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Form 990

Department of the  
Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

2015

Open to Public  
Inspection

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](http://www.irs.gov/form990)

## A For the 2015 calendar year, or tax year beginning 04-01-2015, and ending 03-31-2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization  
ASSOCIATION OF SCIENCE-TECHNOLOGY  
CENTERS INCORPORATED

Doing business as

Number and street (or P O box if mail is not delivered to street address) 818 CONNECTICUT AVENUE NW NO 700

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
WASHINGTON, DC 200062734

D Employer identification number

52-1926756

E Telephone number

(202) 783-7200

G Gross receipts \$ 6,285,181

F Name and address of principal officer

ANTHONY ROCK  
818 CONNECTICUT AVENUE NW NO 700  
WASHINGTON, DC 200062734H(a) Is this a group return for  
subordinates?  Yes  NoH(b) Are all subordinates  
Included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (Insert no)  4947(a)(1) or  527J Website: ► [WWW ASTC.ORG](http://WWW ASTC.ORG)K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1995

M State of legal domicile  
MD

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

DEDICATED TO FURTHERING THE PUBLIC UNDERSTANDING OF SCIENCE AMONG DIVERSE AUDIENCES

2 Check this box ►  If the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	24
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	22
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	5	30
6 Total number of volunteers (estimate if necessary) . . . . .	6	31
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	93,813
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	20,799

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	2,699,042	3,264,942
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	2,019,799	2,042,981
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	189,424	112,784
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	88,188	95,043

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .

4,996,453

5,515,750

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

35,000

746,664

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .

0

0

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

2,028,090

2,055,667

b Total fundraising expenses (Part IX, column (D), line 25) ► 13,390

0

2,003

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .

2,204,482

2,782,426

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .

4,267,572

5,586,760

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

728,881

-71,010

20 Total assets (Part X, line 16) . . . . .

Beginning of Current Year

End of Year

5,784,988

5,682,117

21 Total liabilities (Part X, line 26) . . . . .

1,778,755

1,882,650

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .

4,006,233

3,799,467

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign  
Here

\*\*\*\*\*

Signature of officer

2017-02-15

Date

ANTHONY ROCK PRESIDENT &amp; CEO

Type or print name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name FRANK H SMITH	Preparer's signature FRANK H SMITH	Date 2017-02-15	Check <input type="checkbox"/> if self-employed	PTIN P00639053
Firm's name ► RAFFA PC				Firm's EIN ► 52-1511275
Firm's address ► 1899 L STREET NW SUITE 850 WASHINGTON, DC 20036				Phone no (202) 822-5000

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III . . . . . **1** Briefly describe the organization's mission

THE ASSOCIATION OF SCIENCE-TECHNOLOGY CENTERS INCORPORATED (ASTC) IS AN ORGANIZATION OF SCIENCE CENTERS AND MUSEUMS DEDICATED TO FURTHERING THE PUBLIC UNDERSTANDING OF SCIENCE AMONG DIVERSE AUDIENCES. ASTC ENCOURAGES EXCELLENCE AND INNOVATION IN INFORMAL SCIENCE LEARNING BY SERVING AND LINKING ITS MEMBERS WORLDWIDE AND ADVANCING THEIR COMMON GOALS THROUGH STRATEGIC ALLIANCES AND GLOBAL PARTNERSHIPS. ASTC ALSO SUPPORTS SCIENCE CENTERS AND MUSEUMS IN PROACTIVELY ADDRESSING CRITICAL SOCIETAL ISSUES, LOCALLY AND GLOBALLY, WHERE UNDERSTANDING OF AND ENGAGEMENT WITH SCIENCE ARE ESSENTIAL.

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**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 2,585,877 including grants of \$ 118,652 ) (Revenue \$ 933,369 )

MEMBERSHIP SERVICES - A BI-MONTHLY JOURNAL AND OTHER PRINT AND ELECTRONIC PUBLICATIONS KEEP MEMBERS APPRISED OF TRENDS, PRACTICES, PERSPECTIVES, AND NEWS OF SIGNIFICANCE TO THE SCIENCE MUSEUM FIELD. WEBSITES PROVIDE RESOURCES AND TIMELY INFORMATION, AND A LISTSERV AND ON-LINE LEARNING FORUMS PROMOTE SHARING OF SUCCESSFUL PRACTICES. A RESEARCH SERVICE TRACKS AND ANALYZES TRENDS AND COMPILES STATISTICS FOR THE FIELD. ADVOCACY EFFORTS REPRESENT THE INTERESTS OF SCIENCE CENTERS BEFORE THE U.S. CONGRESS AND FEDERAL AGENCIES. THE CENTER FOR INFORMAL SCIENCE EDUCATION (CAISE) IS DEDICATED TO ADVANCING AND IMPROVING THE PRACTICE OF INFORMAL SCIENCE EDUCATION.

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**4b** (Code ) (Expenses \$ 1,046,109 including grants of \$ 522,000 ) (Revenue \$ 10,930 )

PROFESSIONAL DEVELOPMENT - WORKSHOPS AND REGIONAL ROUNDTABLES PROVIDE LEARNING AND NETWORKING OPPORTUNITIES FOR MUSEUM PROFESSIONALS ON TOPICS INCLUDING INCREASING PUBLIC UNDERSTANDING OF GLOBAL AND LOCAL SOCIETAL ISSUES THAT ARE INFORMED BY SCIENCE AND TECHNOLOGY. LIFELONG SCIENCE LEARNING, PROGRAM AND EXHIBITION DEVELOPMENT, RESEARCH AND EVALUATION, AND MUSEUM MANAGEMENT.

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**4c** (Code ) (Expenses \$ 861,449 including grants of \$ ) (Revenue \$ 761,389 )

ANNUAL CONFERENCE - EACH YEAR, NEARLY 2,000 INDIVIDUALS REPRESENTING SCIENCE CENTERS AND MUSEUMS FROM ACROSS THE WORLD, INFORMAL SCIENCE EDUCATORS, AND COMPANIES COLLABORATING WITH THE MUSEUM FIELD GATHER FOR ASTC'S ANNUAL CONFERENCE - THE PREMIER PROFESSIONAL DEVELOPMENT OPPORTUNITY FOR THE GLOBAL SCIENCE CENTER COMMUNITY. THE CONFERENCE INCLUDES GENERAL SESSIONS, CONCURRENT SESSIONS, AND OTHER ACTIVITIES AND EVENTS.

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See Additional Data

**4d** Other program services (Describe in Schedule O )

(Expenses \$ 753,846 including grants of \$ 106,012 ) (Revenue \$ 32,143 )

**4e** Total program service expenses ► 5,247,281

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

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

**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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

**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
 

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

**12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

**12b** 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

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States?
 

- 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

**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

**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

**17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

**18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

**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

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 

- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		No
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>	Yes	
<b>11a</b>	Yes	
<b>11b</b>		No
<b>11c</b>		No
<b>11d</b>		No
<b>11e</b>	Yes	
<b>11f</b>	Yes	
<b>12a</b>	Yes	
<b>12b</b>		No
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>	Yes	
<b>15</b>	Yes	
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		

**Part 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** . . . . .

**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)

**a** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . **28a** No . . . . .

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . **28b** 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 . . . . . **28c** No . . . . .

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . **29** No . . . . .

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . . **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? If "Yes," complete Schedule R, Part V, line 2 . . . . . **36** No . . . . .

**37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . . **37** No . . . . .

**38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b>	46	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	30	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	Yes	
<b>4a</b> 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)?	<b>4a</b>	No	
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<b>5a</b>	No	
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5b</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5c</b>		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>6a</b>	No	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6b</b>		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>7a</b>	No	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7b</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7c</b>	No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7d</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7e</b>	No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7f</b>	No	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7g</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7h</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>8</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>9a</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>10a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>10b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>11a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>11b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders	<b>12a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>12b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>13a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>13b</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13c</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>14a</b>	No	
<b>b</b> 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	<b>14b</b>		
<b>c</b> Enter the amount of reserves on hand			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

**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.

Check if Schedule O contains a response or note to any line in this Part VI . . . . .

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	24	
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	22	
<b>2</b> 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? . . . . .	<b>2</b>		No
<b>3</b> 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? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	Yes	
<b>7a</b> 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? . . . . .	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> 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 . . . . .	<b>9</b>		No

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)**

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	No
<b>b</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? . . . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed►	NY
<b>18</b> 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	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records	
►BRENT PARKER 818 CONNECTICUT AVENUE NW NO 700 WASHINGTON, DC 200062734 (202) 783-7200	

**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 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

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

<b>1b Sub-Total . . . . .</b>	►			
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>	►			
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	677,151	0	65,110

**2** Total number of individuals (including but not limited to those listed above) who received more than

\$100,000 of reportable compensation from the organization ► 3

Y-axis N-axis

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . . 3 No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . 5 No

---

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAPITAL TRAITEUR MONTREAL	CATERING	136,238
159 RUE SAINT-ANTOINE MONTREAL, QUEBEC H7E0A5 CA		
TAOTI CREATIVE	WEBSITE DESIGN	101,058
530 8TH STREET SE WASHINGTON, DC 20003		

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . .

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . <b>1a</b> _____ <b>b</b> Membership dues . . . . <b>1b</b> _____ <b>c</b> Fundraising events . . . . <b>1c</b> _____ <b>d</b> Related organizations . . . . <b>1d</b> _____ <b>e</b> Government grants (contributions) <b>1e</b> 1,437,512 <b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 1,827,430 <b>g</b> Noncash contributions included in lines 1a-1f \$ _____ <b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ► 3,264,942				
<b>Program Service Revenue</b>	<b>2a</b> MEMBERSHIP DUES <b>b</b> REGISTRATION FEES <b>c</b> EXHIBIT HALL FEES <b>d</b> EXHIBITION SERV FEES <b>e</b> PUBLICATIONS <b>f</b> All other program service revenue <b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ►	Business Code 900099 900099 900099 900099 541800	923,524 772,319 305,150 32,143 9,845	923,524 772,319 305,150 32,143 9,845	
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ► 96,917 <b>4</b> Income from investment of tax-exempt bond proceeds . . . ► <b>5</b> Royalties . . . . . . ► <b>6a</b> Gross rents <b>b</b> Less rental expenses <b>c</b> Rental income or (loss) <b>d</b> Net rental income or (loss) . . . . . ► <b>7a</b> Gross amount from sales of assets other than inventory <b>b</b> Less cost or other basis and sales expenses <b>c</b> Gain or (loss) <b>d</b> Net gain or (loss) . . . . . ► 15,867 <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . <b>a</b> <b>b</b> Less direct expenses . . . . <b>b</b> <b>c</b> Net income or (loss) from fundraising events . . . ► <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . <b>a</b> <b>b</b> Less direct expenses . . . . <b>b</b> <b>c</b> Net income or (loss) from gaming activities . . . ► <b>10a</b> Gross sales of inventory, less returns and allowances . <b>a</b> <b>b</b> Less cost of goods sold . . . . <b>b</b> <b>c</b> Net income or (loss) from sales of inventory . . . ► <b>Miscellaneous Revenue</b> <b>11a</b> ADVERTISING <b>b</b> OTHER INCOME <b>c</b> <b>d</b> All other revenue . . . . <b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ► 95,043 <b>12</b> <b>Total revenue.</b> See Instructions . . . . . ► 5,515,750 1,737,831 93,813 419,164				

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	640,652	640,652		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	106,012	106,012		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	455,372		455,372	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,317,986	1,084,148	228,318	5,520
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	53,752	49,312	4,189	251
<b>9</b> Other employee benefits . . . . .	111,545	75,033	36,130	382
<b>10</b> Payroll taxes . . . . .	117,012	72,941	43,699	372
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	296		296	
<b>c</b> Accounting . . . . .	58,383		58,383	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17	2,003			2,003
<b>f</b> Investment management fees . . . . .	29,842		29,842	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	681,526	664,250	17,276	
<b>12</b> Advertising and promotion . . . . .	12,359	1,210	11,149	
<b>13</b> Office expenses . . . . .	223,631	134,775	88,846	10
<b>14</b> Information technology . . . . .	124,108	115,562	8,546	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	348,515		348,515	
<b>17</b> Travel . . . . .	239,339	212,933	25,711	695
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	481,047	458,349	22,698	
<b>20</b> Interest . . . . .	4,622		4,622	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	73,986		73,986	
<b>23</b> Insurance . . . . .	32,967	3,084	29,883	
<b>24</b> 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 )				
<b>a</b> PARTICIPANT SUPPORT	236,999	236,999		
<b>b</b> OTHER TAXES & FEES	93,102	35,884	57,216	2
<b>c</b> PRINTING & DUPLICATING	59,650	56,097	3,553	
<b>d</b> REGISTRATION FEES	29,209	20,059	9,150	
<b>e</b> All other expenses	52,845	1,279,981	-1,231,291	4,155
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	5,586,760	5,247,281	326,089	13,390
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing	179,213	<b>1</b>	390,017
	<b>2</b> Savings and temporary cash investments	975,951	<b>2</b>	903,868
	<b>3</b> Pledges and grants receivable, net	488,271	<b>3</b>	417,191
	<b>4</b> Accounts receivable, net	27,467	<b>4</b>	133,425
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
			<b>5</b>	
	<b>6</b> 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			
			<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	58,118	<b>9</b>	90,631
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,037,538		
	<b>b</b> Less accumulated depreciation	612,780	<b>10c</b>	424,758
	<b>11</b> Investments—publicly traded securities	3,562,733	<b>11</b>	3,320,227
	<b>12</b> Investments—other securities See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11	2,000	<b>15</b>	2,000
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,784,988	<b>16</b>	5,682,117
Liabilities	<b>17</b> Accounts payable and accrued expenses	277,915	<b>17</b>	362,755
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	752,495	<b>19</b>	821,126
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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			
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	748,345	<b>25</b>	698,769
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,877,406	<b>27</b>	2,885,669
	<b>28</b> Temporarily restricted net assets	1,080,523	<b>28</b>	865,469
	<b>29</b> Permanently restricted net assets	48,304	<b>29</b>	48,329
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	4,006,233	<b>33</b>	3,799,467
	<b>34</b> Total liabilities and net assets/fund balances	5,784,988	<b>34</b>	5,682,117

**Part XI Reconciliation 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	5,515,750
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	5,586,760
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-71,010
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	4	4,006,233
5	Net unrealized gains (losses) on investments . . . . .	5	-135,756
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	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	3,799,467

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

2b Were the organization's financial statements audited by an independent accountant?

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  Consolidated basis  Both consolidated and separate basis

3a 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3b If "Yes," to line 2a or 2b, did the organization undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1926756

**Name:** ASSOCIATION OF SCIENCE-TECHNOLOGY  
CENTERS INCORPORATED

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	610,934	including grants of \$	106,012	) (Revenue \$	)
GLOBAL PROGRAMS						
(Code	) (Expenses \$	138,237	including grants of \$		) (Revenue \$	)
EQUITY AND DIVERSITY						

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	(Expenses \$	) (Revenue \$	) including grants of \$
EXHIBITION SERVICES			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
		Or director	Individual trustee	Instrumental Trustee	Officer	Key employee	Employee	Highest compensated	Former			
LINDA CONLON ..... CHAIR	2 00 .....		X		X					0	0	0
CHEVY HUMPHREY ..... IMMEDIATE PAST CHAIR	2 00 .....		X		X					0	0	0
GUY LABINE ..... CHAIR-ELECT	2 00 .....		X		X					0	0	0
DAVID CHESEBROUGH ..... TREASURER - UNTIL 10/2015	2 00 .....		X		X					0	0	0
BARRY VAN DEMAN ..... TREASURER	2 00 .....		X		X					1,750	0	0
JOANNA HAAS ..... SECRETARY - UNTIL 10/2015	2 00 .....		X		X					0	0	0
STEPHANIE RATCLIFFE ..... SECRETARY	2 00 .....		X		X					0	0	0
KATE BENNETT ..... DIRECTOR	2 00 .....		X							0	0	0
MAURICE BITRAN ..... DIRECTOR	2 00 .....		X							0	0	0
JOEL BRENNAN ..... DIRECTOR	2 00 .....		X							0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input type="checkbox"/> <b>Or director</b> <input type="checkbox"/> <b>Individual trustee</b> <input type="checkbox"/> <b>Instructional Trustee</b> <input type="checkbox"/> <b>Officer</b> <input type="checkbox"/> <b>Key employee</b> <input type="checkbox"/> <b>Employee</b> <input type="checkbox"/> <b>Highest compensated</b> <input type="checkbox"/> <b>Former</b>			
BLAIR COLLIS	2 00	X		0	0
DIRECTOR - UNTIL 10/2015	.....				0
KIRSTEN ELLENBOGEN	2 00	X		13,750	0
DIRECTOR/CONSULTANT	.....				0
SARAH GEORGE	2 00	X		0	0
DIRECTOR	.....				0
ROSALIA GONZALEZ	2 00	X		0	0
DIRECTOR	.....				0
MARGARET HONEY	2 00	X		0	0
DIRECTOR	.....				0
CATHERINE HORNE	2 00	X		0	0
DIRECTOR	.....				0
NOHORA ELIZABETH HOYOS	2 00	X		0	0
DIRECTOR - UNTIL 10/2015	.....				0
ERIC JOLLY	2 00	X		0	0
DIRECTOR - UNTIL 10/2015	.....				0
TIT MENG LIM	2 00	X		0	0
DIRECTOR	.....				0
JENNIFER MARTIN	2 00	X		0	0
DIRECTOR	.....				0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ANN METZGER ***** DIRECTOR	2 00 *****	X		0	0
RONEN MIR ***** DIRECTOR - UNTIL 10/2015	2 00 *****	X		0	0
DAVID MOSENA ***** DIRECTOR - UNTIL 10/2015	2 00 *****	X		0	0
NEVILLE PETRIE ***** DIRECTOR - UNTIL 10/2015	2 00 *****	X		0	0
VAN REINER ***** DIRECTOR	2 00 *****	X		0	0
TIM RITCHIE ***** DIRECTOR	2 00 *****	X		0	0
JEFFREY RUDOLPH ***** DIRECTOR	2 00 *****	X		0	0
SILVIA SINGER ***** DIRECTOR	2 00 *****	X		0	0
BERT VESCOLANI ***** DIRECTOR	2 00 *****	X		0	0
LARRY DUBINSKI ***** MEMBER-AT-LARGE	2 00 *****	X		0	0

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

Compensated Employees and Independent Contractors							
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Individual trustee or director	Institutional trustee	Key employee	Highest compensated	
MATT FLEURY	2 00					0	0
..... MEMBER-AT-LARGE	.....	X				0	0
ALEXANDER ZWISSLER	2 00					0	0
..... MEMBER-AT-LARGE - UNTIL 10/2015	.....	X				0	0
ANTHONY ROCK	40 00					306,377	24,898
..... PRESIDENT AND CEO	.....	X	X				
JAMES ESTES	40 00					71,923	6,838
..... CONTROLLER - UNTIL 01/2016	.....		X				
LEAH SECUNDA	40 00					55,453	5,913
..... CONTROLLER - UNTIL 05/2015	.....		X				
WALTER STAVELOZ	40 00				X	117,728	12,256
..... DIRECTOR - INTERNATIONAL RELATIONS	.....						
JAMES BELL	40 00				X	110,170	15,205
..... PROJECT DIR & PRINCIPAL INVEST	.....						

2015

Open to Public  
Inspection**SCHEDULE A**  
**(Form 990 or  
990EZ)**Department of the  
Treasury  
Internal Revenue Service**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](http://www.irs.gov/form990).**Name of the organization**ASSOCIATION OF SCIENCE-TECHNOLOGY  
CENTERS INCORPORATED**Employer identification number**

52-1926756

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.  
 11  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  
 a  **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  **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  **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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization  
 f Enter 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))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) A amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and 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						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support test—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,844,944	3,446,408	2,524,228	2,699,042	3,264,942	15,779,564
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	2,000,127	1,907,096	2,005,669	2,019,999	2,042,981	9,975,872
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 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 to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	5,845,071	5,353,504	4,529,897	4,719,041	5,307,923	25,755,436
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						25,755,436

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	5,845,071	5,353,504	4,529,897	4,719,041	5,307,923	25,755,436
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102,672	92,331	114,159	115,870	96,917	521,949
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	102,672	92,331	114,159	115,870	96,917	521,949
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	9,640	20,537	18,601	7,276	17,679	73,733
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,064	21,483	804	1,510	1,230	32,091
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	5,964,447	5,487,855	4,663,461	4,843,697	5,423,749	26,383,209

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97 620 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	97 590 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1 980 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	2 050 %
<b>19a 33 1/3% support tests—2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓		
<b>b 33 1/3% support tests—2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

**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

	Yes	No
<b>1</b>		

**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)

<b>2</b>	

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

<b>3a</b>	
<b>3b</b>	

**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

<b>3c</b>	

**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use

<b>4a</b>	

**4a** Was any supported organization not organized in the United States ("foreign supported organization")?

If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below

<b>4b</b>	

**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

<b>4c</b>	

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?

If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

<b>4c</b>	

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year?

If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)

<b>5a</b>	

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

<b>5b</b>	

<b>5c</b>	

**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**.

<b>6</b>	

**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)

<b>7</b>	

**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)

<b>8</b>	

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

<b>9a</b>	

**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**.

<b>9b</b>	

**c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

<b>9c</b>	

**10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below

<b>10a</b>	

**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)

<b>10b</b>	

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** 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?

<b>11a</b>	

**b** A family member of a person described in (a) above?

<b>11b</b>	

**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**

<b>11c</b>	

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

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*

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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? *If "Yes," describe in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)*

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)*

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*

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a  The organization satisfied the Activities Test Complete **line 2** below

b  The organization is the parent of each of its supported organizations Complete **line 3** below

c  The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

**2 Activities Test Answer (a) and (b) below.**

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*

	Yes	No
2a		

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*

	Yes	No
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 of each of the supported organizations? *Provide details in Part VI*

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*

	Yes	No
3a		
3b		

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

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

**Section A - Adjusted Net Income**

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

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

**1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
**a** Average monthly value of securities  
**b** Average monthly cash balances  
**c** Fair market value of other non-exempt-use assets  
**d** **Total** (add lines 1a, 1b, and 1c)  
**e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
**2** Acquisition indebtedness applicable to non-exempt use assets  
**3** Subtract line 2 from line 1d  
**4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
**5** Net value of non-exempt-use assets (subtract line 4 from line 3)  
**6** Multiply line 5 by .035  
**7** Recoveries of prior-year distributions  
**8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

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

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in Part VI) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b>	Distributable amount for 2015 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7</b> <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

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

**Facts And Circumstances Test**

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2011 AMOUNT \$ 7,064 2012 AMOUNT \$ 21,483 2013 AMOUNT \$ 804 2014 AMOUNT \$ 1,510 2015 AMOUNT \$ 1,230

2015

Open to Public  
Inspection**SCHEDULE C**  
**(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

[www.irs.gov/form990](http://www.irs.gov/form990).**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization

ASSOCIATION OF SCIENCE-TECHNOLOGY

CENTERS INCORPORATED

Employer identification number

52-1926756

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ► \$ \_\_\_\_\_

3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No4a Was a correction made?  Yes  No

b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes  No

**4-Year Averaging Period Under section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	421,947	406,508	363,379	427,347	1,619,181
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,428,772
<b>c</b> Total lobbying expenditures	7,208	16,668	17,547	15,803	57,226
<b>d</b> Grassroots nontaxable amount	105,487	101,627	90,845	106,837	404,796
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					607,194
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers?
- b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c Media advertisements?
- d Mailings to members, legislators, or the public?
- e Publications, or published or broadcast statements?
- f Grants to other organizations for lobbying purposes?
- g Direct contact with legislators, their staffs, government officials, or a legislative body?
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i Other activities?
- j Total Add lines 1c through 1i

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

- b If "Yes," enter the amount of any tax incurred under section 4912
- c If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

**1** Dues, assessments and similar amounts from members

**2** Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid**).

**a** Current year

**b** Carryover from last year

**c** Total

**3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

**4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

**5** Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference Explanation

2015

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the  
Treasury  
Internal Revenue ServiceName of the organization  
ASSOCIATION OF SCIENCE-TECHNOLOGY  
CENTERS INCORPORATED

Employer identification number

52-1926756

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  
 Protection of natural habitat  
 Preservation of open space

Preservation of an historically important land area  
 Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
*(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

<b>c</b> Beginning balance	<b>d</b> Additions during the year	<b>e</b> Distributions during the year	<b>f</b> Ending balance
----------------------------	------------------------------------	--	-------------------------

		<b>Amount</b>
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	<b>(a)Current year</b>	<b>(b)Prior year</b>	<b>b (c)Two years back</b>	<b>(d)Three years back</b>	<b>(e)Four years back</b>
<b>1a</b> Beginning of year balance . . . . .	389,966	364,645	319,254	289,151	58,915
<b>b</b> Contributions . . . . .	25	25			215,913
<b>c</b> Net investment earnings, gains, and losses . . . . .	-1,351	25,296	48,391	32,603	14,323
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .			3,000	2,500	
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	388,640	389,966	364,645	319,254	289,151

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment ► 77 980 %

**b** Permanent endowment ► 12 440 %

**c** Temporarily restricted endowment ► 9 580 %

The percentages on lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

<b>3a(i)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3a(ii)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	<b>(a)</b> Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	<b>Accumulated (c)depreciation</b>	<b>(d)Book value</b>
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .	536,403	146,611	389,792	
<b>d</b> Equipment . . . . .	501,135	466,169	34,966	
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . ► 424,758

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

**Investments - Other securities**

(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		

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 12 )

## **Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13 )

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15.)

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25) ► 698,769

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	5,379,994
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-135,756
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-135,756
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	5,515,750
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	5,515,750

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	5,586,760
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	5,586,760
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	5,586,760

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	ASTC'S ENDOWMENTS CONSIST OF A BOARD-RESTRICTED QUASI-ENDOWMENT FUND AND A DONOR-RESTRICTED ENDOWMENT FUND. THE PURPOSE OF THE BOARD-RESTRICTED QUASI-ENDOWMENT FUND IS TO SUPPORT ASTC'S GENERAL OPERATIONS, PROGRAMS AND SERVICES. THE PURPOSES OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ARE TO INCREASE INTERNATIONAL MEMBERS' PARTICIPATION IN ASTC ACTIVITIES AND TO ADVANCE EXTRAORDINARY LEADERSHIP IN THE SCIENCE CENTER AND MUSEUM FIELD.

## **Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

SCHEDULE F  
(Form 990)

## Statement of Activities Outside the United States

2015

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

ASSOCIATION OF SCIENCE-TECHNOLOGY  
CENTERS INCORPORATED

Employer identification number

52-1926756

**Part I General Information on Activities Outside the United States.**

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

 Yes  No

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			484,534
b Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			484,534

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ►

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**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1)							
( 2)							
( 3)							
( 4)							
( 5)							
( 6)							
( 7)							
( 8)							
( 9)							
( 10)							
( 11)							
( 12)							
( 13)							
( 14)							
( 15)							
( 16)							
( 17)							
( 18)							

**Part IV Foreign Forms**

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No

**Part V****Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2	THERE IS A FORMAL CONTRACT WITH STATEMENT OF WORK SIGNED BETWEEN ASTC AND THE FOREIGN ENTITY. PERIODIC TELEPHONE CONFERENCES ARE HELD BETWEEN ASTC AND THE FOREIGN PARTICIPANTS WHERE THEY DESCRIBE THEIR ACTIVITIES RELATED TO THE GRANT. THE ENTITY MUST PRESENT BOTH AN INVOICE AND PROGRAMMATIC REPORT DESCRIBING THEIR ACTIVITIES PRIOR TO RECEIVING PAYMENT. IN ADDITION THERE IS A DELIVERABLE WHICH HAS BEEN AGREED UPON AND WHICH MUST BE COMPLETED BEFORE A SPECIFIC DEADLINE.

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR ALL EXPENDITURES

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART II, LINE 1	THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR GRANTS

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1926756

**Name:** ASSOCIATION OF SCIENCE-TECHNOLOGY  
CENTERS INCORPORATED

### 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
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	ASTC ANNUAL CONFERENCE	322,177
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		55,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		36,012

**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)	0	0	PROGRAM SERVICES	EXECUTE BIOTECH PROGRAM	34,718
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EXECUTE BIOTECH PROGRAM	21,627
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		15,000

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TO EXECUTE WORLD BIOGEN TOUR	25,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO EXECUTE WORLD BIOGEN TOUR	15,723	WIRE TRANSFER			
		NORTH AMERICA	TO EXECUTE WORLD BIOGEN TOUR	15,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TO EXECUTE WORLD BIOGEN TOUR	15,000	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TO EXECUTE WORLD BIOGEN TOUR	15,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO EXECUTE WORLD BIOGEN TOUR	10,289	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO EXECUTE WORLD BIOGEN TOUR	10,000	WIRE TRANSFER			

## Schedule I (Form 990)

## **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](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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Name of the organization

ASSOCIATION OF SCIENCE-TECHNOLOGY  
CENTERS INCORPORATED

**Employer identification number**

52-1926756

## **Part I General Information on Grants and Assistance**

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THERE IS A FORMAL CONTRACT WITH STATEMENT OF WORK SIGNED BETWEEN ASTC AND THE DOMESTIC ENTITY. PERIODIC TELEPHONE CONFERENCES ARE HELD BETWEEN ASTC AND THE DOMESTIC PARTICIPANTS WHERE THEY DESCRIBE THEIR ACTIVITIES RELATED TO THE GRANT. THE ENTITY MUST PRESENT BOTH AN INVOICE AND PROGRAMMATIC REPORT DESCRIBING THEIR ACTIVITIES PRIOR TO RECEIVING PAYMENT. IN ADDITION THERE IS A DELIVERABLE WHICH HAS BEEN AGREED UPON AND WHICH MUST BE COMPLETED BEFORE A SPECIFIC DEADLINE.

**Additional Data****Software ID:****Software Version:****EIN:** 52-1926756**Name:** ASSOCIATION OF SCIENCE-TECHNOLOGY  
CENTERS INCORPORATED**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALIFORNIA SCIENCE CENTER 700 EXPOSITION PARK DRIVE LOS ANGELES, CA 90037	95-2210527	501(C)(3)	26,700				VISTA PROGRAM
NEW YORK HALL OF SCIENCE 47-01 111TH STREET CORONA, NY 11368	11-2104059	501(C)(3)	26,236				VISTA PROGRAM
BISHOP MUSEUM 1525 BERNICE STREET HONOLULU, HI 96817	99-0161980	501(C)(3)	24,300				VISTA PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA BERKELEY'S LAWRENCE HALL OF SCIENCE 1 CENTENNIAL DRIVE 5200 BERKELEY, CA 94720	94-6002123	N/A	18,150				VISTA PROGRAM AND CREATIVITY GARDEN
CHABOT SPACE & SCIENCE CENTER 10000 SKYLINE BOULEVARD OAKLAND, CA 94619	94-3146233	501(C)(3)	14,100				VISTA PROGRAM AND CREATIVITY GARDEN
DISCOVERY CUBE 11800 FOOTHILL BOULEVARD LOS ANGELES, CA 91342	45-5191270	501(C)(3)	12,976				VISTA PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EXPLORATORIUM PIER 15 EMBARCADERO AT GREEN ST SAN FRANCISCO, CA 94111	94-1696494	501(C)(3)	8,100				VISTA PROGRAM
ADLER PLANETARIUM AND ASTRONOMY MUSEUM 1300 SOUTH LAKE SHORE DRIVE CHICAGO, IL 60605	36-6210902	501(C)(3)	6,000				CREATIVITY GARDEN
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BOULEVARD NASHVILLE, TN 37203	62-0479192	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AIR ZOO 6151 PORTAGE ROAD PORTAGE, MI 49002	38-2144402	501(C)(3)	6,000				CREATIVITY GARDEN
ANN ARBOR HANDS-ON MUSEUM 220 E ANN STREET ANN ARBOR, MI 48104	94-1262434	501(C)(3)	6,000				CREATIVITY GARDEN
ARIZONA SCIENCE CENTER 600 E WASHINGTON STREET PHOENIX, AZ 85004	86-0390558	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOSTON CHILDREN'S MUSEUM 308 CONGRESS STREET BOSTON, MA 02210	04-2103993	501(C)(3)	6,000				CREATIVITY GARDEN
BRUCE MUSEUM 1 MUSEUM DRIVE GREENWICH, CT 06830	23-7105904	501(C)(3)	6,000				CREATIVITY GARDEN
CADE MUSEUM FOUNDATION 904 S MAIN STREET GAINESVILLE, FL 32601	20-1884134	N/A	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAPE FEAR MUSEUM 814 MARKET STREET WILMINGTON, NC 28401	23-7210395	501(C)(3)	6,000				CREATIVITY GARDEN
CARNEGIE SCIENCE CENTER 1 ALLEGHENY AVENUE PITTSBURGH, PA 15212	25-0965280	501(C)(3)	6,000				CREATIVITY GARDEN
CENTER FOR AQUATIC SCIENCES 1 RIVERSIDE DRIVE CAMDEN, NJ 08103	52-1647018	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRO CRIOLLO DE CIENCIA Y TECNOLOGIA 59 GAUTIER AVENUE CAGUAS, PR 00725	66-0703415	501(C)(3)	6,000				CREATIVITY GARDEN
CHILDREN'S CREATIVITY MUSEUM 221 FOURTH STREET SAN FRANCISCO, CA 94103	94-3178735	501(C)(3)	6,000				CREATIVITY GARDEN
CHILDREN'S MUSEUM OF ILLINOIS 55 S COUNTRY CLUB ROAD DECATUR, IL 62521	37-1235904	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S MUSEUM OF PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 15212	25-1379704	501(C)(3)	6,000				CREATIVITY GARDEN
CHILDREN'S SCIENCE CENTER 2214 ROCK HILL ROAD SUITE 380 HERNDON, VA 20170	90-0168625	501(C)(3)	6,000				CREATIVITY GARDEN
COCA-COLA SPACE SCIENCE CENTER 701 FRONT AVENUE COLUMBUS, GA 31901	58-6011208	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BOULEVARD HARTFORD, CT 06103	06-1538101	501(C)(3)	6,000				CREATIVITY GARDEN
CORNING MUSEUM OF GLASS ONE MUSEUM WAY CORNING, NY 14830	16-0764349	501(C)(3)	6,000				CREATIVITY GARDEN
CURIODYSSEY 1651 COYOTE POINT DRIVE SAN MATEO, CA 94401	94-1262434	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DELAWARE MUSEUM OF NATURAL HISTROY 4840 KENNETH PIKE WILMINGTON, DE 19807	51-0083535	501(C)(3)	6,000				CREATIVITY GARDEN
DISCOVERY CENTER AT MURFREE SPRING 502 SE BROAD STREET MURFREESBORO, TN 37130	62-1273308	501(C)(3)	6,000				CREATIVITY GARDEN
DISCOVERY CENTER MUSEUM OF ROCKFORD 711 N MAIN STREET ROCKFORD, IL 61103	36-3292135	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DISCOVERY CENTER OF IDAHO 131 W MYRTLE STREET BOISE, ID 83702	94-3047492	501(C)(3)	6,000				CREATIVITY GARDEN
DISCOVERY MUSEUM AND PLANETARIUM 4450 PARK AVENUE BRIDGEPORT, CT 06604	06-0740527	501(C)(3)	6,000				CREATIVITY GARDEN
DISCOVERY PLACE 301 N TYRON STREET CHARLOTTE, NC 28202	56-0529944	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ECHO LAKE AQUARIUM AND SCIENCE CENTER ONE COLLEGE STREET BURLINGTON, VT 05401	03-0347288	501(C)(3)	6,000				CREATIVITY GARDEN
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604	04-2105868	501(C)(3)	6,000				CREATIVITY GARDEN
EXPLORA OF ALBUQUERQUE 1701 MOUNTAIN ROAD NW ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EXPLORATION PLACE OF SEDGWICK COUNTRY 300 N MCLEAN BOULEVARD WICHITA, KS 67203	48-1000295	501(C)(3)	6,000				CREATIVITY GARDEN
FRANKLIN INSTITUTE 222 N 20TH STREET PHILADELPHIA, PA 19103	23-1370501	501(C)(3)	6,000				CREATIVITY GARDEN
GARDEN STATE DISCOVERY MUSEUM CENTER FOR LEARNING ARTS 2040 SPRINGDALE ROAD CHERRY HILL, NJ 08003	22-3410864	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GATEWAY TO SCIENCE CENTER 1810 SCHAFER STREET BISMARCK, ND 58501	45-0443517	501(C)(3)	6,000				CREATIVITY GARDEN
GROUT MUSEUM DISTRICT 503 SOUT STREET WATERLOO, IA 50701	42-1333059	501(C)(3)	6,000				CREATIVITY GARDEN
GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101	01-0504905	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HAGLEY MUSEUM AND LIBRARY PO BOX 3630 WILMINGTON, DE 19807	51-0070531	501(C)(3)	6,000				CREATIVITY GARDEN
INTERNATIONAL MUSEUM OF ART AND SCIENCE 1900 W NOLANA AVENUE MCALLEN, TX 78504	74-6084228	501(C)(3)	6,000				CREATIVITY GARDEN
KANSAS CITY SCIENCE CENTER 30 W PERSHING SUITE 400 KANSAS CITY, MO 64108	43-0967292	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KENTUCKY SCIENCE CENTER 727 W MAIN STREET LOUISVILLE, KY 40202	31-1005850	501(C)(3)	6,000				CREATIVITY GARDEN
KIDSPACE CHILDREN'S MUSEUM 480 N ARROYO BOULEVARD PASADENA, CA 91103	95-3501213	501(C)(3)	6,000				CREATIVITY GARDEN
LAKE SUPERIOR ZOO 7210 FREMONT STREET DULUTH, MN 55807	41-0944885	501(C)(3)	6,000				CREATIVITY GARDEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LANDER CHILDREN'S MUSEUM 465 LINCOLN STREET LANDER, WY 82520	83-0323552	501(C)(3)	6,000				CREATIVITY GARDEN
LIVING ARTS AND SCIENCE CENTER 362 N MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	61-0675663	501(C)(3)	6,000				CREATIVITY GARDEN
LOUISIANA ARTS AND SCIENCE CENTER 100 RIVER ROAD SOUTH BATON ROUGE, LA 70802	72-0542138	501(C)(3)	6,000				CREATIVITY GARDEN

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

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MARBLES KIDS MUSEUM 201 E HARGETT STREET RALEIGH, NC 27601	58-1647538	501(C)(3)	6,000				CREATIVITY GARDEN
MARYLAND SCIENCE CENTER 600 LIGHT STREET BALTIMORE, MD 21230	52-0668166	501(C)(3)	6,000				CREATIVITY GARDEN
MCWANE SCIENCE CENTER 200 19TH STREET NORTH BIRMINGHAM, AL 35203	58-1933712	501(C)(3)	6,000				CREATIVITY GARDEN

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

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MONTSHIRE MUSEUM OF SCIENCE ONE MONTSHIRE ROAD NORWICH, VT 05055	23-7376772	501(C)(3)	6,000				CREATIVITY GARDEN
MUSEUM OF DISCOVERY AND SCIENCE INC 401 SW SECONT STREET FORT LAUDERDALE, FL 33312	59-1709542	501(C)(3)	6,000				CREATIVITY GARDEN
MUSEUM OF INNOVATION AND SCIENCE 15 NOTT TERRANCE HEIGHTS SCHENECTADY, NY 12308	14-1443197	501(C)(3)	6,000				CREATIVITY GARDEN

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

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MUSEUM OF LIFE AND SCIENCE 433 MURRAY AVENUE DURHAM, NC 27704	56-0938434	501(C)(3)	6,000				CREATIVITY GARDEN
MUSEUM OF SCIENCE AND INDUSTRY 4801 E FOWLER AVENUE TAMPA, FL 33617	59-2657399	501(C)(3)	6,000				CREATIVITY GARDEN
MUSEUM OF SCIENCE ONE SCIENCE PARK BOSTON, MA 02114	04-2103916	501(C)(3)	6,000				CREATIVITY GARDEN

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

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MUSEUM OF SCIENCE AND HISTORY 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207	59-0651090	501(C)(3)	6,000				CREATIVITY GARDEN
NORTH MUSEUM OF NATURE AND SCIENCE 400 COLLEGE AVENUE LANCASTER, PA 17603	23-2716461	501(C)(3)	6,000				CREATIVITY GARDEN
ORLANDO SCIENCE CENTER 777 E PRINCETON STREET ORLANDA, FL 32803	59-0896343	501(C)(3)	6,000				CREATIVITY GARDEN

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

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PALOUSE DISCOVERY SCIENCE CENTER 950 NE NELSON COURT PULLMAN, WA 99163	82-0523927	501(C)(3)	6,000				CREATIVITY GARDEN
PENSACOLA MESS HALL 116 N TARRAGONA STREET PENSACOLA, FL 32502	45-5211853	501(C)(3)	6,000				CREATIVITY GARDEN
PEORIA RIVERFRONT MUSEUM 222 SW WASHINGTON STREET PEORIA, IL 61602	27-2920016	501(C)(3)	6,000				CREATIVITY GARDEN

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

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POWERHOUSE SCIENCE CENTER 1333 CAMINO DEL RIO DURANGO, CO 81301	84-1310757	501(C)(3)	6,000				CREATIVITY GARDEN
PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	6,000				CREATIVITY GARDEN
PUTNAM MUSEUM AND SCIENCE CENTER 1717 W 12TH STREET DAVENPORT, IA 52804	42-0680474	501(C)(3)	6,000				CREATIVITY GARDEN

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REUBEN H FLEET SCIENCE CENTER PO BOX 33303 SAN DIEGO, CA 92163	95-6066250	501(C)(3)	6,000				CREATIVITY GARDEN
ROCHESTER MUSEUM & SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607	16-0794131	501(C)(3)	6,000				CREATIVITY GARDEN
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING PARKWAY DES MOINES, IA 50309	42-6097912	501(C)(3)	6,000				CREATIVITY GARDEN

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SCIENCE CENTRAL 1950 N CLINTON STREET FORT WAYNE, IN 46805	31-1032583	501(C)(3)	6,000				CREATIVITY GARDEN
SCIENCE FACTORY CHILDREN'S MUSEUM 2300 LEO HARRIS PARKWAY EUGENE, OR 97401	93-0688763	501(C)(3)	6,000				CREATIVITY GARDEN
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BOULEVARD ST PAUL, MN 55102	41-0706172	501(C)(3)	6,000				CREATIVITY GARDEN

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SCIENCE PLAY-SPACE INITIATIVE SPI 227 S MAIN STREET MOUNT VERNON, OH 43050	45-4592640	501(C)(3)	6,000				CREATIVITY GARDEN
SCIENCE SPECTRUM 2579 S LOOP 289 250 LUBBOCK, TX 79423	75-2184555	501(C)(3)	6,000				CREATIVITY GARDEN
SCIENCENTER 601 FIRST STREET ITHACA, NY 14850	22-2470652	501(C)(3)	6,000				CREATIVITY GARDEN

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SCI-PORT LOUISIANA'S SCIENCE CENTER 820 CLYDE FANT PARKWAY SHREVEPORT, LA 71101	72-1136273	501(C)(3)	6,000				CREATIVITY GARDEN
SPACE FOUNDATION 4425 ARROWSWEST DRIVE COLORADO SPRINGS, CO 80907	31-1653556	501(C)(3)	6,000				CREATIVITY GARDEN
ST LOUIS SCIENCE CENTER FOUNDATION 5050 OAKLAND AVENUE ST LOUIS, MO 63110	43-1496632	501(C)(3)	6,000				CREATIVITY GARDEN

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TECH MUSEUM OF INNOVATION 201 S MARKET STREET SAN JOSE, CA 95113	94-2864660	501(C)(3)	6,000				CREATIVITY GARDEN
THE BAKKEN 3537 ZENITH AVENUE SOUTH MINNEAPOLIS, MN 55416	51-0175508	501(C)(3)	6,000				CREATIVITY GARDEN
THE LEONARDO 209 E 500 SOUTH STREET SALT LAKE CITY, UT 84111	48-1268355	501(C)(3)	6,000				CREATIVITY GARDEN

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THE MUSE KNOXVILLE PO BOX 6204 516 N BEAMAN STREET KNOXVILLE, TN 37914	23-7039472	501(C)(3)	6,000				CREATIVITY GARDEN
THE SPRINGS PRESERVE 333 S VALLEY VIEW BOULEVARD LAS VEGAS, NV 89107	88-0412966	501(C)(3)	6,000				CREATIVITY GARDEN
THE TOWN OF NORMAL'S CHILDREN'S DISCOVERY MUSEUM 101 E BEAUFORT STREET NORMAL, IL 61761	37-1288369	501(C)(3)	6,000				CREATIVITY GARDEN

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TOLEDO SCIENCE CENTER 1 DISCOVERY WAY TOLEDO, OH 43604	31-1337258	501(C)(3)	6,000				CREATIVITY GARDEN
TUCSON CHILDREN'S MUSEUM 200 S SIXTH AVENUE TUCSON, AZ 85701	86-0676237	501(C)(3)	6,000				CREATIVITY GARDEN
TURTLE BAY EXPLORATION PARK 1335 ARBORETUM DRIVE SUITE A REDDING, CA 96003	68-0236299	501(C)(3)	6,000				CREATIVITY GARDEN

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VIRGINIA LIVING MUSEUM 524 J CLYDE MORRIS BOULEVARD NEWPORT NEWS, VA 23601	54-6055922	501(C)(3)	6,000				CREATIVITY GARDEN
VIRGINIA MUSEUM OF NATURAL HISTORY 21 STARLING AVENUE MARTINSVILLE, VA 24112	52-1356848	501(C)(3)	6,000				CREATIVITY GARDEN

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)**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](http://www.irs.gov/form990).Department of the  
Treasury  
Internal Revenue ServiceName of the organization  
ASSOCIATION OF SCIENCE-TECHNOLOGY  
CENTERS INCORPORATED

Employer identification number

52-1926756

**Part I Questions Regarding Compensation****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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

Yes No

**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

1b

**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

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

3

**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

4a No

**a** Receive a severance payment or change-of-control payment?

4b No

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c No

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

5

**5** 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

5a No

**a** The organization?

5b No

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6a 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

6b No

**a** The organization?

7 Yes

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

8 No

**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

9

**8** Were any amounts reported on Form 990, Part VII, paid or accrued 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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**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 J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

<b>(A)</b> Name and Title	<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred benefits	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
	<b>(i)</b> Base compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>1</b> ANTHONY ROCK PRESIDENT AND CEO	(i) 277,877 ----- 0	(ii) 28,500 ----- 0	(iii) 0 ----- 0	(C) Retirement and other deferred benefits 24,000 ----- 0	(D) Nontaxable benefits 898 ----- 0	(E) Total of columns (B)(i)-(D) 31,275 ----- 0	(F) Compensation in column (B) reported as deferred on prior Form 990 0 ----- 0

**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.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 7	FOR THE YEAR ENDED DECEMBER 31, 2015, ASTC AWARDED A NON-FIXED BONUS PAYMENT TO ANTHONY ROCK, THE PRESIDENT AND CEO, IN THE AMOUNT OF \$28,500. THE PAYMENT WAS DETERMINED BASED ON AN APPRAISAL OF HIS PERFORMANCE.

**SCHEDULE O**  
**(Form 990 or**  
**990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

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

**2015****Open to Public  
Inspection**Name of the organization  
ASSOCIATION OF SCIENCE-TECHNOLOGY  
CENTERS INCORPORATED**Employer identification number**  
52-1926756

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ASTC IS A PROFESSIONAL MEMBERSHIP ASSOCIATION WITH MORE THAN 540 MEMBERS IN 40 COUNTRIES ASTC HAS THREE CLASSES OF MEMBERS WHICH ARE SCIENCE CENTER AND MUSEUM MEMBERS, SUSTAINING MEMBERS, AND GOVERNING MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER REPRESENTATIVE OF A GOVERNING MEMBER IS ENTITLED TO PARTICIPATE IN MEETINGS AND CAST ONE VOTE ON BEHALF OF ITS GOVERNING MEMBERS ON CORPORATION MATTERS BROUGHT TO THE MEMBERSHIP FOR A VOTE ASTC'S BOARD OF DIRECTORS ARE ELECTED BY MAIL-IN BALLOT IN ADVANCE OF THE REGULAR ANNUAL MEETING BY A MAJORITY VOTE OF THE GOVERNING MEMBER REPRESENTATIVES NOMINEES FOR THE POSITION OF DIRECTOR ARE SELECTED FROM THE GOVERNING MEMBER REPRESENTATIVES BY THE NOMINATING COMMITTEE OR BY WRITTEN DESIGNATION OF ANY FIVE GOVERNING MEMBER REPRESENTATIVES MEMBER REPRESENTATIVES OF SCIENCE CENTER AND MUSEUM MEMBERS AND SUSTAINING MEMBERS ARE NOT ENTITLED TO VOTE ON CORPORATION MATTERS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FEDERAL FORM 990, PREPARED BY THE AUDIT FIRM, IS SUBMITTED TO THE ASTC STAFF, WHO FORWARDS IT VIA E-MAIL TO THE FINANCE & AUDIT COMMITTEE MEMBERS FOR REVIEW. THE COMMITTEE THEN CONDUCTS A CONFERENCE CALL TO DISCUSS THE FEDERAL FORM 990 AND ITS VARIOUS SECTIONS. STAFF PREPARES A FORM DOCUMENT WITH SPECIFICS OF THE COMMITTEE'S REVIEW, INCLUDING AGREEMENT WITH THE INFORMATION PRESENTED, AND FORWARDS IT TO COMMITTEE MEMBERS FOR THEIR ELECTRONIC SIGNATURE. THE DRAFT FEDERAL FORM 990 ACCOMPANIED BY REVIEW COMMENTS IS THEN E-MAILED TO BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL. ONCE ALL COMMENTS HAVE BEEN RECEIVED AND REVIEWED AND ANY NECESSARY CHANGES HAVE BEEN MADE BY THE AUDIT FIRM, ASTC APPROVES THE FINAL VERSION OF THE FEDERAL FORM 990 TO BE E-FILED WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL ACTUAL AND POTENTIAL CONFLICTS OF INTEREST SHALL BE DISCLOSED BY BOARD MEMBERS TO THE ASTC EXECUTIVE COMMITTEE THROUGH THE ANNUAL DISCLOSURE FORM AND/OR WHENEVER AN ACTUAL OR POTENTIAL CONFLICT ARISES AS DISCOVERED THROUGH THE MONITORING OF CONTRACTS. THE DISINTERESTED MEMBERS OF THE EXECUTIVE COMMITTEE SHALL MAKE A DETERMINATION AS TO WHETHER A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IS APPROPRIATE (IF ANY). THE EXECUTIVE COMMITTEE SHALL INFORM THE BOARD OF SUCH DETERMINATION AND ACTION. THE BOARD OF DIRECTORS SHALL RETAIN THE RIGHT TO MODIFY OR REVERSE SUCH DETERMINATION AND ACTION, AND SHALL RETAIN THE ULTIMATE ENFORCEMENT AUTHORITY WITH RESPECT TO THE INTERPRETATION AND APPLICATION OF THIS POLICY.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>PRESIDENT AND CEO THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE PRESIDENT AND CEO'S ATTAINMENT OF MUTUALLY AGREED UPON PERFORMANCE OBJECTIVES THE PERSONNEL COMMITTEE DETERMINES WHETHER AND TO WHAT EXTENT THE PRESIDENT AND CEO HAS ACHIEVED THE PERFORMANCE OBJECTIVES SUBJECT TO REVIEW AND APPROVAL OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE DETERMINES ANY SALARY INCREASE BASED ON THE RESULTS OF THE PERFORMANCE EVALUATION THE DIRECTOR OF ADMINISTRATION AND HUMAN RESOURCES PROVIDES THE EXECUTIVE COMMITTEE WITH COMPARABLE COMPENSATION INFORMATION THE CHAIR DOCUMENTS IN WRITING THE RESULTS OF THE PERFORMANCE REVIEW AND THE BASIS FOR ANY DECISION TO INCREASE COMPENSATION THE LAST COMPENSATION REVIEW WAS PERFORMED IN NOVEMBER 2015 ALL OTHER EMPLOYEES ALL EMPLOYEES RECEIVE A PERFORMANCE APPRAISAL BY THEIR SUPERVISOR ANNUALLY THE REVIEW PROCESS INCLUDES SETTING PERFORMANCE OBJECTIVES FOR THE COMING YEAR AND ASSESSING ATTAINMENT OF PREVIOUS OBJECTIVES A WRITTEN RECORD OF THE REVIEW IS SIGNED BY THE EMPLOYEE, THE SUPERVISOR, AND THE PRESIDENT AND CEO ONE COPY IS GIVEN TO THE EMPLOYEE AND ONE IS KEPT IN ASTC'S PERSONNEL FILES THE EMPLOYEE'S PERFORMANCE IS ONE BASIS FOR A MERIT INCREASE AT LEAST BIANNUALLY, THE DIRECTOR OF ADMINISTRATION AND HUMAN RESOURCES REVIEWS COMPENSATION LEVELS FOR COMPARABLE POSITIONS AND MAKES ANY NEEDED ADJUSTMENTS IN SALARY RANGES</p>

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	ASTC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	HONORARIA PROGRAM SERVICE EXPENSES 37,993 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 37,993 SUBCONTRACTS - CAISE GRANT PROGRAM SERVICE EXPENSES 85,883 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 85,883 SUBCONTRACTS - VISTA VOLUNTEER PROGRAM PROGRAM SERVICE EXPENSES 195,554 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 195,554 CONSULTANTS - DIMENSIONS PROGRAM PROGRAM SERVICE EXPENSES 45,603 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 45,603 CONSULTANTS - RESEARCH PROGRAM SERVICE EXPENSES 7,307 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,307 CONSULTANTS - CONFERENCE PROGRAM SERVICE EXPENSES 21,525 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,525 OTHER CONSULTANTS PROGRAM SERVICE EXPENSES 270,385 MANAGEMENT AND GENERAL EXPENSES 17,276 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 287,661