

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493223019167

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

2015

Open to Public Inspection

A F	or the	2015 ca	alendar year, or tax year begir	nning 10-01-2015 , and ending 09-30-20	16					
_ A	ddress	applicable change	C Name of organization CALIFORNIA ASSOCIATION FOR ASTRONOMY	RESEARCH IN			D Employer identification number 95-3972799			
_	ame ch nitial rei	-	Doing business as W M KECK OBSERVATORY							
FI				ıf mail ıs not delivered to street address) Room/s	uite	E Telephone number				
_	/termır nended	nated I return	65-1120 MAMALAHOA HWY		u	(808)	885-	7887		
—Ap	plicatio	on pending	City or town, state or province, KAMUELA, HI 96743	country, and ZIP or foreign postal code		G Gross	eceipts	\$ 20,751,979		
			F Name and address of prii	ncipal officer	H(a) I	s this a group	retur	n for		
			NATHAN BROSTROM 65-1120 MAMALAHOA H	wy	s	ubordinates?		⊤ Yes √		
			KAMUELA,HI 96743			No vre all subordi	nates	Evas E Na		
I Ta	ıx-exer	mpt status	501(c)(3) 501(c)()	◀ (insert no) 4947(a)(1) or 527	\ \ \ \ \ \	ncluded?		Tes No		
J W	ebsit	e:▶ WV	WW KECKOBSERVATORY OR	G	1	r "No," attacr Group exempt		(see instructions)		
K Fon	m of or	rganızatıor	n √ Corporation	sociation Other ►	· -	of formation 19		1 State of legal domicile CA		
Da	rt I	Sun	ımary							
	T			sion or most significant activities						
	<u>s</u>	EE SCH	EDULE O	-						
)Ce	-									
nai										
Governance	2	Check tl	his box ▶ ┌─ if the organizatio	n discontinued its operations or disposed	of more th	nan 25% of its	net a	issets		
							l _	1 -		
Activities &			-	erning body (Part VI, line 1a)			3	6		
#te			· -	rs of the governing body (Part VI, line 1b in calendar year 2015 (Part V, line 2a)	•		<u>4</u> 5	137		
ÇĘ.			• •	if necessary)			6	29		
⋖			·	n Part VIII, column (C), line 12			7a	0		
				e from Form 990-T, line 34			7b	0		
						Prior Year		Current Year		
	8	8 Contributions and grants (Part VIII, line 1h)			19,451,	800	16,840,148			
Rəvenue	9				3,656,		3,705,445			
ĕΛċΙ	10	.1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				228,666		-810,605		
<u> </u>	11					161,	091	1,884		
	12	Total 12)	revenue—add lines 8 through	11 (must equal Part VIII, column (A), lii	ne	23,498,	014	19,736,872		
	13	Grant	s and sımılar amounts paıd (P	art IX, column (A), lines 1-3)		2,088,	898	820,870		
	14	Benef	fits paid to or for members (Pa	art IX, column (A), line 4)			0	0		
\$?	15	Salar 5-10		loyee benefits (Part IX, column (A), lines		12,832,	535	13,615,137		
Expenses	16a	·					0	0		
dx	b	Total f	undraising expenses (Part IX, columi	n (D), line 25) ▶404,501						
ш	17			A), lines 11a-11d, 11f-24e)		8,254,	055	9,965,698		
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		23,175,	488	24,401,705		
	19	Reve	nue less expenses Subtract I	ine 18 from line 12		322,	526	-4,664,833		
S OF					Beginn	ing of Current	Year	End of Year		
Sset	20	Total	assets (Part X, line 16) .			69,553,	204	69,880,476		
Net Assets or Fund Balances	21		liabilities (Part X, line 26) .			14,349,		18,909,899		
žĪ	22	Net a	ssets or fund balances Subtr	act line 21 from line 20		55,204,	155	50,970,577		
	rt II		nature Block							
my k	nowle	dge and		examined this return, including accompa complete Declaration of preparer (other t						
		***				2017-08-08				
Sigr		Sign	nature of officer			Date				
Her	е		HAN BROSTROM CARA CFO							
		 7	e or print name and title	Propagar's signature	Dato	Γ	PTIN			
Da:	۸		Print/Type preparer's name GUY S NISHIHIRA		Date 2017-08-08	Check If self-employed	P0016	57026		
Paid Dro		<u>,</u>	Firm's name ► KKDLY LLC			Firm's EIN ▶ 9	9-0292	355		
	pare On		Firm's address ▶ 745 FORT ST STE 2	2100		Phone no (808	5) 521-3	3962		
USE	, UII	''y	HONOLULU, HI 96	813						

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

Par	t IV Checklist of Required Schedules			
			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)? 뉯	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		No
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 I	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? If "Yes," complete Schedule D, Part III 2	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? If "Yes," complete Schedule D, Part V 🙎	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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	11 b	Yes	
	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	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
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	14 b	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	Yes	
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 $11e^{7}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	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		

Form	990 (2015)			Page 4
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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 IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		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? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1-	Enter the number reported in Poy 2 of Form 1006 Enter 0 if not applicable	43	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	42		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. 10	Yes	
	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	137		
	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)	25	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	1	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	,	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	/ 4a	1	No
	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	ì	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	,	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	were not tax deductible?	6 b	<u> </u>	
а	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods at services provided to the payor?	nd 7 a	,	No
	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 require file Form 8282?	-	:	No
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		No.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	-		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?		,	No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?			No
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tirduring the year?	ne 8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	95		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter	1	1	
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions additional information the organization must report on Schedule O	for 13	a	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14	a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	ь	

Part VI Governance, Management, and Disclosure

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

<u> 5e</u>	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 6			
	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 1b 6			
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	Yes	
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		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 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	103	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
			-	
	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	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	ction B. Policies (This Section B requests information about policies not required by the Internal R	<u>event</u>		
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
c	rise to conflicts?	12b	Yes	
	ın Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		Νo
L 4	Did the organization have a written document retention and destruction policy?	14		No
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15 b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Se	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
	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. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record >CALIFORNIA ASSOCIATION FOR RESEARCH IN ASTRONOMY 65-1120 MAMALAHOA HWY KAMUELA, (808) 885-7887		43	

Part VII

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

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 for related organizations	unle:	ore t ss pe	han erso cer tor/t	not one n is and rus	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		,	and related organizations
(1) DR GEORGE BLUMENTHAL CHAIRMAN	2 00	×						0	0	0
(2) DR ED STOLPER VICE-CHAIRMAN	2 00	×						0	0	0
(3) DR AIMEE DORR BOARD MEMBER	2 00	×						0	0	0
(4) DR SHRINIVAS KULKARNI BOARD MEMBER	2 00	×						0	0	0
(5) DR CLAIRE MAX BOARD MEMBER	2 00	×						0	0	0
(6) DR FIONA HARRISON BOARD MEMBER	2 00	×						0	0	0
(7) MR NATHAN BROSTROM CHIEF FINANCIAL OFFICER	1 00			x				0	0	0
(8) MS ELAINE STAMMAN SECRETARY	4 00			x				15,910	0	1,217
(9) MR HILTON LEWIS OBSERVATORY DIRECTOR	50 00			x				277,363	0	71,570
(10) MR RICHARD MATSUDA OPERATIONS AND INFRASTRUCTURE MANAGER	50 00				×			192,455	0	50,347
(11) DR PETER WIZINOWICH OPTICS ENGINEERING MANAGER	50 00				×			194,129	0	60,144
(12) MS MARGARITA SCHEFFEL OBSERVATORY CFO	50 00				×			188,887	0	54,782
(13) MR SEAN ADKINS INSTRUMENT PROGRAM MANAGER	50 00					х		155,597	0	34,962
(14) MR KEVIN MCCANN SOFTWARE ENGINEERING MANAGER	50 00					x		187,680	0	57,928
			I							Form 990 (2015)

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 for related	m unle	ore t ss pe	han erso cer	not one n is and			Repo compo fro organ (W- 2	(D) ortable ensation in the nization /1099-	(E) Reporta compensa from rela organizat (W- 2/10	ation ted ions 99-	Estin amou otl compe from	F) nated unt of her nsation n the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	M:	ISC)	MISC)		ization elated zations
(15) MR DENNIS MCBRIDE	50 00					×			175,298		0		27,449
PRINCIPAL ENGINEER (16) MR JASON CHIN	50 00								· .				
SENIOR OPTICS ENGINEER						X			165,385		0		45,860
(17) MR KEVIN TSUBOTA SENIOR SOFTWARE ENGINEER	50 00					X			151,997		0		43,108
c Total from continuation sheets to Part VII, Section A									447,367				
3 Did the organization list any former officer, on line 1a? If "Yes," complete Schedule J for		ee, ke	ey em	nploy	/ee,	, or hi	ghes	st comp	ensated	employee	3	Yes	No No
For any individual listed on line 1a, is the s organization and related organizations grea individual	•	00? İ	f "Ye							n the	4	Yes	110
5 Did any person listed on line 1a receive or services rendered to the organization? If "Y									ion or ind	vidual for	5		No
Section B. Independent Contractors													
1 Complete this table for your five highest co compensation from the organization Repor												tax year	
(A) Name and busine	ess address								(E Description			(C Comper	
TOPTICA PHOTONICS AG LOCHHAMER SCHLAG 19 GRAEFELFING, MUNICH D-82166								LASER I	DEVELOPME	NT			674,740
GM MAUNA KEA OBSERVATORY SUPPORT										TY AND SUPP	ORT		401,322
177 MAKAALA ST HILO, HI 96720								SERVIC	ES				
ELEMENT MATERIALS TECHNOLOGY CINCINNATI 3701 PORT UNION ROAD								QUALIF & AXIAI		STING OF RAI	DIAL		342,660
FAIRFIELD, OH 45014 WINLIGHT OPTICS 135 RUE BENJAMIN FRANKLIN ZAC SAINT MARTIN, PERTUIS 54120								KCWI	1IRROR FAE	BRICATION			209,064
FR ENALASYS CORPORATION 250 AVENIDA CAMPILLO CALEXICO, CA 92231								SUB ME	TERING IN	STALLATION			101,870
2 Total number of independent contractors (independent contractors) \$100,000 of compensation from the organiz		mited	to th	iose	list	ed ab	ove) who re	eceived m	ore than			

Part V	1111	Statement o	f Revenue					
		Check if Schedi	ule O contains a respor	nse or note to an <mark>y l</mark> ir I	ne in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
~ က	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es 1b					
G.	С	Fundraising eve	ents 1c					
ifts Iar /	d	Related organiz	zations 1d					
imi	e	Government grants	s (contributions) 1e	572,245				
tion er S	f	All other contributed	ons, gifts, grants, and 1f	16,267,903				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ons included in lines					
Contr and (h	1a-1f \$ Total. Add lines	s 1a-1f		16,840,148			
ة ت	-"	Total: Add lines		Business Code	,,			
声	2a	NASA COOPERATIV	/E AGREEMENT	Business Code 541712	3,588,083	3,588,083		
Program Service Revenue	ь	VISITING SCIENCE	QUARTERS	541712	85,542	85,542		
Ce F	С	KECK LOGO MERC	HANDISE	900099	18,084			18,084
ž Ž	d	MISC FEDERAL RE	SEARCH GRANTS	541712	11,356	11,356		
E	e	SUMMIT TOURS FE		900099	2,380			2,380
ogra	f	All other progra	am service revenue					
	g		s 2a-2f		3,705,445			
	3		ome (including dividend ar amounts)		183,034			183,034
	4	Income from inves	tment of tax-exempt bond	proceeds ►				
	5	Royalties	() P 1					
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	-	expenses Rental income						
	C	or (loss)	me or (loss)					
	"	Net rental inco	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,468	20,000				
	ь	Less cost or other basis and sales expenses	1,520	1,013,587				
	С	Gain or (loss)	-52	-993,587				
	d ga	Net gain or (los Gross income f	irom fundraiging	· · · · >	-993,639			-993,639
Other Revenue	o da	events (not inc \$	luding reported on line 1c)					
<u>.</u>		,	а					
Ě	l		penses b	avanta .				
J		Gross income f	(loss) from fundraising of from gaming activities he 19	events p				
	b c		a penses b (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	owances .	>				
	ь	Less cost of g	a oods sold b					
	l		(loss) from sales of inve	entory >				
		Miscellaneous		Business Code				
	11a b	EMPLOYEE EQ IMAGE FEE	UIPMENT SALES	900099	1,462			1,462
	c	IMAGE FEE						
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		1,884			
	12	Total revenue.	See Instructions .	▶	19,736,872	3,684,981	0	-788,257

Part IX Statement of Functional Expenses

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	767,661	767,661		
2	Grants and other assistance to domestic individuals See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	53,209	53,209		
4	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors, trustees, and key employees	1,369,897	642,482	665,633	61,782
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	9,059,475	7,300,015	1,583,168	176,292
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	811,556	653,942	141,822	15,792
9	Other employee benefits	1,646,800	1,326,971	287,783	32,046
10	Payroll taxes	727 400	FOC 127	127 117	14 155
11	Fees for services (non-employees)	727,409	586,137	127,117	14,155
a	Management				
b	Legal	24,413		24,413	
c	Accounting	63,384		63,384	
d	Lobbying	03,301		03,301	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
_	amount, list line 11g expenses on Schedule O)	578,434	395,007	164,940	18,487
12	Advertising and promotion				
13	Office expenses	147,846	41,426	91,279	15,141
14	Information technology	363,962	31,038	325,159	7,765
15	Royalties				
16	Occupancy	1,633,263	819,151	814,112	
17	Travel	401,097	239,496	138,142	23,459
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	236,901	5,282	194,185	37,434
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,350,096	6,197,362	152,734	
23	Insurance	57,550	32,285	25,265	
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	EQUIPMENT & TOOLS	693,653	671,264	22,389	
b	EQUIP RENTAL & MAINTENA	459,611	407,451	50,012	2,148
c	INDIRECT COST RECOVERY	-228,317	1,474,250	-1,702,567	
d	CAPITAL SUBCONTRACTS	-816,195	-816,195		
e	A II other expenses				
25	Total functional expenses. Add lines 1 through 24e	24,401,705	20,828,234	3,168,970	404,501
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)				

Parity Balance Sheet	Part X	Ralance	Shoot
----------------------	--------	---------	-------

Par	ťΧ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
	1	Cash-non-interest-bearing	Beginning of year 1,640	1	End of year 1,028
	2	Savings and temporary cash investments	7.742.505	2	11,943,012
	1		219,411		<u></u>
	3	Pledges and grants receivable, net	,	3	100,201
	4	Accounts receivable, net	297,735	4	430,542
Assets	5	Loans and other receivables from current and former officers, directors, trustees key employees, and highest compensated employees Complete Part II of Schedule L	,	5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
SS	7	Notes and loans receivable, net		7	
⋖	1	·		8	
	8	Inventories for sale or use	470.045		240.040
	9	Prepaid expenses and deferred charges	178,315	9	342,040
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 123,711,09	95		
	Ь	Less accumulated depreciation 10b 73,838,38	54,309,469	10 c	49,872,715
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	6,804,129	12	7,190,938
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	69,553,204	16	69,880,476
	17	Accounts payable and accrued expenses	2,427,638	17	3,239,559
	18	Grants payable	514,366	18	0
	19	Deferred revenue	11,407,045	19	15,670,340
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
_iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ē		persons Complete Part II of Schedule L		22	
<u>.e</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
				25	
	26	Total liabilities.Add lines 17 through 25	14,349,049	26	18,909,899
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>a</u>	27	Unrestricted net assets	54,715,581	27	50,383,516
မ္မ	28	Temporarily restricted net assets	488,574	28	587,061
됟	29	Permanently restricted net assets		29	
Fi		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balance		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building or equipment fund		31	
) ;	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	55,204,155	33	50,970,577
	34	Total liabilities and net assets/fund balances	69,553,204	34	69,880,476

-orm	990 (2015)			+	age 1∠
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		19,7	736,872
2	Total expenses (must equal Part IX, column (A), line 25)	2		24.4	101,705
3	Revenue less expenses Subtract line 2 from line 1			,	
	'	3		-4,€	64,833
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .				
_	Net wordend come (Icean) on much some	4		55,2	204,155
5	Net unrealized gains (losses) on investments	5		4	101,734
6	Donated services and use of facilities				
		6			29,521
7	Investment expenses	7			
8	Prior period adjustments	-			
ŭ	Thorperiod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		50.9	70,577
Par	t XII Financial Statements and Reporting			30,3	,,,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
	Check in Schedule & Contains a response of note to any line in this fare XII I I I I I I			Yes	No
	Accounting with disciplinating the Form 200				
1	Accounting method used to prepare the Form 990	_			
	Schedule O				
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 review a separate basis, consolidated basis, or both	ewed on	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	

			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 reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	▼ Separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	
		F	orm 990	(2015)

Additional Data



EIN: 95-3972799

Name: CALIFORNIA ASSOCIATION FOR RESEARCH IN

ASTRONOMY

Form 990, Part III, Line 4a

```
4a
      (Code
```

SEE SCHEDULE O

) (Expenses \$

20,643,846

including grants of \$

820,870) (Revenue \$

3,643,625)

Form 990, Part III, Line 4b

(Code (Expenses \$ 173.032 including grants of \$ (Revenue \$ PUBLIC INFORMATION EACH YEAR, KECK OBSERVATORY SPONSORS DOZENS OF EDUCATION PROGRAMS, PUBLIC LECTURES AND PODCASTS FOR HAWAII ISLAND FAMILIES, EDUCATORS, AND STUDENTS TO FOSTER A GREATER APPRECIATION OF SCIENCE AND ITS MANY CONTRIBUTIONS TO SOCIETY ON A GLOBAL LEVEL, THE OBSERVATORY HAS A SUPPORT BASE OF OVER 800 FRIENDS OF KECK AND A SUBSCRIBED FAN BASE OF NEARLY 20,000 ASTRONOMY PROFESSIONALS AND ENTHUSIASTS, AND WELCOMES VISITORS TO ITS HEADOUARTERS FACILITY IN KAMUELA AND TO ITS SUMMIT FACILITY FOR A FIRST-HAND VIEW OF THE KECK TELESCOPES ON MAUNA KEA

30,000)

Form 990, Part III, Line 4c

(Code) (Expenses \$	11,356	including grants of \$) (Revenue \$	11,356)
RESEARCH KECK OBSERV	'ATORY'S ACTIVITIES INCLU	DE SUBMITTING	G GRANT PROPOSALS TO CARE	RY OUT SPECIFIC RESEARCH PROJECTS	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

SCHEDULE A

(Form 990 or

990EZ)

Name of the organization
CALIFORNIA ASSOCIATION FOR RESEARCH IN
ASTRONOMY

Employer identification number
95-3972799

	ORNIA A	ASSOCIATION FOR RESEARCH IN 95-3972799
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
3	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<u>'</u>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5		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 local government or governmental unit described in section 170(b)(1)(A)(v).
7	✓	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	_	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its suppor from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III)
10		An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 a	Г	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) . Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.
b	Γ	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.
c		Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.
d	Γ	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e		Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization
f	Ente	r the number of supported organizations
g		Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	Is the orga listed in your	(iv) Is the organization Insted in your governing document? All monet		(vi) A mount of other support (see instructions)
			Yes	No		
Total						

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 (a)2011 **(b)**2012 (c)2013 (d)2014(e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 16,102,256 19,451,800 16,869,669 84,400,619 15,381,241 16,595,653 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 16,102,256 15,381,241 16,595,653 19,451,800 16,869,669 84,400,619 **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 5,404,751 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 78,995,868 from line 4 Section B. Total Support Calendar year (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 16,102,256 15,381,241 16,595,653 19,451,800 16,869,669 84,400,619 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 393,000 251,861 338,851 208,072 183,034 1,374,818 royalties and income from sımılar sources Net income from unrelated business activities, whether or -158,878 -158,878 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 223,137 145,226 179,708 1.884 186.732 736,687 capital assets (Explain in Part VI) 11 Total support. Add lines 7 86,353,246 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 21.286.656 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 91 480 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 94 970 % 16a 33 1/3% support test - 2015. 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-2014. 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 - 2015. 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 ▶□ b 10%-facts-and-circumstances test - 2014. 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

Part III
Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	n fails to qualify	under the tes	ts listed below	, please complet	te Part II.)	
_Se	ction A. Public Support	I					
,	Calendar year	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
(or f	iscal year beginning in) ► Gıfts, grants, contributions, and						
-	membership fees received (Do						
	not include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
6	to the organization without charge Total. Add lines 1 through 5						-
	Amounts included on lines 1, 2,						
,	and 3 received from disqualified						
	persons						
b	A mounts 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						
8	Public support. (Subtract line 7c						
Se	from line 6) ction B. Total Support						
	Calendar year						
(or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975						
c 11	Add lines 10a and 10b Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is f	or the organization	n's first, second	, thırd, fourth, or	fifth tax year as a	section 501(c	:)(3) organization,
	check this box and stop here	5	•		,	•	^ ▶ □
Se	ction C. Computation of Pub	lic Support Po	ercentage				•
15	Public support percentage for 2015	(line 8, column (f) divided by line	13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			_
17	Investment income percentage for :	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A , Part III , line 1	17		18	
	33 1/3% support tests—2015. If the				l line 15 is more th		and line 17 is not
	more than 33 1/3%, check this box						▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	is more than 3	33 1/3% and line
	18 is not more than $33\ 1/3\%$, check						
20	Private foundation. If the organization	on did not check	a box on line 14	, 1 9a, or 1 9b, ch	eck this box and s	ee instruction	s ▶ 🗆

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, D, and E If you checked 11d 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)

50	ation A. All Supporting Organizations			
эе	ction 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 Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4 c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5 a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
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 Part VI .	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 Part VI .	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? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
	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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	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

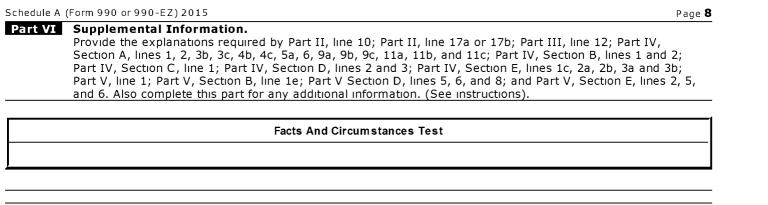
11c

Pai	rt IV Supporting Organizations (continued)			
Se	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization (state operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
Se	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 Part VI how control or management of the supporting organization was vested in the same persor that controlled or managed the supported organization(s)	1		
Se	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? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	action F. Tuna III Functionally, Interpreted Companies Operations			
1 a b	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 instructions.)			
2	Activities Test_Answer (a) and (b) below.		Yes	No
a	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	e 2a		
Ė	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	of 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? <i>Provide details in Part VI</i>	3a		
Ŀ	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3 b		

Schedule A (Form 990 or 990-EZ) 2015 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as	a qualifying trust on N	ov 20,1970 See inst	ructions. All other
Type III non-functionally integrated supporting organizations mu	ist complete Sections	A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production o gross income or for management, conservation, or maintenanc held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (s instructions for short tax year or assets held for part of year)			
A verage monthly value of securities	1 a		
b Average monthly cash balances	1 b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt use asse	ts 2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for amount, see instructions)	r greater 4		
Net value of non-exempt-use assets (subtract line 4 from lin	e 3) 5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Colu	ımn A) 1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, C	olumn A) 3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject emergency temporary reduction (see instructions)	ct to 6		
Check here if the current year is the organization's first as a non instructions)	-functionally-integrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 A mounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re-	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e			
 g Applied to underdistributions of prior years h Applied to 2015 distributable amount 			
i Carryover from 2010 not applied (see			
instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			



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

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

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

2015

DLN: 93493223019167

Open to Public Inspection

	me of the organization IFORNIA ASSOCIATION FOR RESEARCH IN			Emple	oyer identification number
	RONOMY			95-3	972799
Pa	rt I Organizations Maintaining Donor			ınds o	r Accounts.
	Complete if the organization answer		t IV, line 6.		
	Total number at and of year	(a) Donor advised funds		(b)	unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			or advis	ed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the				purpose
	conferring impermissible private benefit?				Yes No
	rt II Conservation Easements. Comple			n Form	1 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	,	apply)		
	Preservation of land for public use (e.g., recreducation)		eservation of an	histori	cally important land area
	Protection of natural habitat	<u>. </u>			d historic structure
	Preservation of open space	•			
2	Complete lines 2a through 2d if the organization	held a qualified conservation (contribution in th	ne form	of a conservation
	easement on the last day of the tax year	•			
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme			2b	
С.	Number of conservation easements on a certified		· ' '	2c	
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired aπer 8/1//06, and	not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguish	ed, or terminated	d by the	e organization during the
	tax year ▶ _				
4	Number of states where property subject to cons	ervation easement is located	•		
5	Does the organization have a written policy regar			— Ima of	
	violations, and enforcement of the conservation of Staff and volunteer hours devoted to monitoring,	asements it holds?		_	Yes No
6	year	mspecting, nanding of violation	ons, and emorch	ig cons	ervation easements during the
					*
7	A mount of expenses incurred in monitoring, insper-	ecting, handling of violations,	and emorcing co	niserva	tion easements during the year
8	Does each conservation easement reported on Ii	an 2(d) above satisfy the requ	uramants of sast	tion 17	0/6)/4)
0	(B)(I) and section $170(h)(4)(B)(II)$?	ie 2(d) above satisfy the requ	mements of sect	LIOII 17	Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text	of the footnote to the organiz			•
	the organization's accounting for conservation ea		T	Oth	ou Cimilau Accata
Pall	t III Organizations Maintaining Collect Complete if the organization answere			or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	AS 116 (ASC 958), not to re assets held for public exhibit	port in its reven	or resea	rch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report assets held for public exhibit	t in its revenue s	tateme	ent and balance sheet
((i) Revenue included on Form 990, Part VIII, line			▶ \$	
	ii) Assets included in Form 990, Part X	-			
	Assets included in Form 990, Part X If the organization received or held works of art, l	nistorical treasures or other s	Imilar assets fo		
2	following amounts required to be reported under s			manc	
а	Revenue included on Form 990, Part VIII, line 1				▶ \$

Assets included in Form 990, Part X

Par	Organizations Maintaining (continued)	Collections of Art,	Histo	orical	Tre	asures,	or Oth	er Similar As	sets
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other record	s, che	ck any	ofthe	e following t	hat are	a significant use	ofits
а	Public exhibition		d		oan o	r exchange	progra	ms	
b	Scholarly research		e	Γ 0	ther				
c	Preservation for future generations								
4	Provide a description of the organization' Part XIII	s collections and explain	n how t	they fu	rther	the organiz	atıon's	exempt purpose	ın
5	During the year, did the organization solid							ımılar	
Day	assets to be sold to raise funds rather the tIV Escrow and Custodial Arra	<u> </u>	part of	the org	anıza	tion's colle	ction?	Yes	No
Fal	t IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.	_	rm 99	90, Pa	rt IV	, line 9, o	r repoi	ted an amount	on Form 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other intermed	diary fo	orcont	rıbutı	ons or othe	rasset	s not Yes	∏ No
b	If "Yes," explain the arrangement in Pa	art XIII and complete th	ne follo	wing ta	ble			Amo	ount
c	Beginning balance						1 c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance					l	1f		
2a	Did the organization include an amount o	n Form 990, Part X, line	21, fo	r escro	wor	custodial a	ccount	liability? Yes	☐ No
b	If "Yes," explain the arrangement in Part	VIII Check here if the	evnlan	ation h	ac he	en provide	d in Dar	+ ¥111	П
	rt V Endowment Funds. Comple								<u> </u>
	•		(b) Prior			c) Two years l		Three years back	(e)Four years back
1a	Beginning of year balance				1				
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current year end balance	e (lıne	1 g, co	lumn	(a)) held as			
а	Board designated or quasi-endowment >								
b	Permanent endowment >								
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%							
3 a	Are there endowment funds not in the pos organization by	ssession of the organiza	tion th	at are	held a	and adminis	tered fo	or the	Yes No
	(i) unrelated organizations							3a(
	(ii) related organizations							3a(
ь 4	If "Yes" on 3a(II), are the related organiz Describe in Part XIII the intended uses of	·						31	>
	rt VI Land, Buildings, and Equip		OWITE	it iuiiu:	•				
	Complete if the organization a		m 990		ΞV,		ee Fo		
	Description of property			(a) or other vestmer		(b) Cost or othe (other		Accumulated (c)depreciation	(d)Book value
1a	Land								
b	Buildings								
С	Leasehold improvements								
	Equipment					123,	711,095	73,838,380	49,872,715
e	Other							·	
Tota		st equal Form 900 Part V	colum:	n (R) !	ne 10	(c))			49,872,715
1014	m raa ililes Ta tillougii Te (Columni (U) mus	cquairoini 330, Fall A,	corunn	· (<i>υ),</i> 11	iiC 10	(-// • •	• •		(Form 990) 2015
								uuic b	,,

See Form 990, Part X, line 12.	ete ii tile orga		
(a) Description of security or category (including name of security)		(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other (A) UNIVERSITY OF CALIFORNIA GENERAL ENDOWMENT	POOL	7,190,938	F
(A) UNIVERSITY OF CALIFORNIA GENERAL ENDOWMENT	FOOL	7,190,936	1
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	7,190,938	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes	s' on Form 9	90, Part IV, line 11c. _{See}	Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
_			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization and	swered 'Ves' o	n Form 990 Part IV line 1	1d See Form 990 Part Y June 15
(a) Descriptio		Troming Joyn are 11, mile 1.	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	ation answer	ed 'Yes' on Form 990, Pa	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book valu	е	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
		and the second s	financial statements that reports the

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	20,072,046
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 401,734		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	942,355
3	Subtract line 2e from line 1	3	19,129,691
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	<u>.</u>	
c	Add lines 4a and 4b	4c	607,181
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	19,736,872
Part	Reconciliation of Expenses per Audited Financial Statements With Expens Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es per	Return.
1	Total expenses and losses per audited financial statements	1	24,404,111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses	7	
d	Other (Describe in Part XIII)	5	
e	Add lines 2a through 2d	2e	2,406
3	Subtract line 2e from line 1	3	24,401,705
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	7	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	24,401,705
	Supplemental Information		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part		do any additional
	v, fine 4, Part X, fine 2, Part XI, fines 20 and 40, and Part XII, fines 20 and 40. Also complete this part mation	to provi	ue any additional
	Return Reference Explanation		
See A	dditional Data Table		
2007			
	1		

Page 5	chedule D (Form 990) 2015		
	Part XIII Supplemental Information (continued)		
	Explanation	Return Reference	

Additional Data

Software ID: Software Version:

EIN: 95-3972799

Explanation

Name: CALIFORNIA ASSOCIATION FOR RESEARCH IN

ASTRONOMY

Supplemental Information

Return Reference

CARA HAS RECEIVED A DETERMINATION FROM TAXING AUTHORITIES THAT IT IS AN ORGANIZATION EXEMP
T FROM TAXATION UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND SECTION 2370
1D OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL OR
STATE INCOME TAXES HOWEVER, CARA IS SUBJECT TO INCOME TAXES ON ANY NET INCOME DERIVED
M A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WH
ICH IT WAS GRANTED EXEMPTION NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME,
IF ANY FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIA
L TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE CARA APPLIES THE PROVISIONS OF ASC TOPIC 7
40, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR T
HE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO
BE TAKEN IN A TAX RETURN, AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST
, AND PENALTIES, DISCLOSURE, AND TRANSITION MANAGEMENT BELIEVES THAT NO SUCH UNCERTAIN TA
X POSITION EXISTS FOR CARA REQUIRING ACCRUAL OR DISCLOSURE AT SEPTEMBER 30, 2016 AND 2015
CARA IS NO LONGER SUBJECT TO U S FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2013

Supplemental Information		
Return Reference	Explanation	
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTIONS 511,100	

Supplemental Information		
Return Reference	Explanation	
PART XI, LINE 4B - OTHER ADJUSTMENTS	TEMPORARILY RESTRICTED CONTRIBUTIONS 609,587 LOSS ON SALE OF ASSETS -2,406	

Supplemental Information		
Return Reference	Explanation	
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON SALE OF ASSETS 2,406	

Supplemental Information		
Return Reference	Explanation	
PART VI, LINE 1A	THE LAND IN WAIMEA IS OWNED BY CALIFORNIA INSTITUTE OF TECHNOLOGY AND IS NOT LISTED AS A CARA FIXED ASSET	

Supplemental Information		
	Return Reference	Explanation
	LINE 1B	THE HEADQUARTERS BUILDING IN WAIMEA AND THE OBSERVATORIES ON MAUNA KEA ARE OWNED BY CALIFO RNIA INSTITUTE OF TECHNOLOGY AND ARE NOT LISTED AS CARA FIXED ASSETS

applemental information	
Return Reference	Explanation
PART VI, LINE 1D	THE TELESCOPES ON MAUNA KEA ARE OWNED BY CALIFORNIA INSTITUTE OF TECHNOLOGY AND ARE NOT LI
	STED AS CARA FIXED ASSETS CARA OWNS ALL FOCAL-PLANE INSTRUMENTS, LASERS, AND ADAPTIVE

ICS, PLUS VARIOUS OTHER EQUIPMENT NOT AFFIXED TO THE FACILITIES, COMPUTERS, AND VEHICLES

Supplemental Information

Supplemental Information	n
Return Reference	Explanation
PART VII, LINE 3	THE UNIVERSITY OF CALIFORNIA GENERAL ENDOWMENT POOL IS A UNITIZED FUND WHEREBY CARA PARTIC
	IPANTS IN INVESTMENT RETURNS AND INCOME ON AN EQUIVALENT PRO-RATED BASIS WITH ALL PARTICIP ANTS IN THE POOL

efile GRAPHIC print	- DO NOT PROCESS	As Filed Dat	a -	DLN:	93493223019167
SCHEDULE F (Form 990)			Outside the Unit		OMB No 1545-0047
	► Comple		answered "Yes" to Form	990,	2015
			.4b, 15, or 16. 5 Form 990.		
Department of the Treasury internal Revenue Service	▶ Information about Sche		nd its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization CALIFORNIA ASSOCIAT: ASTRONOMY	ON FOR RESEARCH IN			95-3972799	tification number
	formation on Activithe organization answ		e United States. rm 990, Part IV, line	14b.	
1 For grantmakers.	Does the organization	maintain records	s to substantiate the a	amount of its grants	
		bility for the gran	ts or assistance, and	the selection criteria	
used to award the	grants or assistance?				✓ Yes No
2 For grantmakers. assistance outside		organızatıon's pr	ocedures for monitori	ng the use of its gran	ts and other
3 Activites per Region	(The following Part I, lin	e 3 table can be du	iplicated if additional spa	ace is needed)	
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to requents located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data			,		
(2)					
(3)					
(4)					
(5)					
3a Sub-total		0 0			230,381
b Total from continuate to Part I		0 0			10,922
c Totals (add lines 3a	and 3b) Notice, see the Instruction	0 0		No 50082W Sched	241,303 lule F (Form 990) 2015

(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)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	SUB-AWARD FOR SCIENTIFIC DEVELOPMENT UNDER THE NATIONAL SCIENCE FOUNDATION PRIME AWARD AST 1207631 FOR THE PSF RECONSTRUCTION PROJECT	53,209	WIRE TRANSFER			
(2)								
(3)								
(4)								
tax-exempt t	y the IRS, or f		ted above that are re e or counsel has prov	ided a section 501		etter Þ	•	

Schedule F (Form 990) 2015							Page 3
Part III Grants and Ot	ther Assistance duplicated if addit			ted States. Complete	if the organization ar	nswered "Yes" to Form (
(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	(h) Method of valuation (book, FMV, appraisal, other)
(1)				1		1	
(2)		+ +		†	†	<u>'</u>	
(3)		+ +		+			
(4)		+ +		-			
(5)				-			
(6)				-			
(7)		+ +		+			
(8)		+ +		+			
(9)		+ +		+			
(10)		+ +		+			
(11)		+ +		+			
(12)				+			
(13)				+			
(14)				†			

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				

(15) (16) (17) (18) 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							
PART I, LINE 2	W M KECK OBSERVATORY MONITORS GRANTEES' PERFORMANCE BASED ON A CHIEVEMENT OF GRANT PURPOS							

-RECIPIENT MONITORING REQUIREMENTS

ES ACCORDING TO FEDERAL. STATE, AND PRIVATE FOUNDATION CONDITIONS AND COMPLIANCE IN ADDITI

ON TO WINKO INTERNAL PROCEDURES INCLUDING THE BEST PRACTICES UNDER OMB UNIFORM GUIDANCE SUB-

Additional Data

Software ID: Software Version:

EIN: 95-3972799

Name: CALIFORNIA ASSOCIATION FOR RESEARCH IN

ASTRONOMY

Form 990 Schedule F F	Part I - Activities C	outside The United States

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					
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PRO GRAM SERVICES	COLLABORATIVE SCIENTIFIC MEETINGS WITH LABORATOIRE D'ASTROPHYSIQUE DE MARSEILLEA, ACCEPTANCE OF SECONDARY HANDLING MIRROR BLANK	6,763					
EURO PE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	SPEAKING AT SEMINARS OR CONFERENCES	SPIE CONFERENCE, COLLABORATIVE SCIENTIFIC MEETINGS WITH LABORATOIRE D'ASTROPHYSIQUE DE MARSEILLEA, ACCEPTANCE OF SECONDARY HANDLING MIRROR BLANK	87,962					
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PRO GRAM SERVICES	101238891 SASKATCHEWAN LTD - CONSULTING SERVICES IN CONNECTION WITH UNATTENDED NIGHT OPERATIONS DEVELOPMENT PROJECT BMVOPTICAL TECH - MANUFACTURE OF CUSTOM TECHNICAL EQUIPMENT	29,070					

Form 990 Schedule F Part I - Activities Outside The United States (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (b) Number of (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i e , fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) NORTH AMERICA -0 PROGRAM SERVICES COLLABORATIVE 1,721 CANADA AND MEXICO. SCIENTIFIC MEETINGS BUT NOT THE UNITED WITH VARIOUS STATES INSTRUMENT LABORATORIES **FAST ASIA AND THE** PROGRAM SERVICES ICO LLA BORATIVE 1,982 PACIFIC - AUSTRALIA, SCIENTIFIC MEETINGS BRUNEI, BURMA, WITH SUBARU USERS CAMBODIA, GROUP SOUTH ASIA -PROGRAM SERVICES FLAT WAVEFRONTS 41,203 LTD - CONSULTING AFGHANISTAN, BANGLADESH, BHUTAN, SUPPORT FOR THE PSE

DETERMINATION PROJECT

INDIA, MALDIVES, NEPAL,

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					
EURO PE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	TOPICA LASER DEVELOPMENT - CONTRACTED WITH THIS FIRM TO FABRICATE AND DEVELOP TELESCOPE INSTRUMENTATION INCLUDES TRAVEL AND SUPPLIES PROCURED MICROGATE - CONTRACTED WITH THIS FIRM FOR SUPPORT OF THE NEAR-INFRARED TIP - TILT SENSOR PROJECT AND FOR SUPPORT OF THE NEXT GENERATION WAVEFRONT CONTROLLER CRISTAL LASER - PURCHASED LASER CRYSTALS WITH COATINGS	57,293					
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	0	0	PROGRAM SERVICES	SCIENTIFIC COLLABORATION MEETINGS WITH SWINBURNE UNIVERSITY AND ASTRONOMY AUSTRALIA LTD	4,387					
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	0	0	SPEAKING AT SEMINARS OR CONFERENCES	ICALEPCS & ADASS CONFERENCES	10,922					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service

CALIFORNIA ASSOCIATION FOR RESEARCH IN

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493223019167

Open to Public Inspection

Employer identification number

95-3972799

ASTRONOMY						95-39/2/99	
Part I General Information	on on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or a	ssistance?				tance, and	√ Yes
Part II Grants and Other Assist that received more than				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
	_						
2 Enter total number of section 53 Enter total number of other org.		-					4
For Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2015

Return Reference

Explanation PART I, LINE 2 W M KECK OBSERVATORY MONITORS GRANTEES' PERFORMANCE BASED ON ACHIEVEMENT OF GRANT PURPOSES ACCORDING TO FEDERAL, STATE AND PRIVATE FOUNDATION CONDITIONS AND COMPLIANCE IN ADDITION TO WMKO INTERNAL PROCEDURES

INCLUDING OMB UNIFORM GUIDANCE SUB-RECIPIENT MONITORING REQUIREMENTS

Additional Data

Software ID: Software Version:

EIN: 95-3972799

Name: CALIFORNIA ASSOCIATION FOR RESEARCH IN

ASTRONOMY

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 946075200	95-1643307	501(C)(3)	555,478		CASH		SUB-AWARD UNDER THE FEDERALLY FUNDED AURA TSIP SUB-AWARD N09426C-A FOR THE DEVELOPMENT OF THE ASTRONOMICAL INSTRUMENT THE KECK COSMIC WEB IMAGER
UNIVERSITY OF CALIFORNIA LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 900246503	95-6006143	501(C)(3)	135,664		CASH		SUB-AWARD UNDER THE FEDERALLY FUNDED NSF AST- 1311102 PRIME AWARD FOR THE UPGRADE OF THE OSIRIS DETECTOR
UNIVERSITY OF CALIFORNIA LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 900246503	95-6006143	501(C)(3)	66,329		CASH		SUB-AWARD UNDER THE FEDERALLY FUNDED NSF AST- 1532315 PRIME AWARD FOR THE UPGRADE OF THE ASTRONOMICAL INSTRUMENT NIRSPEC

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance UNIVERSITY OF 94-1539563 501(C)(3) 5,515 CASH SUB-AWARD UNDER CALIFORNIA SANTA CRUZ THE FEDERALLY 1156 HIGH STREET FUNDED AURA TSIP SANTA CRUZ, CA 95064 SUB-AWARD N09426C-A FOR THE DEVELOPMENT OF THE ASTRONOMICAL INSTRUMENT THE KECK COSMIC WEB IMAGER UNIVERSITY OF 94-1539563 501(C)(3) 4,675 CASH SUB-AWARD UNDER CALIFORNIA THE FEDERALLY OBSERVATORY FUNDED AURA TSIP 1156 HIGH STREET SUB-AWARD SANTA CRUZ, CA 95064 N09426C-A FOR THE DEVELOPMENT OF THE ASTRONOMICAL

INSTRUMENT THE KECK COSMIC WEB

IMAGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Schedule J (Form 990)

Department of the

Compensation Information

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

▶ Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

DLN: 93493223019167

2015

Open to Public Inspection

Treasury Internal Revenue Service **Employer identification number** Name of the organization CALIFORNIA ASSOCIATION FOR RESEARCH IN **ASTRONOMY** 05 2072700

	95-3972799			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			i
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			İ
	☐ Independent compensation consultant ☐ Compensation survey or study			ĺ
	Form 990 of other organizations Approval by the board or compensation committee			i i
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6 a		No
b	Any related organization?	6 b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	٩		

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 on Schedule 1, 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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MR HILTON LEWIS OBSERVATORY DIRECTOR	(i)	277,363	0	0	37,103	34,467	348,933	0
	(ii)	0	0	0	0	0	0	0
2 MR RICHARD MATSUDA OPERATIONS AND INFRASTRUCTURE MANAGE	(i)	192,455	0	0	19,612	30,735	242,802	0
	(ii)	0	0	0	0	0	0	0
3 DR PETER WIZINOWICH OPTICS ENGINEERING	(i)	194,129	0	0	27,789	32,355	254,273	0
MANAGER	(ii)	0	0	0	0	0	0	0
4 MS MARGARITA SCHEFFEL OBSERVATORY CFO	(i)	188,887	0	0	27,143	27,639	243,669	0
	(ii)	0	0	0	0	0	0	0
5 MR SEAN ADKINS INSTRUMENT PROGRAM	(i)	153,597	2,000	0	12,391	22,571	190,559	0
MANAGER	(ii)	0	0	0	0	0	0	0
6 MR KEVIN MCCANN SOFTWARE ENGINEERING	(i)	187,680	0	0	26,796	31,132	245,608	0
MANAGER	(ii)	0	0	0	0	0	0	0
7 MR DENNIS MCBRIDE PRINCIPAL ENGINEER	(i)	174,498	800	0	13,712	13,737	202,747	0
	(ii)	0	0	0	0	0	0	0
8 MR JASON CHIN SENIOR OPTICS ENGINEER	(i)	152,632	0	12,753	12,757	33,103	211,245	0
	(ii)	0	0	0	0	0	0	0
9 MR KEVIN TSUBOTA SENIOR SOFTWARE	(i)	151,997	0	0	12,372	30,736	195,105	0
ENGINEER	(ii)	0	0	0	0	0	0	0

1 age •						
Part III 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					
PART I, LINE 3	ANNUALLY THE CARA BOARD EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF THE DIRECTOR USING MARKET COMPENSATION STUDIES WHICH MAY INCLUDE OTHER FORM 990 RETURNS					
PART I, LINE 7	CARA HAS AN OBSERVATORY-WIDE BONUS PROGRAM FOR WHICH ALL CARA EMPLOYEES ARE ELIGIBLE TO BE NOMINATED BY OTHER CARA EMPLOYEES FOR ACHIEVEMENTS BASED ON NON-REVENUE CRITERIA TWO INDIVIDUALS LISTED IN PART II RECEIVED BONUSES UNDER					

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

SCHEDULE J, PART II - SECTION B OTHER REPORTABLE COMPENSATION - INCLUDES EMPLOYER-PAID DEPENDENT TUITION

Software ID: **Software Version:**

EIN: 95-3972799

Name: CALIFORNIA ASSOCIATION FOR RESEARCH IN

ASTRONOMY

Form 990, Schedule J, F	art I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	<u> </u>	
(A) Name and Title			W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1MR HILTON LEWIS OBSERVATORY DIRECTOR	(1)	277,363	0	0	37,103	34,467	348,933	0
	(11)	0	0	0	0	- - 0		0
1MR RICHARD MATSUDA OPERATIONS AND	(1)	192,455	0	0	19,612	30,735	242,802	0
INFRASTRUCTURE MANAGE	(11)	0	0	0	0	-	0	0
2DR PETER WIZINOWICH OPTICS ENGINEERING	(1)	194,129	0	0	27,789	32,355	254,273	0
MANAGER 	(11)	0	0	0	0	0	0	0
3MS MARGARITA SCHEFFEL OBSERVATORY CFO	(1)	188,887	0	0	27,143	27,639	243,669	0
	(11)	0	0	0	0	-		0
4MR SEAN ADKINS INSTRUMENT PROGRAM	(1)	153,597	2,000	0	12,391	22,571	190,559	0
MANAGER	(11)	0	0	0	0	0	0	0
5MR KEVIN MCCANN SOFTWARE ENGINEERING	(1)	187,680	0	0	26,796	31,132	245,608	0
MANAGER	(11)	0	0	0	0	-0		0
6 MR DENNIS MCBRIDE PRINCIPAL ENGINEER	(1)	174,498	800	0	13,712	13,737	202,747	0
	(11)	0	0	0	0	-0		0
7MR JASON CHIN SENIOR OPTICS ENGINEER	(1)	152,632	0	12,753	12,757	33,103	211,245	0
	(11)	0	0	0	0	-	0	0
8MR KEVIN TSUBOTA SENIOR SOFTWARE	(1)	151,997	0	0	12,372	30,736	195,105	0
ENGINEER	(11)	0	0	0	0	0	0	0

DLN: 93493223019167 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ **SCHEDULE 0** 2015 (Form 990 or Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public ► Attach to Form 990 or 990-EZ. Department of the Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasurv www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number CALIFORNIA ASSOCIATION FOR RESEARCH IN **ASTRONOMY** 95-3972799 990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. TO ADVANCE THE FRONTIERS OF ASTRONOMY AND SHARE OUR DISCOVERIES WITH THE WORLD. CARA WAS F PART I, LINE 1, ORMED BY THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AND CALIFORNIA INSTITUTE OF TECHNOLOG DESCRIPTION Y TO OPERATE TWO 10-METER OPTICAL/INFRARED TELESCOPES ON MAUNA KEA ON THE ISLAND OF HAWA!" OF ORGANIZATION MISSION

990 Schedule O, Supplemental Information Return

Explanation Reference

FORM 990. TO ADVANCE THE FRONTIERS OF ASTRONOMY AND SHARE OUR DISCOVERIES WITH THE WORLD. THE TWO 10. PART III. LINE 1. -METER TH ESCOPES OF KECK OBSERVATORY ARE THE WORLD'S LARGEST OPTICAL AND INFRARED TH ESCO. DESCRIPTION PES THEY HAVE REVOLUTIONIZED OUR UNDERSTANDING OF THE COSMOS, IMPACTING EVERY AREA OF AST

ORGANIZATION MISSION

RONOMY AND ASTROPHYSICS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE	HIGHER EDUCATION THE TWIN TELESCOPES ARE DEDICATED TO ASTRONOMICAL RESEARCH 365 DAY S/NIGH TS PER Y EAR AND FEATURE A SUITE OF ADVANCED INSTRUMENTATION TIME ON THE KECK TELESCOPES I S ONE OF THE MOST SOUGHT-AFTER RESOURCES IN ASTRONOMICAL AND PLANETARY SCIENCE RESEARCH O BSERVING TIME ON THE KECK TELESCOPES IS DIVIDED EACH YEAR AMONG ITS FOUNDING PARTNER INSTI TUTIONS CALIFORNIA INSTITUTE OF TECHNOLOGY AND THE UNIVERSITY OF CALIFORNIA, AS WELL AS N ASA AND THE UNIVERSITY OF HAWAII THE BROADER OBSERVING COMMUNITY HAS ACCESS TO THE TELESC OPES THROUGH PARTNERSHIPS WITH THE NATIONAL SCIENCE FOUNDATION AND NASA CARA'S ACTIVITIES INCLUDE ENTERING INTO GRANTS AND CONTRACTS TO CARRY OUT ASTRONOMICAL RESEARCH AND INSTRUMENTATION DEVELOPMENT KECK HAS PUSHED THE FRONTIERS OF DISCOVERY, SEARCHING FOR NEW INHABITABLE WORLDS, PROBING THE MYSTERIES OF THE MILKY WAY, MEASURING DISTANT GALAXIES AND REVEALING OTHER COSMIC PHENOMENON SO THAT WE MAY FURTHER UNDERSTAND THE NATURE OF THE UNIVERSE AND OUR PLACE IN ITS VAST EXPANSE

Return
Reference

FORM 990. BOARD MEMBERS GEORGE BLUMENTHAL, NATHAN BOSTROM AND CLAIRE MAX HAD A BUSINESS RELATIONSHIP

PARIVI,	THROUGH THE UNIVERSITY OF CALIFORNIA EDWARD STOLPER (A CALTECH OFFICER), SHRINIVAS KULKA
SECTION A,	RNI AND FIONA HARRISON HAD A BUSINESS RELATIONSHIP THROUGH CALIFORNIA INSTITUTE OF TECHNOL
LINE 2	OGY CALIFORNIA INSTITUTE OF TECHNOLOGY AND THE UNIVERSITY OF CALIFORNIA PROVIDES VARIOUS
	INSTRUMENTS AND ADAPTIVE OPTICS DEVELOPMENT SERVICES TO CARA DURING TAX YEAR 2015, TOTAL
	EXPENDITURES FOR THESE SERVICES CHARGED TO CARA WERE \$601,662 BY CALITECH, AND \$215,369 BY

990 Schedule O, Supplemental Information

THE UNIVERSITY OF CALIFORNIA

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. PER THE 1992 AMENDED AND RESTATED AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA AND CALIF PART VI. ORNIA INSTITUTE OF TECHNOLOGY. THE PRESIDENTS AT BOTH INSTITUTIONS EACH DESIGNATE THREE BO SECTION A. ARD MEMBERS TO SERVE ON THE CARA BOARD LINE 7A

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. A DRAFT FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW AND COMMENT. AFTER ANY REQUI PART VI. I IRED CHANGES ARE MADE AND PRIOR TO FILING. MANAGEMENT DISTRIBUTES A COPY TO THE BOARD INDI SECTION B. CATING WHO PREPARED AND REVIEWED THE FORM 990. AND WHO WILL SIGN AND FILE THE FORM BY THE LINE 11 DUE DATE

990 Schedule O, Supplemental Information Return

Reference FORM 990.

PART VI.

LINE 12C

Explanation

ANNUALLY FACH BOARD MEMBER IS REQUIRED TO DISCLOSE AND SIGN A BOARD GOVERNANCE DOCUMENT IN

DICATING ANY BUSINESS. PERSONAL OR FAMILY RELATIONSHIPS WITH OTHER BOARD MEMBERS. STAFF OR

AL RECORDS FOLLOW BOTH THE IRS RETENTION GUIDELINES AND THE REQUIREMENTS OF THE FEDERAL GO.

VERNMENT FOR FEDERAL AWARDS ISSUED UNDER OMB UNIFORM GUIDANCE.

SECTION B. MAJOR VENDORS INVOLVING THEMSELVES AND/OR THEIR FAMILY MEMBERS. THE SIGNED DISCLOSURES AR

E THEN REVIEWED BY THE AUDIT COMMITTEE AND THE AUDIT COMMITTEE CHAIR NOTIFIES THE BOARD OF ANY CONFLICTS SUFFICIENT TO WARRANT THE ATTENTION OF THE BOARD, KEY, EMPLOYEES AND THE FIV. E HIGHEST COMPENSATED EMPLOYEES ARE REQUIRED TO DISCLOSE AND SIGN AN ANNUAL INFORMATION RE QUEST INDICATING ANY FAMILY OR BUSINESS RELATIONSHIPS THAT MAY IMPACT ORGANIZATIONAL MANAG EMENT AND GOVERNANCE FORM 990. PART VI. SECTION B. LINE 13 WHISTLEBLOWER POLICY HAWAII S TATE LABOR LAWS REQUIRE POSTING OF THE STATE'S WHISTLEBLOWER PROTECTION LAW NOTICE WHICH O UTLINES A STANDARD WHISTLEBLOWER PROCESS CARA COMPLIED WITH THE WORKPLACE LABOR POSTING L

AWS DURING TAX YEAR 2015 FORM 990, PART VI, SECTION B, LINE 14 RECORDS RETENTION FINANCI

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. PROCESS FOR DETERMINING COMPENSATION FOR THE DIRECTOR, ANNUALLY, THE CARA BOARD EXECUTIVE C. PART VI. OMMITTEE REVIEWS AND APPROVES THE DIRECTOR'S COMPENSATION USING MARKET COMPENSATION STUDIE SECTION B. LINE 15

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. GOVERNANCE DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE UPON REQUEST. FL PART VI. NANCIAL STATEMENTS IN THE FORM OF AN ANNUAL AUDIT ARE PUBLISHED ON THE CARA WEBSITE AT WWW. SECTION C. KECKOBSERVATORY ORG LINE 19

Return Explanation
Reference

FORM 990,
PART XII, LINE
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR