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DLN: 93493154009246

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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year beginning 10-01-2014 , and ending 09-30-2015				
		pplicable	C Name of organization		D Emplo	yer iden	ntification number
	dress cl		UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH		•	-	
_		-	% MELISSA D MILLER		84-04	412668	<b>,</b>
	me cha	_	Doing business as				
Ini	tıal retu	ırn	Newshare and short (se D.O. bear forest a model beared to short address). Decree (see		E Teleph	one numl	per
Fir	ıal urn/ter	mınated	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 3000	e	(303)	497-8	575
	nended		Character and 770 of many and 140		(303)	7777 0	373
			City or town, state or province, country, and ZIP or foreign postal code BOULDER, CO 80307		<b>G</b> Gross i	receipts \$	224,561,792
J Ap	plicatioi	n pending				• •	
			F Name and address of principal officer	H(a) Is the			
			Michael Thompson PO BOX 3000	subor	dinates?		┌ Yes 🗸 No
			Boulder, CO 80307	<b>H(b)</b> Are a	ll subord	ınates	┌ Yes ┌ No
				includ			, 100, 110
I Ta	ıx-exen	npt status	▼ 501(c)(3)	If "No	," attach	na list	(see instructions)
J W	ebsite	e:► WW	/W UCAR EDU	H(c) Grou	p exempt	tion nun	nber ►
				1			
			✓ Corporation Trust Association Other ►	<b>L</b> Year of for	mation 19	946 <b>M</b>	State of legal domicile CO
Pa	rt I	Sum	mary				
			escribe the organization's mission or most significant activities				
		See Sch	edule O				
<u>မ</u> ိ							
] <u>:</u>							
Governance	2	Check th	nis box দ if the organization discontinued its operations or disposed of	more than 2	5% of its	net as:	sets
ទី						1 . 1	
2 <b>6</b>			of voting members of the governing body (Part VI, line 1a)			3	18
ĕ			of independent voting members of the governing body (Part VI, line 1b)			4	18
Activities &			mber of individuals employed in calendar year 2014 (Part V, line 2a) .			5	1,594
ą			mber of volunteers (estimate if necessary)		•	6	23
	1		related business revenue from Part VIII, column (C), line 12		•	7a	291,011
	b	Net unre	lated business taxable income from Form 990-T, line 34		•	7b	37,893
				Prior	r Year		Current Year
а.	8	Contri	butions and grants (Part VIII, line 1h)	1	79,518,	301	187,109,170
Rayenue	<b>9</b> Progra		am service revenue (Part VIII, line 2g)		26,691,		24,144,116
2	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		2,637,	236	5,364,846
ш	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,348,	234	1,472,494
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	,	10,195,	670	218,090,626
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)	<del>                                     </del>	105,		32,314
	14		ts paid to or for members (Part IX, column (A), line 4)		103,	0	32,314
			es, other compensation, employee benefits (Part IX, column (A), lines			+	
82	15	5-10)		1	41,168,	781	145,921,362
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0	0
<u></u>	Ь	Total fu	ndraising expenses (Part IX, column (D), line 25) 🕒				
Д							
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		66,735,		64,724,863
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2	08,009,		210,678,539
	19	Reven	ue less expenses Subtract line 18 from line 12		2,185,		7,412,087
\$ §				Beginning	of Curre ear	nt	<b>End of Year</b>
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)		54,062,	503	247,065,159
¥.	21		liabilities (Part X, line 26)		21,394,		114,254,578
を 第	22		ssets or fund balances Subtract line 21 from line 20		32,667,		
	rt III		rature Block	1	32,007,	703	132,810,581
my k	nowle arer ha	dge and las any kr	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other than nowledge	in officer) is l	based on 16-06-02		
Her	G		SSA D MILLER VP FIN & ADMIN or print name and title				
		<u> </u>	Print/Type preparer's name Preparer's signature Da	te la	- L -	PTIN	
Pai	Ч		STEVEN T RUTTI STEVEN T RUTTI	I Clie	ck if employed	P00775	456
			ırm's name ► ERNST & YOUNG US LLP	Firm	s EIN 🟲		
	pare On		rırm's address ► TWO NORTH CENTRAL AVENUE STE 2300	Phor	ne no (602	2) 322-30	00
LJ924		IV I		ı	•		

PHOENIX, AZ 85004

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

┌Yes ┌No

Forn	1990 (20	14)							Page
Par			of Program Ser ule O contains a re			Part III			
1	Briefly	describe the oi	ganızatıon's mıssıd	n					
See	Schedule	0							
2		organızatıon uı r Form 990 or	ndertake any signif 990-EZ?	cant program s	ervices during the	year which were	not listed on		√ No
	If"Yes,	" describe thes	se new services on	Schedule O					
3		organization ce	ease conducting, or	make significa	nt changes in hov	ıt conducts, any	program		√ No
	If"Yes,	" describe thes	e changes on Sch	dule O					
4	expens	es Section 50	cion's program serv 1(c)(3) and 501(c) d revenue, if any, fo	(4) organization	s are required to				
4a	(Code		) (Expenses \$	35,608,931	ıncludıng grants of	\$	0) (Revenue \$	4,345,58	9)
	and soc	al systems, to sup	LAB - to conduct direct oport, enhance, and ex n, and to support techn	end the capabilities	s of the scientific com	munity, to develop a			
4b	(Code		) (Expenses \$	34,041,185	ıncludıng grants of	\$	0) (Revenue \$	409,05	60 )
			to develop and employ e measurements of vai			nnologies, instrument	s and advanced alg	orithms for the next	generation o
	(Code		) (Expenses \$	28,131,425	ıncludıng grants of	\$	0) (Revenue \$	256,47	0)
		TATIONAL & INFOR	MATION SYSTEMS LAB ational science	- to support and ad	vance the geoscience	es with world-class co	mputing, data man	agement and researd	ch in
	Othor	program cerus	es (Describe in Sc	hadula O )					
Tu	(Expe		es (Describe III 3c. 89,840,743 ir		of\$	32,314 )(Reve	nue \$	20,308,518)	

187,622,284

Total program service expenses ►

Part IV	Checklist of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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, Part III	5		No
6	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 "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
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	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $\chi^{\bullet}$	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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 persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

POL				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   256		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		103	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
_	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		N a
a	file Form 8282?	70		Νo
u	These, indicate the number of forms 8282 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		
Qa	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
l1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
12	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
đ	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14b		

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

36	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		
<i>,</i> a	more members of the governing body?	7a	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
		_		
Se	ection R. Policies (This Section R requests information about policies not required by the Internal R	eveni	ie Cod	e )
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni		
			Yes	e.) <b>No</b>
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	<b>Yes</b> Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Vupon 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, address, and telephone number of the person who possesses the organization's books and records ►MELISSA D MILLER
  - PO BOX 3000
  - BOULDER, CO 80307 (303) 497-8575

Form 990 (2014)	
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# 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, or 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)				'	b Sub-Total	1b
d Total (add lines 1b and 1c)					c Total from continuation sheets to Part VII, Section A	C
1 10th (111 miles 15 miles 16)	0 582,843	0	4,048,917		d Total (add lines 1b and 1c)	d

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►345

			Yes	No			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for						
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo			

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HL ARCHITECTURE, 1621 18TH STREET DENVER, CO 80202	ARCHITECTURAL SVCS	589,701
G4S SECURE SOLUTIONS INC, 4200 WACKENHUT DRIVE PALM BEACH GARDENS, FL 33410	SECURITY	450,941
UNIVERSITY OF CONNECTICUT, 1080 SHENNECOSSET ROAD GROTON, CT 06340	RESEARCH	331,673
UNIVERSITY OF MIAMI, PO BOX 405803 ATLANTA, GA 30384	RESEARCH	257,638
FEDERAL SCIENCE PARTNERS LLC, 1201 NEW YORK AVENUE NW SUITE 400 WASHINGTON, DC 20005	GOVERNMENT RELATIONS	231,319
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►14

<u>ಲ</u>
rogram Service Revenue
š
Other Revenue

Form 99		<u> </u>						Page <b>9</b>
Part V	<b>/</b>	Statement of Check of Schedu	o <b>f Revenue</b> ule O contains a respons	se or note to any lin	e in this Part VIII			
			·	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s £	1a	Federated cam	paigns 1a					
Grants	ь	Membership du	ies <b>1b</b>	33,125				
ي ق	С	Fundraising ev	ents <b>1c</b>	0				
Giffs, iilar An	d	Related organiz	zations 1d	127,435				
n Hiji	e	Government grant	s (contributions) <b>1e</b>	186,697,794				
tions er Sir	f	All other contribution	ons, gifts, grants, and <b>1f</b>	250,816				
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines	0				
S and	h	Total. Add lines	s 1 a - 1 f		187,109,170			
				Business Code				
E E	2a	CONTRACT PROGR	RAM SERVICE	541700	23,395,440	23,395,440	0	0
Program Serwce Revenue	ь		EMINAR REGISTRATION	900099	748,676	748,676	0	0
ъ Д	c	FEES						
25	d							
3ğ	e							
튵	f	All other progra	am service revenue					
) င်	-		L					
	g		s 2a – 2f		24,144,116			
	3		ome (including dividend ar amounts)		1,406,376			1,406,376
	4		stment of tax-exempt bond p	<u> </u>	0			
	5	Royalties .	<u> </u>	🕨	4,235			4,235
			(ı) Real	(II) Personal				
	6a	Gross rents	31,299					
	Ь	Less rental expenses	17,053					
	С	Rental income or (loss)	14,246	0				
	d		me or (loss) (ı) Securities	<b>►</b> (II) O ther	14,246		8,099	6,147
	7a	Gross amount from sales of assets other	10,412,583	,				
	ь	than inventory Less cost or						
		other basis and sales expenses	6,427,455	26,658				
	c	Gain or (loss)	3,985,128	-26,658				
	d	Net gain or (los	ss)		3,958,470			3,958,470
enne	8a	events (not inc \$	from fundraising luding  s reported on line 1c)					
Other Revenue		See Part IV, lir						
¥	Ь		penses b	vants.				
,	9a	Gross income f	(loss) from fundraising e from gaming activities ne 19	vents 🅦	0			
			a					
	b		penses b	utios	o			
	10a	Net income or i	(loss) from gaming activ	iues	0			
	104	returns and allo						
	ь	Less costofa	oods sold <b>b</b>					
	l	=	(loss) from sales of inve	ntory ⊨	0			
		Miscellaneou	s Revenue	Business Code				
	11a	Cafeteria Servi	ces	722210	1,035,920	918,385	117,535	0
	ь	Child Care Cen	nter	624410	202,063	40,922	161,141	0
	С	Partnership Inc	come	900099	-1,913	0	-1,913	0
	d	All other reven	ue		217,943	216,204	6,149	-4,410
	е	Total. Add lines	s 11a-11d	🕨	1,454,013			
	12	Total revenue.	See Instructions			25 242 52	201.01	E 370 041
				- 1	218,090,626	25,319,627	291,011	5,370,818

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (	A )
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Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	_			
Da :::	Check if Schedule O contains a response or note to any line in this			(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	32,314	32,314		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,703,090	76,566	3,626,524	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	111,043,010	103,044,770	7,998,240	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,687,049	10,687,049	0	0
9	Other employee benefits	12,438,395	6,382,953	6,055,442	0
10	Payroll taxes	8,049,818	8,049,818	0	0
11	Fees for services (non-employees)				
а	Management	0	0	0	0
Ь	Legal	208,399	55,455	152,944	0
c	Accounting	217,366	838	216,528	0
d	Lobbying	249,444	0	249,444	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,932,965	13,485,463	1,447,502	
12	Advertising and promotion	59,359	45,772	13,587	0
13	Office expenses	8,008,687	6,706,213	1,302,474	0
14	Information technology	6,922,267	5,988,347	933,920	0
15	Royalties	0	0	0	0
16	Occupancy	4,292,273	4,291,220	1,053	0
17	Travel	9,323,921	8,791,513	532,408	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,874,865	1,709,293	165,572	0
20	Interest	2,502,578	2,487,618	14,960	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	10,362,618	10,362,618	0	0
23	Insurance	630,844	334,674	296,170	0
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	OTHER PURCHASED EQUIPMENT	5,282,804	5,233,317	49,487	0
b	A viation Fuel & Parts	1,126,065	1,126,065	0	0
C	INS PREMIUM FOR VISITORS	30,348	30,348	0	0
d	INDIRECT COST POOL EXPENSE	9,706	9,706	0	0
e	All other expenses	-1,309,646	-1,309,646		
25	Total functional expenses. Add lines 1 through 24e	210,678,539	187,622,284	23,056,255	0
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)	0			

Part X Balance Sheet

	T X	Check if Schedule O contains a response or note to any line ii	n this	Part X			· · · · · · · · · · · · · · · · · · ·
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			36,240,074	2	33,892,687
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			14,943,448	4	17,690,130
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete I Schedule L	0	5	0		
ŧ	6	Loans and other receivables from other disqualified persons ( $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule			0		
Assets	7	Notes and loans receivable, net			0	7	0
4	8	Inventories for sale or use			3,196		1,392
	9				1,763,947	9	1,710,019
	10a	Prepaid expenses and deferred charges		 I	1,705,947	9	1,710,019
		Complete Part VI of Schedule D	10a	210,882,329			440 547 000
	b	Less accumulated depreciation	10b	<u> </u>	123,134,168		116,547,602
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line 11			77,015,002	12	76,850,457
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			962,758		372,872
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			254,062,593	16	247,065,159
	17	Accounts payable and accrued expenses			35,350,498	17	36,413,997
	18	Grants payable			0	18	0
	19	Deferred revenue			17,222,215	19	14,495,400
	20	Tax-exempt bond liabilities			67,621,853	20	62,583,979
<u>ن</u> 1	21	Escrow or custodial account liability Complete Part IV of Sc			0	21	0
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua					
<u> </u>		persons Complete Part II of Schedule L	-		0	22	0
	23	Secured mortgages and notes payable to unrelated third part	ies .	•	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			1,200,262	24	761,202
	25	Other liabilities (including federal income tax, payables to reland other liabilities not included on lines 17-24) Complete P	art X	of Schedule			_
		D			0	25	0
	26	Total liabilities. Add lines 17 through 25			121,394,828	26	114,254,578
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	▼ aı	nd complete			
e G	27	Unrestricted net assets	131,321,286	27	131,375,584		
<u>ස</u>	28	Temporarily restricted net assets		1,160,684	28	1,249,202	
돧	29	Permanently restricted net assets		185,795	29	185,795	
r Fur		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here F	+ ┌ and			
0	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets or	32	Retained earnings, endowment, accumulated income, or other			32		
Net /	33	Total net assets or fund balances			132,667,765	33	132,810,581
ź	34	Total liabilities and net assets/fund balances			254,062,593	34	247,065,159
		rotar nabinales and net assets/juna balances		· ·	204,002,093	<b>5</b> 4	247,000,109

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		218,0	090,626
2	Total expenses (must equal Part IX, column (A), line 25)	2		210,6	578,539
3	Revenue less expenses Subtract line 2 from line 1	3		7,4	412,087
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4			
5	Net unrealized gains (losses) on investments	5		-	531,212
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1.7	738,059
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		-	310,581
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: **Software Version:** 

**EIN:** 84-0412668

Name: UNIVERSITY CORPORATION FOR ATMOSPHERIC

RESEARCH

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor,	ox, i an o /trus	unless fficer stee)	_	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 11307	2,1033 11130)	related organizations
(1) THOMAS BOGDAN TRUSTEE/UCAR PRES(TERMED 7/15)	40 0	x		х				348,000	0	38,404
(1) ROBERTA BALSTAD	1 0							_	_	_
CHAIR (THRU 2/15)/TRUSTEE  (2) ERIC BETTERTON	1 0	X		X				0	0	0
TRUSTEE/CHAIR	1 0	x		х				0	0	o
(3) EVERETTE JOSEPH	1 0	×		×				0	0	0
TRUSTEE/VICE CHAIR  (4) KELLY FOX	0 0	_ ^					_	0	0	0
TRUSTEE-AT-LARGE/TREASURER	0 0	×		Х				0	0	0
(5) EUGENE TAKLE	1 0			<u></u>						
TRUSTEE/SECRETARY  (6) VICKI ARROYO	0 0	X		X				0	0	0
TRUSTEE-AT-LARGE (TERMED 2/15)	0 0	×						0	0	0
(7) ERIC BARRON	1 0	x						0	0	0
TRUSTEE (8) KEN BOWMAN	0 0						_			
TRUSTEE	0 0	×						0	0	0
(9) RAFAEL BRAS	1 0	x						0	0	0
TRUSTEE (10) CHRIS BRETHERTON	0 0	^					_			
TRUSTEE	0 0	×						0	0	0
(11) ANTONIO BUSALACCHI	1 0	х						0	0	0
TRUSTEE (12) FRED CARR	0 0									
TRUSTEE (TERMED 2/15)	0 0	X						0	0	0
(13) RICHARD CLARK	1 0	l x						0	0	0
TRUSTEE-AT-LARGE (TERMED 2/15) (14) DONALD H DEHAYES	0 0									
TRUSTEE	0 0	×						0	0	0
(15) CHARLETTE GEFFEN	1 0	x						0	0	0
TRUSTEE-AT-LARGE (16) PETRA KLEIN	0 0	-					-			
TRUSTEE	0 0	Х						0	0	0
(17) JANET KOZYRA	1 0	х						0	0	0
TRUSTEE (TERMED 2/15) (18) GUDRUN MAGNUSDOTTIR	0 0									
TRUSTEE	0 0	Х						0	0	0
(19) JERRY MELILLO TRUSTEE-AT-LARGE	1 0	х						0	0	0
(20) ROMY OLAISEN	1 0	x						0	0	0
TRUSTEE-AT-LARGE (21) ALAN ROBOCK	0 0	<u> </u>					_			
TRUSTEE (TERMED 2/15)	0 0	х						0	0	0
(22) SCOTT STERNBERG	1 0	x						0	0	0
TRUSTEE-AT-LARGE (23) KEN WASHINGTON	0 0	<b> </b>						0	0	
TRUSTEE-AT-LARGE (24) EMILY COBABE-AMMANN	0 0	×					_	1	U	0
UCP DIRECTOR (TERMED 7/15)	0 0			х				202,787	0	20,959
	•	•				-		•		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion ( nan o n is b	ne bo oth a ctor/	ox, u an of	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) ANEKA FINLEY DIRECTOR OF GOVERNANCE	40 0			х				76,486	0	8,763	
(1) JAMES W HURRELL  NCAR Director	40 0			х				280,879	0	43,191	
(2) MARGARET MCCLELLAN CHIEF LEGAL OFFICER	40 0			х				234,069	0	40,449	
(3) MELISSA D MILLER INTERIM VP OF FINANCE & ADMIN	40 0 15 0			х				169,135	0	30,565	
(4) KATHRYN SCHMOLL  VP, FIN & ADMIN (TERMED 4/15)	40 0			х				258,147	0	32,066	
(5) MICHAEL THOMPSON	40 0			х				227,856	0	24,317	
INTERIM PRESIDENT (6) DAN JAY WILSON	40 0			x				177,433	0	19,108	
DIRECTOR, TREASURY OPS (7) DAVID P EDWARDS	0 0 40 0			^				177,433			
ACOM DIRECTOR	0 0				Х			206,656	0	37,619	
(8) G BRANT FOOTE SCIENTIST	40 0				х			235,433	0	29,409	
(9) VANDA GRUBISIC	40 0				х			208,038	0	37,761	
DIRECTOR, EOL (10) ALASDAIR KELLIE	0 0 40 0								_		
SCIENTIST (11) SCOTT C RAYDER	0 0				Х			234,160	0	35,600	
SENIOR ADVISOR TO PRESIDENT	18 0					Х		253,647	0	42,095	
(12) RICHARD ROTUNNO	40 0					х		200,887	0	32,002	
DIRECTOR, MMM  (13) KEVIN TRENBERTH	40 0					Х		199,160	0	31,953	
SCIENTIST (14) RICHARD LOFT	0 0 40 0					х		189,890	0	31,026	
SCIENTIST (15) WARREN WASHINGTON	0 0 40 0							·		•	
SCIENTIST (16) MAURA E HAGAN	0 0					Х		186,989	0	30,358	
NCAR DEPUTY DIRector	0 0						Х	159,265	0	17,198	

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As Filed Data -

DLN: 93493154009246

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

Open to Public Inspection

RESEA		LURPURATION FOR ATMOSP	HEKIC				84-0412668						
Pai	rt I	Reason for Publi	ic Charity S	Status (All organiza	tions must co	mplete this r		ns.					
		zation is not a private f					· · · · · · · · · · · · · · · · · · ·						
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(l</b>	b)(1)(A)(i).						
2	Γ	A school described in	section 170(b	)(1)(A)(ii). (Attach S	chedule E )								
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).						
4	$\sqcap$	A medical research or	ganization ope	erated in conjunction v	vith a hospital d	lescribed in <b>se</b> c	ction 170(b)(1)(A)(iii	). Enter the					
		hospital's name, city, and state											
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II )											
6		A federal, state, or loc	al governmen	t or governmental unit	described in <b>se</b>	ection 170(b)(1	L)(A)(v).						
7	굣	An organization that n	•	•		om a governme	ental unit or from the g	jeneral public					
8	$\vdash$	described in <b>section 1</b> A community trust de				+ TT \							
9	<u>'</u>	An organization that n					hutions membershin	fees and gross					
9	'	receipts from activitie											
		its support from gross											
		acquired by the organ						i busiliesses					
10	_	An organization organ		·			•						
11	<u>'</u>	An organization organ	=	·		•		uit the nurnoses of					
	ļ	one or more publicly s											
		the box in lines 11a th			, ,								
а	Γ	<b>Type I.</b> A supporting of											
		supported organizatio organization <b>You mus</b>				ty of the direct	ors or trustees of the	supporting					
ь	Г	Type II. A supporting	-	•		with its suppo	rted organization(s), b	ov having control or					
_	•	management of the su	=	•		• •	• • • • • • • • • • • • • • • • • • • •	•					
	_	must complete Part I	•										
С	ļ	Type III functionally	_		•			grated with, its					
d	Г	supported organizatio  Type III non-function						ianization(s) that is					
-		not functionally integr											
	_	(see instructions) <b>Yo</b>											
е	ı	Check this box if the c					s a Type I, Type II, T	ype III functionally					
f		integrated, or Type II Enter the number of s				'11							
g		Provide the following i											
3				- m - m - m - m - m - m - m - m - m - m									
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of					
		organization		organization	listed in your		monetary support (see instructions)	other support (see					
				(described on lines	docume	ınstructions)							
				1-9 above or IRC section (see	(C								
				instructions))									
				<u>"</u>	Yes	No							
Tota	1												
. oca				I	l l		I	I					

instructions

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 Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do 232,492,140 228,404,861 192,231,005 179,518,301 187,109,170 1,019,755,477 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 232,492,140 228,404,861 192,231,005 179,518,301 187,109,170 1,019,755,477 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 1,019,755,477 from line 4 Section B. Total Support Calendar year (or fiscal year (d) 2013 (e) 2014 (a) 2010 **(b)** 2011 (c) 2012 (f) Total beginning in) 🟲 Amounts from line 4 232,492,140 228,404,861 192,231,005 179,518,301 187,109,170 1,019,755,477 Gross income from interest, dividends, payments received on securities loans, rents, 1,902,252 2,028,982 1,359,318 1,146,872 1,441,910 7,879,334 rovalties and income from sımılar sources Net income from unrelated business activities, whether or 38,893 38,893 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 7,580 5,485 5,603 4.811 -4,410 19,069 capital assets (Explain in Part VI) 11 Total support Add lines 7 1,027,692,773 through 10 12 Gross receipts from related activities, etc (see instructions) 133,946,282 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 99 228 % Public support percentage for 2013 Schedule A, Part II, line 14 15 99 230 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 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. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

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

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ 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.	4c		
5a	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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	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	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493154009246

#### OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

**Political Campaign and Lobbying Activities** 

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

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

N a i	me of the organization IVERSITY CORPORATION FOR ATMOSPI	HERIC		"	npioyer iden	ntification number
RES	SEARCH				4-0412668	
ar	t I-A Complete if the or	ganization is exempt unde	er section 501(	c) or is a se	ction 527	7 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign ac	tıvıtıes ın Part I	V	
2	Political expenditures				<b>F</b>	\$
3	Volunteer hours					
Par	t IS: Complete if the or	ganization is exempt unde	er section 501(	(c)(3).		
1		e tax incurred by the organization			<b>-</b>	\$
2	•	e tax incurred by organization mar			<b>.</b>	\$
3		section 4955 tax, did it file Form 4				⊤ — Fyes FNe
4a	Was a correction made?	,	,			⊤ Yes
Ь	If "Yes," describe in Part IV					
ar		ganization is exempt unde	er section 501(	c), except s	ection 50	)1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exem	pt function acti	vities 🕨	\$
2		organization's funds contributed to	other organization	s for section 52		
	exempt function activities				•	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17	'b <b>►</b>	\$
4	Did the filing organization file <b>Form 1120-POL</b> for this year?					□ Yes □ No
	Enter the names, addresses a organization made payments	Form 1120-POL for this year? nd employer identification number For each organization listed, enter ns received that were promptly an	the amount paid fr	om the filing org	janization's	s to which the filing funds Also enter the
5	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fr d directly delivered If additional space	om the filing org I to a separate personance is needed, prov	ganization's political orga vide informa	s to which the filing funds Also enter the anization, such as a ation in Part IV
	Enter the names, addresses a organization made payments amount of political contributio	nd employer identification number For each organization listed, enter ns received that were promptly an	the amount paid fr d directly delivered	om the filing org I to a separate p	ganization's political orga vide informa t paid from nization's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) Amount of politic contributions receiv
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fr d directly delivered If additional space	om the filing org to a separate p is needed, prov (d) A moun- filing orga	ganization's political orga vide informa t paid from nization's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) Amount of politic contributions receiv and promptly and directly delivered to separate political organization. If none
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fr d directly delivered If additional space	om the filing org to a separate p is needed, prov (d) A moun- filing orga	ganization's political orga vide informa t paid from nization's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) Amount of politic contributions receiv and promptly and directly delivered to separate political organization. If none
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fr d directly delivered If additional space	om the filing org to a separate p is needed, prov (d) A moun- filing orga	ganization's political orga vide informa t paid from nization's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) Amount of politic contributions receiv and promptly and directly delivered to separate political organization. If none
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fr d directly delivered If additional space	om the filing org to a separate p is needed, prov (d) A moun- filing orga	ganization's political orga vide informa t paid from nization's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) Amount of politic contributions receiv and promptly and directly delivered to separate political organization. If none
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fr d directly delivered If additional space	om the filing org to a separate p is needed, prov (d) A moun- filing orga	ganization's political orga vide informa t paid from nization's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) Amount of politic contributions receiv and promptly and directly delivered to separate political organization. If none
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fr d directly delivered If additional space	om the filing org to a separate p is needed, prov (d) A moun- filing orga	ganization's political orga vide informa t paid from nization's	s to which the filing funds Also enter the anization, such as a stion in Part IV  (e) Amount of politic contributions receiv and promptly and directly delivered to separate political organization. If none

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b>	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means a		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
a	Total lobbying expenditures to influence public of	opinion (grass roots lobbying)	0	0
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	249,444	0
С	Total lobbying expenditures (add lines 1a and 1	b)	249,444	0
d	Other exempt purpose expenditures		210,455,753	0
е	Total exempt purpose expenditures (add lines 1	c and 1d)	210,705,197	0
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	0
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
 g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	0
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		0
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		0
j	If there is an amount other than zero on either li	ne 1h or line 1ı, did the organization file Form 4720	reporting	

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> Total						
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000						
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000						
c	Total lobbying expenditures	79,015	170,335	188,949	249,444	687,743						
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000						
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000						
f	Grassroots lobbying expenditures			0	0	0						

(b) Amount	No
Amount	No
-	
-	
or section	)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493154009246

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

### **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.

Open to Public

ai Revenue Service	e b (1 om 350) and its instructions is at www	3.g O v / i		Tiishecu	UII
ame of the organization NVERSITY CORPORATION FOR ATMOSPHERIC SEARCH			lloyer ident if ica 0412668	ntion number	•
Organizations Maintaining Do organization answered "Yes" to Fo	nor Advised Funds or Other Similar			. Complete	e ıf th
organization answered Tes to 10	(a) Donor advised funds		(b) Funds and	other accour	nts
Total number at end of year			, ,		
Aggregate value of contributions to (during ye	ear)				
Aggregate value of grants from (during year)					
Aggregate value at end of year					
	nor advisors in writing that the assets held in o		sed	┌ Yes	┌ No
	rs, and donor advisors in writing that grant fur the benefit of the donor or donor advisor, or fo			┌ Yes	┌ No
	nplete if the organization answered "Yes	" to Forn	n 990, Part I\	/, line 7.	
Purpose(s) of conservation easements held be Preservation of land for public use (e.g., reservation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	<u> </u>	a certifie	d historic struc	ture	
easement on the last day of the tax year			<b>r</b>		
			Held at the	End of the	/ear
Total number of conservation easements		2a			
Total acreage restricted by conservation eas		2b			
Number of conservation easements on a cert	, ,	2c			
Number of conservation easements included historic structure listed in the National Regis	ter	2d			
the tax year -	transferred, released, extinguished, or termin	ated by tr	ie organization	auring	
Number of states where property subject to c	onservation easement is located 🗠				
	egarding the periodic monitoring, inspection, h		violations, and	∫ <b>Yes</b>	┌ No
Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation ea	sements o	luring the year		
A mount of expenses incurred in monitoring in	nspecting, and enforcing conservation easeme	nts durin	n the vear		
► \$	ispecting, and emoreing conservation caseme	ines during	g the year		
	on line 2(d) above satisfy the requirements of	section 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	eports conservation easements in its revenue text of the footnote to the organization's financ n easements				
	llections of Art, Historical Treasure vered "Yes" to Form 990, Part IV, line 8.		her Similar	Assets.	
If the organization elected, as permitted unde works of art, historical treasures, or other sin	er SFAS 116 (ASC 958), not to report in its re nilar assets held for public exhibition, education footnote to its financial statements that descr	venue sta on, or rese	arch in furthera		с
If the organization elected, as permitted unde works of art, historical treasures, or other sin service, provide the following amounts relatin	nilar assets held for public exhibition, education				С
(i) Revenue included in Form 990, Part VIII,	line 1		<b>►</b> \$		
(ii) Assets included in Form 990, Part X					
If the organization received or held works of a	ort, historical treasures, or other similar asset ler SFAS 116 (ASC 958) relating to these ite				
Revenue included in Form 990, Part VIII, line	e 1		<b>►</b> \$		
Assets included in Form 990, Part X			. <del></del>		
Assets included in Form 550, Fall A			<b>-</b> →		

	Organizations Maintaining Co	<u>liections of Art, Hi</u>	istoricai	<u>ı reas</u>	ures, or Ot	ner Sin	IIIIai AS	sets (co	munuea)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other records, o	check any o	f the fo	llowing that a	e a sıgnı	ficant use	of its	
а	Public exhibition	d	☐ Loa	norex	change progra	ims			
b	Scholarly research	e	┌ oth	er					
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	illections and explain h	ow they furt	her the	organization'	s exempt	purpose ir	า	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						Г	_ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an				on answered	"Yes" t	o Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				or other asse	ts not	Г	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the follo	owing table						
							Am	ount	
c	Beginning balance					lc			
d	Additions during the year				<u>[</u> :	Ld			
e	Distributions during the year				<u> </u>	Le			
f	Ending balance					Lf			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21	., for escrov	orcus	todıal accoun	t liability	γ Г	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the exp	planation ha	s been	provided in P	art XIII			Γ
Pai	rt V Endowment Funds. Complete	<u> </u>					line 10.		
			<b>b)</b> Pnor year	<del>+ ` `</del>	Two years back	<b>(d)</b> Three y		<b>(e)</b> Four y	ears back
1a	Beginning of year balance	185,795	399,3	58	398,368		397,168		395,868
b	Contributions				1,000		1,200		1,300
C	Net investment earnings, gains, and losses		-213,5	73					
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	185,795	185,7	95	399,368		398,368		397,168
2	Provide the estimated percentage of the curr	ent year end balance (l	ine 1g, colu	mn (a)	) held as				
а	Board designated or quasi-endowment ►								
b	Permanent endowment ► 100 000 %								
b c	Permanent endowment ► 100 000 %  Temporarily restricted endowment ►  The percentages in lines 2a, 2b, and 2c show	ıld equal 100%							
	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c show  Are there endowment funds not in the possesses	•	n that are h	eld and	administered	for the			
c	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c show  Are there endowment funds not in the posses organization by	•	n that are h	eld and	admınıstered	for the	[ <del></del>	Yes	No
c	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c shown  Are there endowment funds not in the possess organization by  (i) unrelated organizations	ssion of the organization	n that are h	eld and	administered	for the	3a(i	i)	No
с За	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c shown  Are there endowment funds not in the possess organization by  (i) unrelated organizations	ssion of the organization				for the	. 3a(i	i)	<del></del>
с За	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c show Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organization	Schedule F			for the	-	i)	No
c 3a b	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c shown and the percentages in lines 2a, 2b, and 2c shown are there endowment funds not in the possess organization by  (i) unrelated organizations	ent. Complete if the	Schedule F				. 3a(i	i) i)	No No
c 3a b	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c should have there endowment funds not in the possess organization by  (i) unrelated organizations	ent. Complete if the	Schedule F	on ans	wered 'Yes'	to Form	. 3a(i	rt IV, lı	No No
c 3a b 4 Par	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c shown and the percentages in lines 2a, 2b, and 2c shown are there endowment funds not in the possess organization by  (i) unrelated organizations	ent. Complete if the	Schedule Forment funds organizati	on ans	wered 'Yes'	to Form	3a(i 3b 990, Parccumulated	rt IV, lı	No No ne
b 4 Par	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c shown are there endowment funds not in the possess organization by  (i) unrelated organizations	ent. Complete if the	Schedule Forment funds organizati	on ans	wered 'Yes'  (b)Cost or other)	to Former (c) A	3a(i 3b 990, Parccumulated	rt IV, lı	No No ne ok value
b 4 Par  1a L b E	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c show Are there endowment funds not in the posses organization by  (i) unrelated organizations	ent. Complete if the	Schedule Forment funds organizati	on ans	(b)Cost or oth basis (other)	to Former (c) A	3a(i 3b 1990, Pal ccumulated preciation	rt IV, lı	No No No ne ok value
b 4 Par	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c shown are there endowment funds not in the possess organization by  (i) unrelated organizations	ent. Complete if the	Schedule Forment funds organizati	on ans	(b)Cost or oth basis (other)	to Form er (c) A dep	3a(i 3b 1990, Pal	rt IV, lı (d) Bo	No No No ne ok value
b 4 Par	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c show Are there endowment funds not in the possess organization by  (i) unrelated organizations	ent. Complete if the	Schedule Forment funds organizati	on ans	(b)Cost or oth basis (other) 7,987, 163,793,	to Former (c) A dep	3a(i 3b 1 990, Pal ccumulated preciation	rt IV, lı (d) Bo	No No No ne ok value 7,987,223 0,697,938

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	nplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation
(1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other (A) EQUITY SECURITIES	46,371,668	F
(B) US GOVERNMENT SECURITIES	12,579,248	F
(C) OTHER FIXED INCOME SECURITIES	15,465,401	F
(D) CERTIFICATES OF DEPOSIT	2,434,140	
7=,		
	<u> </u>	
Part VIII Investments—Program Related. Co	mplete if the organization	
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
	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15
(a) Descri	ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.	nızatıon answered 'Yes' to	o Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
2 Labelle for a second		

Par		Revenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		ts W	ith R	evenu	ie be	r Re	<b>turn</b> Compl	ete ıf
1		er support per audited financial statements						1		
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12								
а	Net unrealized gains (losses)	on investments	2a							
b	Donated services and use of	facilities	2b							
c	Recoveries of prior year gran	.s	2c							
d	Other (Describe in Part XIII	)	2d							
e	Add lines <b>2a</b> through <b>2d</b>		· · ·				$\overline{\cdot}$	2e		
3	Subtract line <b>2e</b> from line <b>1</b> .						. $ abla$	3		
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>								
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a							
b	Other (Describe in Part XIII	)	4b							
C	Add lines <b>4a</b> and <b>4b</b>						$\overline{\cdot}$	4c		
5	Total revenue Add lines 3 an	d <b>4c.</b> (This must equal Form 990, Part I, line	12) .					5		
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts \	With E	xpen	ses p	er l	Return. Cor	nplete
1		er audited financial statements						1		
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25								
а	Donated services and use of	facilities	2a							
b	Prior year adjustments		2b							
c	Otherlosses		2c							
d	Other (Describe in Part XIII	)	2d							
e	Add lines <b>2a</b> through <b>2d</b>							2e		
3	Subtract line ${f 2e}$ from line ${f 1}$ .							3		
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:								
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII	)	4b							
c	Add lines <b>4a</b> and <b>4b</b>							4c		
5	Total expenses Add lines <b>3</b> a	nd <b>4c.</b> (This must equal Form 990, Part I, line	e 18 )				. [	5		
Part	XIII Supplemental In	formation								
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and						rovide	any addition	al
	Return Reference	Explanation								
SCHE	DULE D, PART V, LINE 4	UCAR'S ENDOWMENT CONSISTS OF ON SUPPORT SCIENTIFIC FELLOWSHIPS FOR THE DONATIONS IS INTENDED TO PRINCIPAL BALANCE PERMANENTLY IN FUNDS ARE CLASSIFIED AND REPORTE EARNINGS ARE REPORTED AS TEMPOR.	ROM DO FUND 1 ITACT D AS P	ONAT HEE NET ERMA	TONS XPENS ASSET ANENT	THE I SES OF IS ASS LY RES	NVESTHE I SOCIA STRIC	TMEN FELL TED TED	NT INCOME E OWHSIPS WI' WITH ENDOV	ARNED TH THE WMENT
•		1								

Jenedale 2 (1 31111 33 3) 23 13		i age <b>S</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493154009246

SCHEDULE F (Form 990)

Department of the Treasury

#### Statement of Activities Outside the United States

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

► Attach to Form 990.

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

Name of the organization
UNIVERSITY CORPORATION FOR ATMOSPHERIC

0044

**Employer identification number** 

84-0412668

2014

OMB No 1545-0047

Open to Public Inspection

ILDE/IIIOII				01012200	
Part I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiza	ation answered
1 For grantmakers. Does the cand other assistance, the grants or a	ntees' eligibili	ty for the gran	nts or assistance, and	the selection criteria	┌ Yes ┌ No
2 For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitorii	ng the use of its grant	s and other
3 Activites per Region (The follow	ung Part I, line 3	table can be di	uplicated if additional spa	ce is needed )	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data		-			
( 2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I					14,116,007
c Totals (add lines 3a and 3b)					14,116,007

Pā						<b>ited States.</b> Comp duplicated if additioi			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total num	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2014

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

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
( 18)							
	1			l .			

#### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	V	Yes	Г	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	<b>∀</b>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	দ	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	্ব	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	্ব	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713: do not file with Form 990)	Г	Yes	<b>অ</b>	No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F)	The accrual method of accounting was used to determine the amounts in Column (F)

#### **Additional Data**

Software ID: Software Version:

**EIN:** 84-0412668

Name: UNIVERSITY CORPORATION FOR ATMOSPHERIC

RESEARCH

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program services	Research/collaboration	142,447
East Asia and the Pacific			Program services	Research/collaboration	599,441
Europe (Including Iceland and Greenland)			Program services	Research/collaboration	1,171,312

Form 990 Schedule F	<u> Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program services	Research/collaboration	18,744
North America			Program services	Research/collaboration	114,182
Russia and the Newly Independent States			Program services	Research/collaboration	13,583

Form 990 Schedule F	Part I - Activi	ties Outside 1	The United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	conducted in region (by	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program services	Research/collaboration	190,907
South Asia			Program services	Research/collaboration	169,270
Sub-Saharan Africa			Program services	Research/collaboration	189,182

<u> Form 990 Schedule F I</u>	<u>Part I - Activit</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		11,506,939

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493154009246 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization UNIVERSITY CORPORATION FOR ATMOSPHERIC 84-0412668 RESEARCH Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS FOR ATMOSPHERIC SCIENCE STUDIES	7	32,314			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation								
	TO BE CONSIDERED FOR FUNDING, STUDENTS MUST SUBMIT A FUNDING REQUEST AND ALL SUPPORTING DOCUMENTATION DOCUMENTATION DOCUMENTATION AS DEFINED BY THE SCHOOL EACH GRANT IS MADE OUT TO THE STUDENT'S UNIVERSITY ACCOUNT THIS ENSURES THAT GRANTS ARE USED TO PAY TUITION, FEES AND OTHER SCHOOL-RELATED COST								

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493154009246

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH

**Employer identification number** 

84-0412668

Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\Gamma$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to reindirectors, trustees, officers, including the CEO/Executi			2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensati	appl	y Do not check any boxes for methods			
	Compensation committee	$\Gamma$	Written employment contract			
	✓ Independent compensation consultant	~	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par or a related organization	t VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	ymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplementa	Inon	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		No
	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III			<del></del>		
6	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid	dora	accured pursuant to a contract that was			
	subject to the initial contract exception described in Re					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$ ?	butt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

### Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
	FIRST- OR BUSINESS-CLASS FARES ARE ALLOWABLE FOR INTERNATIONAL TRAVEL WHEN THE TRIP HAS A ONE-WAY IN-FLIGHT SEGMENT OF 10 HOURS OR MORE, OR WHERE THE TOTAL ELAPSED ONE-WAY IN-FLIGHT TIME IS 15 HOURS OR MORE WITHOUT OVERNIGHT STOPOVERS

Schedule J (Form 990) 2014

Software ID: Software Version:

**EIN:** 84-0412668

Name: UNIVERSITY CORPORATION FOR ATMOSPHERIC

RESEARCH

#### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
THOMAS BOGDAN, TRUSTEE/UCAR PRES (TERMED 7/15)	(I) 348,00 (II)	0 0		/	12,404 0	386,404 0	0
EMILY COBABE-AMMANN, UCP DIRECTOR (TERMED 7/15)	(I) 202,78 (II)	0 0	_	20,279 0	680 0	,	0 0
JAMES W HURRELL, NCAR Director	(I) 280,87 (II)	0 0		26,000	17,191 0		0 0
MARGARET MCCLELLAN, CHIEF LEGAL OFFICER	(I) 234,06 (II)	9 0			17,042 0	274,518 0	0
MELISSA D MILLER, INTERIM VP OF FINANCE & ADMIN	(I) 169,13	0 0		1 /	13,652 0	199,700 0	0
KATHRYN SCHMOLL, VP, FIN & ADMIN (TERMED 4/15)	(I) 258,14 (II)	7 0			6,251 0	1	0
MICHAEL THOMPSON, INTERIM PRESIDENT	(I) 227,85 (II)	0 0		,	1,532 0	252,173 0	0
DAN JAY WILSON, DIRECTOR, TREASURY OPS	(I) 177,43 (II)	0 0		,	1,365 0	· .	0
DAVID P EDWARDS, ACOM DIRECTOR	(I) 206,65 (II)	6 0 0 0			16,953 0		0
G BRANT FOOTE, SCIENTIST	(I) 235,43 (II)	0 0	1 -1		5,866 0	1	0
VANDA GRUBISIC, DIRECTOR, EOL	(I) 208,03 (II)	8 0 0		= - /	16,957 0	245,799 0	0
ALASDAIR KELLIE, SCIENTIST	(I) 234,16 (II)	0 0		23,416	12,184 0	269,760 0	0
SCOTT C RAYDER, SENIOR ADVISOR TO PRESIDENT	(I) 250,00 (II)	0 3,647 0 0		,	17,095 0	295,742 0	0
RICHARD ROTUNNO, DIRECTOR, MMM	(I) 199,33 (II)	1,554 0 0		1 2 7 5 5 5	12,069 0	232,889 0	0
KEVIN TRENBERTH, SCIENTIST	(I) 199,16 (II)	0 0		/	12,037 0	231,113	0
RICHARD LOFT, SCIENTIST	(I) 189,89 (II)	0 0		/	12,037		0
WARREN WASHINGTON, SCIENTIST	(I) 186,98 (II)	9 0			11,659 0	217,347 0	0
MAURA E HAGAN, NCAR DEPUTY DIRector	(I) 159,26	5 0		,	1,313 0	·	0

UNIVERSITY CORPORATION FOR ATMOSPHERIC

DLN: 93493154009246

**Inspection** 

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

RESEARCH

# **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

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

**Employer identification number** 

84-0412668

KES	SEARCH												
Pa	art I Bond Issues												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Desc	cription of purpose	( <b>g)</b> De	efeased	beha	On alf of suer		Pool incing
								Yes	No	Yes	No	Yes	No
Α	CO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY	84-0896727	19645RLK5	05-20-2010	28,527,506	SEE PART	VI		X		X		X
В	CO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY	84-0896727		09-07-2011	8,325,000	SEE PART	VI		Х		Х		Х
c _	CO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY	84-0896727	19645RQJ3	05-10-2012	14,428,350	SEE PART	SEE PART VI		Х		Х		Х
D	CO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY	84-0896727		11-13-2013	31,975,000	SEE PART	VI		Х		Х		X
Pa	art III Proceeds												
					Α		В		С			D	
1	A mount of bonds retired				9,675,0	000	3,505,000			0		4	,610,000
2	A mount of bonds legally defea	ısed				0	0			0			0
3	Total proceeds of issue				28,784,8	801	8,325,000		14,57	4,204		33	,684,416
4	Gross proceeds in reserve fun-	nds				0	0			0			0
5	Capitalized interest from proce	eeds			745,	488	0			0			0
6	Proceeds in refunding escrows	s				0	0			0			0
7	Issuance costs from proceeds	s			392,	761	50,779		22	7,569			204,796
8	Credit enhancement from proc	ceeds				0	0			0			0
9	Working capital expenditures f	from proceeds				0	27,190			0			0
10	Capital expenditures from prod	ceeds			24,531,6	637	0		12!	5,784		3	,337,511
	<del></del>												

14	Were the bonds issued as part of a current refunding issue?	Х		Х			X	Х	
15	Were the bonds issued as part of an advance refunding issue?		Х		Х	Х			Х
16	Has the final allocation of proceeds been made?		Х	X		Х			X
17	Does the organization maintain adequate books and records to support the final			×		х			

**Private Business Use** 

Other spent proceeds

Other unspent proceeds

Year of substantial completion

11

12

13

		Α		В		С		[	)
	· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×				×		Х
2	Are there any lease arrangements that may result in private business use of bond- financed property?	Х					Х		Х

2,960,160

No

2012

Yes

154,755

8,247,031

No

2011

Yes

14,220,851

No

2012

Yes

28,005,000

2,137,109

No

2013

Yes

Part Private Business Use (Continued) C D В Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed Х Х Х property? Are there any research agreements that may result in private business use of bondc Χ Χ Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 1 100 % 0 % 0 % 0 380 % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of 5 unrelated trade or business activity carried on by your organization, another section 0 % 501(c)(3) organization, or a state or local government Total of lines 4 and 5 6 0 % 0 380 % 1 100 % Does the bond issue meet the private security or payment test? 7 Χ Χ Χ Has there been a sale or disposition of any of the bond-financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of b If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections c Х Х Χ 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage Α В C Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield 1 Х Х Χ Χ Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? b Χ Χ Χ Χ No rebate due? Х Х c Х If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge 20 C Was the hedge superintegrated? d Χ Was the hedge terminated?

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	×		×			x		Х
b	Name of provider	BAYERISHE BANK		NATIXIS		0		0	
С	Term of GIC	2		0 9					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х		Х					
6	Were any gross proceeds invested beyond an available temporary period?	X		х			x		Х
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		Х	

## Part V Procedures To Undertake Corrective Action

	Α		В		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

## Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
	SCHEDULE K, PART I, COLUMN (F) LINE A PURCHASE LAND AND BUILDING, REFURBISH EXISTING BUILDING, AND PURCHASE EQUIPMENT
	REFUNDING OF REMAINING BONDS ISSUED 1/8/1997 AND 2/25/1999 LINE B REFUND A PORTION OF THE 2002 BONDS ISSUED 12/18/2002
	LINE C ADVANCE REFUND 2002 AND 2003 BONDS LINE D REFUND 2003 AND 2011A BONDS AND PROVIDE EQUIPMENT DRAWDOWN
	BONDS

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	WHERE TOTAL GROSS PROCEEDS SHOWN IN PART II, LINE 3 EXCEEDS THE BOND ISSUE PRICE LISTED IN PART I DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
INVESTMENT EARNINGS ARE AS FOLLOWS	PART I, LINE A \$257,295 PART I, LINE B \$0 PART I, LINE C \$145,854 PART I, LINE D \$5,321 PART II, LINE 3 FOR THE PART I, LINE D BONDS ALSO INCLUDES \$1,704,095 IN FUNDS TRANSFERRED FROM 2011 SERIES PROJECT FUND

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 6	PROCEEDS HELD BEYOND AN AVAILABLE TEMPORARY PERIOD WERE APPROPRIATELY YIELD RESTRICTED

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As Filed Data -

DLN: 93493154009246

OMB No 1545-0047

2014

Open to Public Inspection

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
UNIVERSITY CORPORATION FOR ATMOSPHERIC
RESEARCH

Employer identification number
84-0412668

Return Reference	Explanation
FORM 990, PART I, LINE 1	UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH ("UCAR"), ON BEHALF OF, AND IN COOPERATION WITH ITS UNIVERSITY MEMBERS, IS ENGAGED IN THE MANAGEMENT OF LONG-TERM ATMOSPHERIC AND RELATED RESEARCH AND
AND PART III, LINE 1	EDUCATIONAL ACTIVITIES, AND OF SCIENTIFIC FACILITIES, MOSTLY THROUGH THE OPERATION OF THE NATIONAL CENTER FOR ATMOSPHERIC RESEARCH IT ALSO ASSUMES THE ROLES OF SCIENTIFIC LEADERSHIP AND ADVOCACY ON A NATIONAL AND INTERNATIONAL BASIS AND PROVIDES SERVICES TO THE RESEARCH COMMUNITY SUCH AS VISITOR PROGRAMS, THE DISSEMINATION OF SCIENTIFIC DATA, COMPUTING, RADAR AND AIRCRAFT FACILITIES AND FOSTERING
	NEW AND IMPROVED RELATIONSHIPS AMONG THE ACADEMIC RESEARCH COMMUNITY AND THE PRIVATE SECTOR

Return Reference	Explanation
FORM 990, PART III, LINE 4D	PERFORMS RESEARCH TO UNDERSTAND THE BEHAVIOR OF THE ATMOSPHERE AND RELATED PHYSICAL, BIOLOGICAL, AND SOCIAL SYSTEMS, PROVIDES INFORMATION TO SUPPORT, ENHANCE, AND EXTEND THE CAPABILITIES OF THE UNIVERSITY COMMUNITY AND THE BROADER SCIENTIFIC COMMUNITY, NATIONALLY AND INTERNATIONALLY, AND FOSTERS THE TRANSFER OF KNOWLEDGE AND TECHNOLOGY FOR THE BETTERMENT OF LIFE ON EARTH

Return Reference	Explanation
· ·	PURSUANT TO BY LAWS, THE EXECUTIVE COMMITTEE SHALL CONSIST OF (A) THE CHAIRPERSON AND VICE CHAIRPERSON OF THE BOARD OF TRUSTEES, THE SECRETARY, AND THE TREASURER, WHO SHALL SERVE AS EX OFFICIO MEMBERS OF THE EXECUTIVE COMMITTEE, AND (B) SUCH NUMBER OF OTHER TRUSTEES, WHO SHALL BE APPOINTED BY THE BOARD OF TRUSTEES, AS THE BOARD OF TRUSTEES MAY DETERMINE FROM TIME TO TIME IF ANY MEMBER OF THE EXECUTIVE COMMITTEE CEASES TO BE A TRUSTEE, SUCH INDIVIDUAL'S MEMBERSHIP ON THE EXECUTIVE COMMITTEE SHALL ALSO TERMINATE. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE POWERS VESTED IN THE BOARD OF TRUSTEES DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES TO THE EXTENT PERMITTED BY LAW, UNLESS THE BOARD OF TRUSTEES SHALL OTHERWISE DETERMINE, AND SHALL PERFORM SUCH OTHER DUTIES AS MAY BE DIRECTED FROM TIME TO TIME BY THE BOARD OF TRUSTEES

Return Reference	Explanation
FORM 990, PART VI, LINE 6	UCAR IS ORGANIZED AS A NON-PROFIT MEMBERSHIP CORPORATION UNDER COLORADO STATUTES PURSUANT TO THE UCAR BY LAWS, ARTICLE 2, SECTION 2 THE CORPORATE MEMBERS OF UCAR ARE UNIVERSITIES, OTHER NONPROFIT INSTITUTIONS OR ORGANIZATIONS, DIVISIONS OR UNITS OF UNIVERSITIES, AND GOVERNMENTAL INSTRUMENTALITIES, WHICH ARE ORGANIZED FOR EDUCATIONAL OR SCIENTIFIC PURPOSES MEMBERS MUST BE LOCATED IN THE UNITED STATES OF AMERICA, CANADA, OR MEXICO AND MUST MEET CERTAIN OTHER ELIGIBILITY REQUIREMENTS AS OUTLINED IN THE BY LAWS

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	THE MEMBERS HAVE THE RIGHT, THROUGH THEIR MEMBERS REPRESENTATIVES, TO NOMINATE AND ELECT THE BOARD OF TRUSTEES, THROUGH THE MEMBERS NOMINATING COMMITTEE. AT THE ANNUAL MEETING, EACH YEAR, THE MEMBERS ELECT TRUSTEES TO SERVE ON THE BOARD OF TRUSTEES THERE ARE 20 ELECTED TRUSTEES 14 INSTITUTIONAL TRUSTEES (FROM MEMBER INSTITUTIONS) AND 6 TRUSTEES-AT-LARGE. THE TRUSTEES SERVE STAGGERED TERMS, SO THE NUMBER OF TRUSTEES ELECTED DEPENDS ON TERM EXPIRATIONS AND VACANCIES, BUT IT IS TYPICALLY 3 TRUSTEES EACH YEAR

	Return Reference	Explanation
- 1	FORM 990, PART VI, LINE 7B	MEMBERS HAVE A RIGHT TO APPROVE ANY AMENDMENTS TO THE BYLAWS, BY A TWO-THIRDS MAJORITY VOTE

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE ORGANIZATION'S TRUSTEES WERE PROVIDED AN ELECTRONIC COPY OF THE FINAL FORM 990 PRIOR TO FILING WITH THE IRS IN ADDITION, CERTAIN SECTIONS OF THE FORM 990 WERE DISCUSSED WITH THE AUDIT AND FINANCE COMMITTEE OF THE BOARD OF TRUSTEES AND SENIOR OFFICERS OF THE ORGANIZATION DURING REGULARLY HELD MEETINGS THE ORGANIZATION'S OFFICERS WERE BRIEFED AND DISCUSSED CERTAIN SECTIONS OF THE FORM 990 PRIOR TO FILING THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION, THE DIRECTOR OF HUMAN RESOURCES, AND THE GENERAL COUNSEL REVIEWED AND PREPARED PORTIONS OF THE FORM 990 BEFORE IT WAS FILED THE DIRECTOR OF BUDGET AND FINANCE, THE ACCOUNTING MANAGER AND PROJECT ACCOUNTANT REVIEWED ALL SECTIONS OF THE FORM 990 IN PREPARATION FOR FILING

Return Reference	Explanation
PART VI, LINE 12C	ANNUALLY THE TRUSTEES AND OFFICERS ARE GIVEN AN OVERVIEW OF THE CONFLICT OF INTEREST POLICY, AND SIGN CONFLICT OF INTEREST FORMS THE ORGANIZATION REQUIRES ALL EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST STATEMENT UPON HIRE AND UPDATE THE STATEMENT AT LEAST ONCE A YEAR ANNUAL RAISES, IF ANY, WILL NOT BE ALLOWED UNLESS AN EMPLOYEE'S STATEMENT IS COMPLETED AND SUBMITTED

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	THE UCAR PRESIDENT'S COMPENSATION IS SET ANNUALLY BY THE BOARD OF TRUSTEES. THE PERSONNEL COMMITTEE OF THE BOARD OF TRUSTEES AND THE FULL BOARD OF TRUSTEES, ANNUALLY, AT THE MAY BOARD MEETING, CONSIDER THE COMPENSATION STRUCTURE, INCLUDING COMPARABILITY DATA AND VOTE ON STRUCTURE AND MERIT ADJUSTMENTS FOR ALL EMPLOY EES (INCLUDING TOP MANAGEMENT POSITIONS) COMPENSATION DATA, RECORD KEEPING AND DECISIONS THEREON FOR ALL EMPLOY EES, IS MAINTAINED IN UCAR HUMAN RESOURCES IN ADDITION, THE SPECIFIC COMPENSATION FOR THE FOLLOWING TOP MANAGEMENT POSITIONS UCAR PRESIDENT, NCAR DIRECTOR, VP OF FINANCE AND ADMINISTRATION, UCP DIRECTOR, NCAR DEPUTY DIRECTOR, ARE REVIEWED EVERY COUPLE OF YEARS BY A COMPENSATION SPECIALIST WITHIN UCAR HUMAN RESOURCES. THE REVIEW INCLUDES MARKET SURVEY COMPENSATION FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS MARKET DATA WAS REVIEWED BY AN EXTERNAL THIRD PARTY ORGANIZATION IN MAY 2013 AND FOUND TO BE APPROPRIATE.

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE ORGANIZATION'S WEB SITE WWW UCAR EDU

	Return Reference	Explanation
FC	DRM 990, PART XI, LINE 9	POSTRETIREMENT BENEFIT-RELATED CHANGES \$(1,738,059)

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2014

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Open to Public Inspection

# **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH

**Employer identification number** 

84-0412668

Part I	<b>Identification of Disregarded Entities</b>	Complete if the organization answered	"Yes" on Form 990, Part IV, line 33.
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(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1) UCAR CHILDCARE LLC PO BOX 3000 BOULDER, CO 80307 84-0412668	CHILDCARE	СО	202,144	381,706	UCAR

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1) UNIV CORP FOR ATMOSPHERIC RESEARCH FND PO BOX 3000	SUPPORT UCAR	СО	501(c)(3)	11a	UCAR	Yes	
BOULDER, CO 80307 _74-2439386							

Yes No

Yes

No

(a) Name, address, and EIN of related organization  (b) Primary activity I Legal domicile (state or foreign country)  (state or foreign countr	Part III	<b>Identification of Related Organizations Taxable as a Partnership</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.										
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	<b>(k)</b> Percentage ownership

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b) (c)		(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

chedu	hedule R (Form 990) 2014					
Part	V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36					
N	lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No		
<b>1</b> Dur	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No		
<b>b</b> (	Gift, grant, or capital contribution to related organization(s)	1b		No		
<b>c</b> (	Gift, grant, or capital contribution from related organization(s)	1c	Yes			
<b>d</b> L	oans or loan guarantees to or for related organization(s)	1d		No		
e L	oans or loan guarantees by related organization(s)	1e		No		
f D	Dividends from related organization(s)	1f		No		
<b>g</b> 5	Sale of assets to related organization(s)	<b>1</b> g		No		
h P	Purchase of assets from related organization(s)	1h		No		
i E	xchange of assets with related organization(s)	1i		No		
j L	ease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No		
k L	ease of facilities, equipment, or other assets from related organization(s)	1k		No		
I P	erformance of services or membership or fundraising solicitations for related organization(s)	11		No		
<b>m</b> P	erformance of services or membership or fundraising solicitations by related organization(s)	1m		No		
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes			
<b>o</b> 9	Sharing of paid employees with related organization(s)	10	Yes			

р	Reimbursement	paid to related	organization(s	) for expenses

**q** Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

2	If the answer to any of the above is "Yes,	see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	
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(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIV CORP FOR ATMOSPHERIC RESEARCH FDN	С	127,435	CASH

No

No

No No Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

1 <u> </u>													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
									$\Box$	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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