITH	1.00									
DIRECTOR		0.00	x						0	ol	0
	LEUTWILER								Ü	, in the second	
mp. no		2.00									•
TREASURER (11) SCOTT		0.00	X		X				0	0	0
(11) DCO11	MODERIA	0.00								ė.	
DIRECTOR		0.00	Х						0	o	0
DAA											Form 990 (2015)

Name and title		Average hours per week (list any	Position (do not check more than on box, unless person is both a officer and a director/trustee					n an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation from the	
	2	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
	(12) DIANA UMPIERI			_					Lis.			
		2.00	.,		,						0	
	SECRETARY (13) TIMOTHY SHOTI	0.00	X		X	\vdash	├	-	0	0		
	(, 111.01111 01101	2.00										
	DIRECTOR	0.00	Х	_	_				0	0	0	
	(14) JEFFREY FEIE	40.00										
	EXECUTIVE DIRECTOR	0.00			х				77,328	0	3,552	
U							**					
				\vdash								
H												
				<u> </u>	<u> </u>	_		_				
u												
		×					1	1				
I											45	
				- 1			 					
L	1b Sub-total			<u> </u>	<u> </u>	<u> </u>		Ļ	77,328		3,552	
	c Total from continuation she		Secti	on A	· · · · · · · · · · · · · · · · · · ·			>	11,520			
	d Total (add lines 1b and 1c)							>	77,328		3,552	
Н	2 Total number of individuals (in reportable compensation from				thos	e lis	ted a	abov	e) who received more than	\$100,000 of		
											Yes No	
H	3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir Complete Sche	ecto: dule	r, or J for	trust suc	ee, 1 h ind	key e Jividu	emp! ual	oyee, or highest compensa		3 X	
	4 For any individual listed on lin	e 1a, is the sum	of re	port	able	com	pen:	satio	n and other compensation	from the		
	organization and related organization	izations greater								cn 	4 X	
Ш	5 Did any person listed on line 1 for services rendered to the or										5 X	
a	Section B. Independent Contracto		C3,	COIII	Piete	3 00	neac	110 0	TOT SCOT PETSON			
Н	Complete this table for your five compensation from the organization.	ve highest comp	ensa	ted i	nder	pend	lent (conti	ractors that received more	than \$100,000 of	Ang.	
		(A) business address	omibe	ensa	шоп	101 (1	ne ca	lend		(B) tion of services	(C) Compensation	
	Name and	ousiness address						+-	<u> Vescrip</u>	uon or services	Compensation	
U												
	¥:							+				
								L				
									99			
L								\vdash				
					_			L				
	2 Total number of independent received more than \$100,000	contractors (inclu	uding	but	not	limite	ed to	tho	se listed above) who	0		
L	ieceived more firsh \$ 100,000	or compensation			, uru	كالته	IU(000	

Page 8

(F)

			1	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					exampt function revenue	business revenue	excluded from tax under sections 512-514
1a b c d e f	Federated campaigns	1a					
b	Membership dues	1b	194,685				
С	Fundraising events	1c	35,630				
d	Related organizations	1d					
e	Government grants (contributions)	1e					
f	All other contributions, gifts, grants,						
	and similar amounts not included above	1f	323,891				
g	Noncash contributions included in lines 1:	a-1f: \$					
h	Total. Add lines 1a-1f			554,206			
			Busn. Code				
2a	FSA FEES		900099	10,000	10,000		
b							
C							
d	* ***********************						
9							<u> </u>
l .	All other program service reve			10.000			
	Total. Add lines 2a-2f			10,000			
3	Investment income (including	dividends,	interest,	149			149
	and other similar amounts)			149			143
4	Income from investment of ta	•					
5	Royalties(i) Real		(ii) Personal				
6-			(II) Personal				
6a						\$	
	Less; rental exps.			288.8		(A)	
	Rental inc. or (loss) Net rental income or (loss)					************	
	Gross amount from (i) Securitie		(li) Other				
	sales of assets	-	(11) 0.0101				
h	other than inventory Less: cost or other						
IJ	basis & sales exps.	İ	327				
_	Gain or (loss)		-327				
	Net gain or (loss)	1701080 DEC		-327	***************************************	***************************************	-327
	Gross income from fundralsing evi			<u> </u>			
VI		630					
	of contributions reported on line 10						
	See Part IV, line 18		21,638				
b	Less: direct expenses	b	51,550				
	Net income or (loss) from fun	draising eve		-29,912			
	Gross income from gaming activiti						
	See Part IV, line 19						
ь	Less: direct expenses	ь					
	Net income or (loss) from gar	ning activitie	95				
	Gross sales of inventory, less						
	returns and allowances	a					
b	Less: cost of goods sold	. b					
	Net income or (loss) from sale	es of invent	ory			11270 (2011) 2011 (1011)	
	Miscellaneous Revenue		Busn, Code				
11a	MISCELLANEOUS		900099	16,530		Commence of the second of the	16,530
b	***************************************						
c	***************************************						
d	All other revenue			and the second			
е	Total. Add lines 11a-11d			16,530		*	
142	Total revenue. See instruction	ns		550,646	10,000	0	16,352

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (B) Program service (D) Fundralsing Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 80,880 73,763 5,823 1,294 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 215,914 196,966 15,445 3,503 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 19,738 18,006 1,413 319 14,935 13.714 978 Payroll taxes 243 Fees for services (non-employees): a Management Legal 18,925 18,925 c Accounting d Lobbying 28,250 e Professional fundraising services. See Part IV, line 17 28,250 Investment management fees g Other, (if line 11g amount exceeds 10% of line 25, column 6.163 5,666 415 (A) amount, list line 11g expenses on Schedule O.) 82 12 Advertising and promotion 42,576 34.839 2.366 5.371 Office expenses Information technology 14 Royalties 15 23,164 4,586 1,359 29,109 16 Occupancy 16,514 16,514 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 4,820 3,856 723 241 1,607 330 277 Insurance 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.) 17,770 14,384 3.297 89 a REPAIRS AND MAINTENANCE 7,954 8,818 MISCELLANEOUS 864 5,518 2.715 2,803 BANK FEES 4,914 4,914 CHAPTER EXPENSES 1,790 1,668 122 e All other expenses 518,241 59,037 40.751 418,453 Total functional expenses. Add lines 1 through 24e 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 Form 990 (2015)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 98,648 98. 929 Cash—non-interest bearing 1 123,010 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 17,797 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 4,269 9 6,633 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 8,793 9,534 29,079 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 252,517 238,254 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 24.572 26,347 17 17 Accounts payable and accrued expenses 18 18 Grants payable 68,792 3,101 19 19 Deferred revenue 20 Tax-exempt bond liabilities 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 disqualified persons. Complete Part It of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 29,448 93.364 Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and Balances complete lines 27 through 29, and lines 33 and 34. 223,069 144,890 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 223,069 144,890 33 Total net assets or fund balances 33 252,517 238,254 Total liabilities and net assets/fund balances

Form 990	(2015) THE INTERNATIONAL DARK-SKY 74-2493011			Pa	ge 12
Part X	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 Tota	al revenue (must equal Part VIII, column (A), line 12)	1			646
2 Tota	al expenses (must equal Part IX, column (A), line 25)	2			241
	venue less expenses. Subtract line 2 from line 1	3			<u>405</u>
	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2:	<u>23,</u>	<u>069</u>
5 Net	unrealized gains (losses) on investments	5			
	nated services and use of facilities				
7 Inve	estment expenses	7			
8 Prio	or period adjustments	8	-1	10,	<u> 584</u>
9 Othe	er changes in net assets or fund balances (explain in Schedule O)	9	55		
10 Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	99			
33,	column (B))	10	1	44,	<u>890</u>
Part X	Financial Statements and Reporting				
TENED DESIGN	Check if Schedule O contains a response or note to any line in this Part XII			ء، آئی،	X
				Yes	No
1 Acc	ounting method used to prepare the Form 990; 🔲 Cash 💢 Accrual 🔲 Other				
If the	e organization changed its method of accounting from a prior year or checked "Other," explain in				
	edule O.				
2a Wer	re the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ	
	es," check a box below to indicate whether the financial statements for the year were compiled or				
revi	ewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			***	
-	re the organization's financial statements audited by an independent accountant?		2b	naer aenarch	Х
	es," check a box below to indicate whether the financial statements for the year were audited on a				
	arate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			(A.,	
	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		X3030,000,	1000 Q0Q1	5576134619
	he audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	e organization changed either its oversight process or selection process during the tax year, explain in				
	edule O.				
	a result of a federal award, was the organization required to undergo an audit or audits as set forth in		20000000000	000000000	4900000000
	Single Audit Act and OMB Circular A-133?		3a		Х
	es," did the organization undergo the required audit or audits? If the organization did not undergo the		7-		
	aired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
1000	and again or desire, explain this in desireday of and deserve only steps taken to allest go such adults			. gar	(2015)

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.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE INTERNATIONAL DARK-SKY

ASSOCIATION INC

Employer identification number 74-2493011

и.	31	December 2	ASSOCIATION	INC			14-249	3011
	Pa	irt I Reas	on for Public Charity	Status (All organization	s must co	omplete t	his part.) See instructio	ns
1	The	organization is not	a private foundation becau	se it is: (For lines 1 through 11	, check only	y one box.)		
١	1	A church, co	nvention of churches, or as	sociation of churches describe	d in section	170(b)(1)	(A)(i).	
33	2	A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fo	rm 990 or 9	990-EZ).)		
	3	A hospital or	a cooperative hospital serv	ice organization described in s	ection 170	(b)(1)(A)(ii	i).	
1	4			ed in conjunction with a hospita				ospital's name,
J		city, and stat	· · · · · · · · · · · · · · · · · · ·					
	5	An organizat	ion operated for the benefit	of a college or university owner	d or operat	ed by a go	vernmental unit described in	
			(b)(1)(A)(iv). (Complete Par					
۱	6			governmental unit described in	section 17	⁷ 0(b)(1)(A)((v).	
Ų.	7			substantial part of its support				3
			section 170(b)(1)(A)(vi). (0		_			
1	8	Lame I		170(b)(1)(A)(vi). (Complete Pa	art II.)			
3	9			(1) more than 33 1/3% of its su		contributio	ns, membership fees, and gro	oss
		_	-	mpt functions—subject to certa				
7				and unrelated business taxable				
J				30, 1975. See section 509(a)(
	10	An organizat	ion organized and operated	exclusively to test for public sa	afety. See s	ection 509	9(a)(4).	
	11	An organizat	ion organized and operated	exclusively for the benefit of, t	o perform t	he function	s of, or to carry out the purpo	ses of
ı		one or more	publicly supported organiza	itions described in section 509	(a)(1) or se	ction 509(a)(2). See section 509(a)(3).	. Check
ad.		the box in lin	es 11a through 11d that de	scribes the type of supporting of	organization	and comp	lete lines 11e, 11f, and 11g.	
	а			ted, supervised, or controlled b				
I		the supporte	d organization(s) the power	to regularly appoint or elect a	majority of	the director	s or trustees of the supportin	g
J			You must complete Part	•				
	b	Type II. A su	pporting organization supe	rvised or controlled in connection	on with its s	upported o	rganization(s), by having	
1		control or ma	anagement of the supporting	g organization vested in the sa	me persons	that contro	ol or manage the supported	
J			(s). You must complete Pa					
	C	Type III fund	ctionally integrated. A sup	porting organization operated i	n connectio	n with, and	functionally integrated with,	
				ctions). You must complete P				
	d	_		supporting organization opera				
				rganization generally must satis				
-				st complete Part IV, Sections				
	9		_	ed a written determination from			pe I, Type II, Type III	
J		•		inctionally integrated supportin	g organizat	ion.		<u></u>
	f		r of supported organization				******	
	g		wing information about the s		e 11 45 -		20. 952	
J	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
		or garactari		above (see instructions))		ment?	instructions)	instructions)
1				5	Yes	No		
1					Yes	NO		
	(A)		0(2)					
	(D)							
1	(B)							
3	/C)			 	+	 		
	(C)							
1	/D)	1						
4	(D)			11				
	(E)							-
1	\ - /							
	Tota	1						

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.)

Section A. Public Support		E 5				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	749,369	483,637	548,401	427,519	518,576	2,727,502
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	20					18
3 The value of services or facilities furnished by a governmental unit to the organization without charge					7	
4 Total. Add lines 1 through 3	749,369	483,637	548,401	427,519	518,576	2,727,502
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)						241,483
6 Public support. Subtract line 5 from line 4.			<u> </u>	L	4	2,486,019
Section B. Total Support		2				<u>-</u>
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	749,369	483,637	548,401	427,519	518,576	2,727,502
8 Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources	7	_36	28	83	149	303
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.)	8,074	9,829	6,588	3,360	73,798	101,649
11 Total support. Add lines 7 through 10	3,013	3,023	0,300	3,333	13/130	2,829,454
12 Gross receipts from related activities, etc.	(see instructions)				12	359,151
13 First five years. If the Form 990 is for the			rth, or fifth tax vear		3.533.53.535.5	
organization, check this box and stop her	_					
Section C. Computation of Public Su	pport Percent	age				
14 Public support percentage for 2015 (line 6			ı (f))	F 553.33	14	87.86%
15 Public support percentage from 2014 Sch		4.4		10	100000000000000000000000000000000000000	98.12%
16a 33 1/3% support test—2015. If the organ						
box and stop here. The organization qual						▶ X
b 33 1/3% support test—2014. If the organic check this box and stop here. The organic			or 16a, and line 15	i is 33 1/3% or mo	re,	
17a 10%-facts-and-circumstances test—201 10% or more, and if the organization meet	5. If the organization	on did not check a	box on line 13, 16a	a, or 16b, and line	14 is	
Part VI how the organization meets the "fa organization		_	•			▶ □
b 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization me	4. If the organization meets the "facts-a	on did not check a nd-circumstances"	box on line 13, 16a test, check this bo	a, 16b, or 17a, and ox and stop here.	lline	
18 Private foundation. If the organization die		n line 13, 16a, 16b	, 17a, or 17b, chec	ck this box and see	9	. \Box
instructions						

Page 3

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.

blic Support						
iscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
(Do not include any "unusual	es.					
es performed, or facilities nv activity that is related to the		9				
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Part IV Supporting Organizations

> (Complete only if you checked a box in line 11 on 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	Organizations
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- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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).
- 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?
- 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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
	1		
	2		
	3a		
	3b		
	3c		
	4a		
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	5a		
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	10a		
	10b	000 5	71 2045
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other Type III non-functionally integrated supporting organizations must complete S	sections A th		(B) Current Year
ection A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			,
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a_		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1 100		
factors (explain in detail in Part VI):	62.0		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	46	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	S 7	19	
8 Minimum Asset Amount (add line 7 to line 6)	8	- 30 - 73 - 77 - 77 - 77 - 77 - 77 - 77	
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		14
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5_		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 THE INTERNATIONAL	DARK-SKY	74-2493	011 Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) S	supporting Organiza	dons (continued)	Current Year
Section D - Distributions			Current rear
1 Amounts paid to supported organizations to accomplish exempt purpo			<u></u>
2 Amounts paid to perform activity that directly furthers exempt purposes	¥8		
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
Administrative expenses paid to accomplish exempt purposes of supplied Amounts paid to acquire exempt-use assets	oned organizations		
5 Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6 Other distributions (describe in Part VI). See instructions.		(3)	
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organizations	ation is responsive		
(provide details in Part VI). See instructions.	ation is responsive		
9 Distributable amount for 2015 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(ili) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015			
(reasonable cause required-see instructions)	W W	Barrose sayoni ku mo <u>akaversaksi - kun</u>	
3 Excess distributions carryover, if any, to 2015:			
a			
b			
C			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years		E 85	
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section			
D. line 7:			
a Applied to underdistributions of prior years		AND DECEMBER ASSESSMENT	
b Applied to 2015 distributable amount			
c Remainder, Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if			7
any. Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see			
instructions).			
7 Excess distributions carryover to 2016. Add lines 3j			
and 4c			
8 Breakdown of line 7:		4.8	
a			
b/		W. J. W.	
c Excess from 2013			
d Excess from 2014	A480		
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

	Schedule A (i	Form 990 or 990-EZ	2015 THE I	NTERNATION	NAL DARK-	-SKY vired by Part II lir	74-2493011 ne 10; Part II, line 17a o	Page 8
	FAIL VI	III, line 12; Pa B, lines 1 and	rt IV, Section A, 2; Part IV, Sec	, lines 1, 2, 3b, 3 tion C, line 1; Pa	3c, 4b, 4c, 5a, art IV, Section	6, 9a, 9b, 9c, 11 D, lines 2 and 3;	a, 11b, and 11c; Part IV Part IV, Section E, lines 5, 6, and 8; and Part V,	', Section s 1c, 2a, 2b,
		lines 2, 5, and	6. Also comple	ete this part for a	iny additional	information. (See	e instructions.)	
	PART	II, LINE 1	0 - OTHER	INCOME DE	TAIL			
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SCHEDULE D (Form 990)

Department of the Treesury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

2015 Open to Public Inspection

OMB No. 1545-0047

ASSCIANTION INC Partitle Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of organization inform and organization from the property subject to the organization's exclusive legal contro? 5 Did the organization inform all odonors and donor advisors in writing that agent units can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible provide benefit? Partitle Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of plan against a property and the preservation of a historically important land area Preservation of plan against the tax year. 2 Complete lift the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of plan against the preservation of a certified historic structure Preservation of plan against the lax year. 3 Total number of conservation easements and earlied historic structure included in (a) 22 23 24 24 24 24 24 24	Name of the organization		Employer identification number
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 In the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part VIII, line 1 Assets included in Form 990, Part VIII, line 1 Assets included in Form 990, Part VIII, line 1	7 Amount of expenses incurred in monitoring, inspecting, handling of violence.	lations, and enforcing conservation easer	nents during the year
and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part VIII, line 1	*******************		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 S (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X Assets included in Form 990, Part X		Historical Treasures, or Other	Similar Assets.
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	2 If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	ovide the
b Assets included in Form 990, Part X	- · · · · · · · · · · · · · · · · · · ·		
b Assets included in Form 990, Part X			
	b Assets included in Form 990, Part X		Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 THE INTER	NATIONAL	DARK-	SKY		74-24	193011		Page 2
Part III Organizations Maintaining				reasures,	or Other	Similar Asse	ts (contin	ued) 🗼
3 Using the organization's acquisition, accessio collection items (check all that apply):	n, and other record	ds, check a	any of the fo	llowing that a	re a signific	ant use of its		
a Public exhibition	d 🗍	Loan or e	xchange pro	ograms				
	e			- 7.101/4.1111/1		0		
c Preservation for future generations	J	* * * *						
Provide a description of the organization's col XIII.	ections and explai	in how the	y further the	organization'	's exempt p	urpose in Part		
5 During the year, did the organization solicit or	receive donations	of art. hist	orical treasu	res. or other	similar			
assets to be sold to raise funds rather than to							TY6	es No
Part IV Escrow and Custodial Arra		,			1.003333	dia mana		
Complete if the organization	answered "Yes	s" on For	m 990, Pa	art IV, line	9, or repo	rted an amour	nt on Form	n
990, Part X, line 21.				·				
1a Is the organization an agent, trustee, custodia	n or other interme	diary for co	ontributions	or other asse	ts not		52 52	102-145
included on Form 990, Part X?							🔲 Ye	s No
b If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing ta	ble:					
							Amoun	t
c Beginning balance						1c		
d Additions during the year								
e Distributions during the year								
f Ending balance						1f		
2a Did the organization include an amount on Fo	rm 990, Part X, lin	e 21, for e	scrow or cus	stodial accour	nt liability?	Ś	Ye	s No
b If "Yes," explain the arrangement in Part XIII.	Check here if the	explanation	n has been p	rovided on P	art XIII	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		:
Part V Endowment Funds.						20 - 2		274
Complete if the organization	answered "Yes	s" on For	m 990, Pa	art IV, line	10.	_		
A	(a) Current year		rior year	(c) Two ye		(d) Three years back	(e) Fou	r years back
1a Beginning of year balance			_					
b Contributions					4	•		
c Net investment earnings, gains, and								
losses								
d Grants or scholarships		Ī						
e Other expenditures for facilities and				1				
programs						9		
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the curre	nt year end baland	ce (line 1g.	column (a)) held as:				
a Board designated or quasi-endowment	-			200				
b Permanent endowment ▶ %								
c Temporarily restricted endowment ▶	%							
The percentages on lines 2a, 2b, and 2c shou								
3a Are there endowment funds not in the posses	sion of the organiz	ation that	are held and	i administere	d for the			
organization by:								Yes No
(i) unrelated organizations							3a(i)	
(ii) related organizations					0.0004 00.0004	011.000.000.0000	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizat	ions listed as requ	lired on So	hedule R?				3b	
4 Describe in Part XIII the intended uses of the							2000	
Part VI Land, Buildings, and Equip	ment.							
Complete if the organization		on For	m 990, Pa	art IV, line	<u>11a. See</u>	Form 990, Par	rt X, line 1	0
Description of property	(a) Cost or other			other basis		cumulated	(d) Book	
	(investment)	(oth	ner)	dep	reciation		
1a Land								
b Buildings				100				
c Leasehold improvements								
d Equipment				38,613		29,079		9,534
e Other								
Total. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Pa	rt X, colum	n (B), line 1	0c.)				9,534
						Sch	nedule D (Fo	rm 990) 2015

DAA

	Complete if the organization answered "Yes" or (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
) Financial de	erivatives		K.
) Closely-hek	d equity interests		
1 Att	hammeter and the control of the cont		
(A)			
(B)			
(C)			
(D)		1	
(E)			
(F)	A street the street str		
(G)			
(H)		W	
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
	Investments—Program Related.		
- Maria continua de la continua del continua de la continua del continua de la co	Complete if the organization answered "Yes" or	Form 990, Part IV, lin	e 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	,-,	(-,	Cost or end-of-year market value
1)			12
2)	*		
3)			
4)			<u> </u>
5)	***************************************	1	
6)	<u> </u>		
		<u></u>	<u> </u>
7)		<u> </u>	1
8)	P		_
9)	#12		*
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets.]
	Complete if the organization answered "Yes" or	Form 000 Part IV lin	e 11d See Form 990 Part Y line 15
	(a) Description	rroini 990, raitiv, iii	(b) Book valu
41	(a) Description		(b) Book value
1)			
2)			
3)			
4)			
5)			
6)			
7)	- W		<u> </u>
8)			
9)			
	(b) must equal Form 990, Part X, col. (B) line 15.)		b
	Other Liabilities.	E 000 D-407 E-	- 44 446 D F 000 D-+V
	Complete if the organization answered "Yes" or	i Form 990, Part IV, iin	e 11e or 11f. See Form 990, Part X,
	line 25.	17.903.12	
	(a) Description of liability	(b) Book value	4
	acome taxes		_
1) Federal in			
1) Federal in			
 Federal in 			
1) Federal in 2) 3)			
2) 3) 4)			
2) 3) 4) 5)			
1) Federal in 2) 3) 4) 5)			\
			\
1) Federal in 2) 3) 4) 5) 6)			

Sch	edule D (Form 990) 2015 THE INTERNATIONAL DARK-SKY	74-24930	11	Page 4
Section 1997	Reconciliation of Revenue per Audited Financial Stateme			
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
ь				
C		20		
d	Other (Describe In Part XIII.)	2d	_	
e	Add lines 2a through 2d	24	2e	
3	Add lines 2a through 2d			
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	T	3	
		1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
þ		4b		
C			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	art XII Reconciliation of Expenses per Audited Financial Stateme		Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		***
С	Other losses	2c		
d	Other (Describe in Part XIII.)		7	
e			30	
3	Add lines 2a through 2d	***************************************	_2e	
_	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	***************************************	_4b		
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	irt XIII Supplemental Information.	P21 S10P2		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b; Part V, line 4;	Part X, line	
2; Pa	irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
P.	ART X - FIN 48 FOOTNOTE			
T.	HE ASSOCIATION'S POLICY IS TO DISCLOSE OR R	ECOGNIZE INCOME	TAX P	OSITIONS

B	ASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT	IS REASONABLY	POSSTB	LE OR
P	ROBABLE, RESPECTIVELY, THAT A LIABILITY HAS	BEEN INCURRED	FOR IIN	RECOGNIZED
		DEEN INCOMED	LOK ON	NECOONIZED
TI	NCOME TAX POSITIONS. AS OF DECEMBER 31, 201	5 THERE WERE N	O LINICE	עמים ומדגיםם
	NOOME TAX POSTITONS. AS OF DECEMBER SI, 201	S, IREKE WEKE N	O ONCE	KIAIN IAA
D/	STATOMS AND DO DOMENMENTALLY WAVEDING			
53	DSITIONS THAT ARE POTENTIALLY MATERIAL.			

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Schedule G (Form 990 or 990-EZ) 2015 THE INTERNATIONAL DARK-SKY Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through ANNUAL GENERAL CHAPTER EVENT NONE col. (c)) (event type) (lotal number) (event type) 57,268 34,961 22,307 1 Gross receipts 13,880 2 Less: Contributions 21,750 35,630 3 Gross income (line 1 minus 21,638 13,211 8,427 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs **Jirect Expenses** 7 Food and beverages 8 Entertainment 51,550 30,276 21,274 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull labs/instant (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) binga/progressive bingo 1 Gross revenue. 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

	edule G (Form 990 or 990-EZ) 2015 THE IN	TERNATIONAL	L DARK-SKY	74-2493011	Page 3
	Does the organization conduct gaming activities with				Yes No
12	Is the organization a grantor, beneficiary or trustee of	a trust or a member of	of a partnership or other entity		_
	formed to administer charitable gaming?				Yes No
13	Indicate the percentage of gaming activity conducted	in:			
	The organization's facility			13a	%
h	An outside facility			13b	%
14	Enter the name and address of the person who prepa	res the organization's	aaming/special events hooks and		
	records:	3100 (110 0)gc///	, ga		
	Name >				
	Address ▶		<u></u>		
15a	Does the organization have a contract with a third par	rty from whom the ora	anization receives caming		
		-		1	Yes N
	revenue?	d bushe americation		and the	05
	If "Yes," enter the amount of gaming revenue receive			and the	
	amount of gaming revenue retained by the third party		********		
С	If "Yes," enter name and address of the third party:				
	Name >				
	Address ▶				
16	Gaming manager information:				
	•				
	Name >				
	.,.,,				
	Gamino manager compensation				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Description of services provided ▶ ☐ Director/officer ☐ Employee				
17	Description of services provided ▶ ☐ Director/officer ☐ Employee Mandatory distributions:	Independent of	contractor		
17 a	Description of services provided ▶ ☐ Director/officer ☐ Employee	Independent of	contractor		
17 a	Description of services provided ▶ ☐ Director/officer ☐ Employee Mandatory distributions:	Independent of	contractor		Yes N
a	Description of services provided Director/officer Employee Mandatory distributions: Is the organization required under state law to make or retain the state gaming license?	Independent of large charitable distributions	contractor s from the gaming proceeds to		Yes N
a	Description of services provided Director/officer Employee Mandatory distributions: Is the organization required under state law to make or retain the state gaming license? Enter the amount of distributions required under state	Independent of the charitable distributions as a law to be distributed	contractor s from the gaming proceeds to		Yes N
a b	Description of services provided Director/officer Employee Mandatory distributions: Is the organization required under state law to make or retain the state gaming license? Enter the amount of distributions required under state spent in the organization's own exempt activities during the state of t	Independent of charitable distributions as law to be distributed ing the tax year > \$	contractor s from the gaming proceeds to to other exempt organizations or		
a b	Description of services provided Director/officer Employee Mandatory distributions: Is the organization required under state law to make or retain the state gaming license? Enter the amount of distributions required under state spent in the organization's own exempt activities during IV Supplemental Information. Provide	Independent of charitable distributions a law to be distributed ing the tax year ▶ \$	contractor s from the gaming proceeds to to other exempt organizations or s required by Part I, line 2b,	columns (iii) and (v); a	and
a b	Description of services provided Director/officer Employee Mandatory distributions: Is the organization required under state law to make or retain the state gaming license? Enter the amount of distributions required under state spent in the organization's own exempt activities during the state of the spent in the organization's own exempt activities during the state of the spent in the organization's own exempt activities during the spent in the organization's own exempt activities during the spent in the organization's own exempt activities during the spent in the organization's own exempt activities during the spent in the organization's own exempt activities during the spent in the organization of the spent in	Independent of charitable distributions a law to be distributed ing the tax year ▶ \$	contractor s from the gaming proceeds to to other exempt organizations or s required by Part I, line 2b,	columns (iii) and (v); a	and
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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.

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name 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. Employer identification number

THE INTERNATIONAL DARK-SKY

	ASSOCIATION INC	74-2493011
	FORM 990 - ORGANIZATION'S MISSION	
7	THE ASSOCIATION'S MISSION IS TO PRESERVE AND PROTECT THE	NIGHTTIME
	ENVIRONMENT AND OUR HERITAGE OF DARK SKIES THROUGH QUALI	TY OUTDOOR
ř	LIGHTING. THE ASSOCIATION WORKS TO STOP THE ADVERSE IMP	ACT ON DARK SKIES
	WORLD-WIDE BY BUILDING AWARENESS OF THE PROBLEM OF LIGHT	POLLUTION,
J.	PROVIDING SOLUTIONS AND EDUCATING THE PUBLIC ABOUT THE V	ALUE AND
1	EFFECTIVENESS OF QUALITY OUTDOOR LIGHTING.	
L,		
1	FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIG	N COUNTRIES
7	BELGIUM	
ŀ	FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
ľ	THE RETURN IS REVIEWED BY MANAGEMENT AND THE BOARD PRESI	
-	APPROVAL TO FILE.	
Į.		
1.	FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS PO	OLICY
4	ANNUAL STATEMENTS ARE REQUIRED TO BE COMPLETED AND SUBMI	TTED FOR APPROVAL.
ř	FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TO	OP OFFICIAL
J.	BASED ON THE EXECUTIVE DIRECTOR'S ANNUAL WORK PLAN, APPRO	OVED BY THE IDA
1	BOARD OF DIRECTORS, THE BOARD REVIEWED THE EXECUTIVE DIR	ECTOR'S PERFORMANCE
1	AGAINST BENCHMARKS AND THEN ADJUSTED COMPENSATION AS APP	ROPRIATE.
Ī	FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS	
4	COPIES OF THE TAX RETURN ARE AVAILABLE FOR PUBLIC INSPEC	LION OFON KEGOESIS

	Schedule O (Form 990 or 990-EZ) (2015)	Page 2
1	Name of the organization THE INTERNATIONAL DARK-SKY	74-2493011
27	MADE IN WRITING TO THE PRESIDENT AT THE TUCSON ADDRESS.	
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	FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION	
1	THE ORGANIZATION PREVIOUSLY RECORDED MEMBERSHIP REVENUE ON THE CASH BASIS	
	OF ACCOUNTING WHILE RECORDING ALL OTHER FINANCIAL STATEMENT TRANSACTIONS ON	
	THE ACCRUAL BASIS OF ACCOUNTING. DURING THE YEAR ENDED DECEMBER 31, 2015,	
1		
4	THE ORGANIZATION CHANGED THE ACOUNTING METHOD FOR RECORDING MEMBERSHIP	
Ī	REVENUE TO THE ACCRUAL BASIS OF ACCOUNTING.	
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