** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047 මුව්මේක් කොටම

Form 990 (2013)

Department of the Treasury

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

Inspection A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014 Check if applicable C Name of organization D Employer identification number Address change SCIENCE CENTER OF IOWA Name change Doing Business As 42-6097912 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-401 W. MARTIN LUTHER KING PARKWAY 515-274-6868 Amende City or town, state or province, country, and ZIP or foreign postal code 6,023,561. G Gross receipts \$ Applica-DES MOINES, IA 50309 H(a) is this a group return F Name and address of principal officer:MICHAEL GIUDICESST for subordinates? ____Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.SCIOWA.ORG H(c) Group exemption number K Form of organization X Corporation Trust Association Other > L Year of formation: 1970 M State of legal domicile: IA Part | Summary Briefly describe the organization's mission or most significant activities. TO INSPIRE SCIENTIFIC Activities & Governance EXPLORATION THROUGH INTERACTIVE EDUCATION, EXHIBTS, AND PROGRAMS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 19 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 160 Total number of volunteers (estimate if necessary) 299 6 7 a Total unrelated husiness revenue from Part VIII, column (C), line 12 125,926. b Net unrelated business taxable income from Form 990-T, line 34 -10,308.**Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,431,523. Revenue 1,935,076. Program service revenue (Part VIII, line 2g) 2,870,822. 2,764,074. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 88,326. 71,895. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 321,676. 220,666. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,712,347. 4,991,711. Grants and similar amounts paid (Part IX, column (A), lines 1:3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,271,314. 2,311,902. 16a Professional fundralsing fees (Part IX, column (A), line 11e) 0 b Total fundreising expenses (Part IX, column (D), line 25) > 502,641. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,624,079. 3,810,160. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,895,393. 6,122,062. Revenue less expenses. Subtract line 18 from line 12 -1,183,046.-1,130,351.Assets or Balances **Beginning of Current Year** End of Year 42,457,879. 20 Total assets (Part X, line 16) 41,481,337. 21 Total liabilities (Part X, line 26) Feet/ 5,340,154. 5,378,057. Net assets or fund balances. Subtract line 21 from line 20 37,117,725. 36,103,280. 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 Signature of officer Sign Date MICHAEL GIUDICESSI, CHAIR OF THE BOARD OF DIRECTORS Here Type or print name and title Print/Type preparer's name Date Preparer's signature Paid JAMES J. HINGTGEN P01301731 Firm's name DENMAN & COMPANY, LLP Preparer 42-0794029 Firm's EIN Firm's address 1601 22ND STREET, SUITE 400 Use Only WEST DES MOINES, IA 50266-1453 Phone no 515-225-8400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No 832001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2013) SCIENCE CENTER OF IOWA 42-6097912 Page 2
₽ĕ	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 SCIENCE CENTER OF IOWA ENGAGES AND INSPIRES IOWANS ALONG THEIR JOURNEY OF LIFELONG SCIENCE LEARNING.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
9	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 \$414,173. including grants of \$) (Revenue \$1,038,177.)
	EXHIBITS: THE SCIENCE CENTER OF IOWA HAS BEEN PART OF THE CULTURAL
	COMMUNITY OF IOWA SINCE OPENING IN 1970. THE CURRENT, 110,000 SQUARE FOOT SCIENCE CENTER OF IOWA FACILITY OPENED IN DOWNTOWN DES MOINES IN
	2005 AND HOUSES OVER 30,000 SQUARE FEET OF ENGAGING EXHIBIT AREAS WHERE
	VISITORS CAN EXPLORE, LEARN, AND DISCOVER THROUGH HANDS-ON INTERACTION
	WITH SCIENCE AND TECHNOLOGY FOCUSED EXHIBITS. THE FACILITY ALSO
	INCLUDES AN ADDITIONAL EXHIBIT HALL THAT HOSTS BOTH TRAVELING EXHIBITS
	AND SPECIAL EVENTS. IN ADDITION, SCI HOUSES THE JOHN DEERE ADVENTURE
	THEATER FEATURING LIVE SCIENCE THEATER PERFORMANCES AND THE STAR
	THEATER PLANETARIUM WHICH FEATURES ASTRONOMY PROGRAMS AND SHOWS.
	417 144
4b	(Code) (Expenses \$ 417,144. including grants of \$) (Revenue \$ 333,394.) IMAX THEATER: THE SCIENCE CENTER OF IOWA FEATURES CENTRAL IOWA'S ONLY
	IMAX THEATER PRESENTING DOCUMENTARY FILMS IN SUPPORT OF THE EDUCATION
	MISSION. THE 216 SEAT SCI BLANK IMAX DOME THEATER FEATURES THE WORLD'S
	LARGEST FILM FORMAT IN THE 70-FOOT DOME, WHICH IS SUPPORTED BY A STATE
	OF THE ART 12,000 WATT DIGITAL SURROUND SOUND SYSTEM.
	
4c	(Code) (Expenses \$ 1,129,517. including grants of \$) (Revenue \$ 427,688.)
	EDUCATION: THE SCIENCE CENTER OF IOWA PROVIDES ENGAGING AND INSPIRING
	STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) EDUCATIONAL PROGRAMS
	TO SCHOOLS, GROUPS, AND THE GENERAL PUBLIC. THESE INTERACTIVE PROGRAMS
	AND DEMOSTRATIONS ARE PROVIDED DAILY TO VISITORS IN THE EXHIBIT AREAS, THEATERS, AND IN CLASSROOMS LOCATED IN THE IOWA LEARNING CENTER WING OF
	THE SCIENCE CENTER OF IOWA. EDUCATIONAL PROGRAMS ARE ALSO DELIVERED
	THROUGH SCI SUMMER CAMPS, THE SCI OUTREACH FROGRAM, AND THROUGH
	ADDITIONAL WORKSHOPS, EVENTS, AND CLASSES OFFERED TO PRESCHOOL-AGED
	CHILDREN THROUGH ADULT AUDIENCES. FURTHER, SCIENCE CENTER OF IOWA
	DELIVERS SCIENCE FOCUSED EDUCATION PROGRAMS THROUGH THE SCI PRESCHOOL
	WHICH OPENED IN 1971.
4d	Other program services (Describe in Schedule O.)
	Expenses \$ 3,328,920. including grants of \$) (Revenue \$ 944,032.)
4e	otal program service expenses ► 5,289,754.
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			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			17
4	public office? If "Yes," complete Schedule C, Part I		-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effectiving the tox year? If "You " complete Schooling C. Rest !!			v
5	during the tax year? If "Yes," complete Schedule C, Part II	4	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		W.
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	+-	X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part is			X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	8	-	1^
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		-	
	Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_	 	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	1	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			1.0
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1		
	Part VI	11a	Х	
l;	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
¢	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
ė	The state of the s	11e	Х	
f	The first addiesses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	l	,	
Ь	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	100		**
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a		13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part Viti. lines		1	 -
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19	_ 1	X
!0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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500 300			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K, If "No", go to line 25a	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24¢		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
Ь	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
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		X
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):	~ ^(*)	13.0	1
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	A	+
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
-	contributions? If "Yes," complete Schedule M	30		Α.
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 0,		<u></u>
02	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.1	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	
		F	000	/2013

Form 990 (2013) SCIENCE CENTER OF IOWA 42-6097912 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 No 1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable 3 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return __________2a 160 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b if "Yes." has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O X 4a 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)? X 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c if "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . X 7c d if "Yes," indicate the number of Forms 8282 filed during the year _7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 78 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 14a Did the caganization receive any payments for indoor tanning services during the tax year?

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule D

Form 990 (2013)

X

Form 990 (2013) SCIENCE CENTER OF LOWA

Fait W Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b belo Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			***********
	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		V		**************************************
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
~		2		X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			Α.
3				X
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				.,,
	more members of the governing body?	7a		<u>X</u>
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	Bb	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, If any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	1	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	28		344
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7		
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			a'
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filled NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) a	wailshi	۵	
	for public inspection. Indicate how you made these available. Check all that apply.	TUIDU	•	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	ial	
	statements available to the public during the tax year.	a milani	-IEL!	
	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion:		
	CINDY MITCHELL-KNISS - 515-274-6868	NOTE:	_	-
	401 M.L.KING PARKWAY, DES MOINES, IA 50309			
	TAT TIPLITING TUNGUIST, DEG MOTHER, TW 20202	-	000	

332006 10-29-13

Form **990** (2013)

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization		d or	gani	zatio			pen	sat		director, or trustee.	
(A)	(B)			ь.	(C)				(D)	(E)	(F)
Name and Title	Average		to not	chec		ore th			Reportable	Reportable	Estimated amount of
	hours per		ox, un						compensation	compensation	
	week (list any	-	-	Τ			,	from the	from related	other	
	hours for	or dinoto				-			organization	organizations (W-2/1099-MISC)	compensation from the
	related	1 2	83 12			a siste			(W-2/1099-MISC)	(***27 1055* WIGO)	organization
	organization	s }	Institutional Instin	1	ą	Highest compensated			,,		and related
	below \frac{2}{5}	info	1	Key amalayaa	mestic and	8	191			organizations	
	line)		ST	Sept.	1	E E	E	Former			
(1) MIKE GIUDICESSI	2.00										
CHAIRMAN		X		X		_	_		0.	0.	0
(2) STEVEN CAPPAERT	2.00	_						ŀ			
SECRETARY/TREASURER/CHAIR		X		X			\perp		0.	0.	0
(3) TODD SENNE	2.00			1							
CHAIR EXTERNAL AFFAIRS		X		X		\perp	⊥		0.	0.	0
(4) LAURA HIGGINS	1.00	_									
DIRECTOR		X							0.	0.	0
(5) KIM AUSTEN	1.00	_									
DIRECTOR		X				\perp			0.	0.	0
(6) LISA BANKER	1.00	1									
DIRECTOR		X					┸		0	0.	0
(7) SHONTAVIA JOHNSON	1.00							1			
DIRECTOR		X		L			┸		0.	0.	0
(8) DOUGLAS A. FICK	1.00							-			
DIRECTOR		X		L		┸			0.	0.	0.
(9) DR. ANGELA L. WALKER FRANKLIN	1.00										
DIRECTOR		X					\perp	\perp	0.	0.	0.
(10) DR. ELIZABETH HOFFMAN	1.00										
DIRECTOR		X					\perp		0.	0.	0.
(11) TOM HUTCHINS	1.00										
DIRECTOR		Х				$oxed{oxed}$			0.	0.	0.
(12) MATT JUFFER	1.00							-			
DIRECTOR		X							0.	0.	0.
(13) DR. CHRISTOPHER NELSON	1.00										
DIRECTOR		X							0.	0.	0.
(14) SHELDON S. OHRINGER	1.00					П	1				
DIRECTOR		X		j					0.	0.	0.
15) SID RAMSEY	2.00							T			
HIAR GOVERNANCE		X		Х					0.	0.	0.
16) JOHN TEEPLE	1.00							T			<u> </u>
IRECTOR		X							0.	0.	0.
17) ANN SELZER	1.00							T			
IRECTOR		X							0.	0.	0.
32007 10-29-13								_			000 /301 3

Section A. Onicers, Directors, 1105		pio	/662			igne	SIU	ompensated Employe	es (conunaea)	1
(A)	(B)				C) sition	,		(D)	(E)	(F)
Name and title	Average hours per			neck	more	than is bo		Reportable compensation	Reportable compensation	Estimated amount of
	week					Divirus		from	from related	other
	(list any	ector		1		1		the	organizations	compensation
	hours for	9	l g			ated		organization	(W-2/1099-MISC)	from the
	related organizations	Usite	Tast		, se	Sugar,		(W-2/1099-MISC)		organization
	below	Individual trustae or director	Institutional trustee	L	key employee	steam				and related organizations
	line)	Indivi	lige Egg	Officer	Keyer	Highest compensated employee	Fg			- Sigui iizations
(18) JEFFREY THOMPSON	1.00									
DIRECTOR		X						0	0.	0.
(19) JONATHAN WICKERT	1.00									
DIRECTOR		X	ļ	<u> </u>		_		0.	0.	0.
(20) CURT SIMMONS	40.00	ļ								
PRESIDENT/CEO				Х		_		129,580.	0.	841.
		-								
		-				-				
		-	-							
			İ		_					
								100 500		
1b Sub-total								129,580.	0.	841.
c Total from continuation sheets to Part VII								129,580.	0.	841.
d Total (add lines 1b and 1c)										841.
compensation from the organization	ot minited to th	030	libid	u ai	JO 4 C	2) WII	10 10	scelved mote man \$100.	oou or reportable	1
										Yes No
3 Did the organization list any former officer.	director, or tru	stee	, ke	y en	nplo	yee,	or h	nighest compensated en	nployee on	
line 1a? If "Yes," complete Schedule J for st										3 X
4 For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	tion	and	oth	er compensation from t	he organization	
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," comp Section B Independent Contractors	olete Schedule	Jfe	oi su	ich r	oers	on .	is inject	************	**** 4 4 ******************************	5 X
	·									
1 Complete this table for your five highest con the organization. Report compensation for t	npensated ind	epe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation from
(A)	ne calendar ye	ar e	indir	ig w	ıın ç	or wr	inin T	the organization's tax y	ear.	(0)
Name and business	address	NC	NE					Description of se	ervices C	(C) ompensation
							\top			
							\perp			
							-			
							-			
2 Total number of independent contractors (in-	cludina but no	t lice	ited	to t	hose	e liet	ed s	above) who received mo	re than	
\$100,000 of compensation from the organiza		1 1		*	0				TO UIGH	
							_			Form 990 (2013)
32008									•	WHI 664 (5019)

Page 8

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections
512 - 514 Related or Total revenue exempt function business revenue revenue Gifts, Grants 1 a Federated campaigns b Membership dues 1b c Fundraising events 143,000. 1c d Related organizations 1d Contributions, (and Other Simi e Government grants (contributions) 328,843. f All other contributions, gifts, grants, and similar amounts not included above 463,233 318,803. 9 Noncesh coninbutions included in lines 1s-1f.\$ 935,076 h Total, Add lines 1a-1f Business Code 2 a ADMISSIONS Program Service Revenue 611600 038,177. 038,177 b PRESCHOOL TUITION 611600 531,344. 531,344 . MEMBERSHIP DUES 900099 487,030. 487,030 d SCHOOL PROGRAMS 611600 427,688. 427,688. e PARKING RAMP 812930 279,835. 153,909. 125,926 f All other program service revenue g Total. Add lines 2a-2f 764,074. Investment income (including dividends, interest, and other similar amounts) 64,879. 64,879. Income from investment of tax-exempt bond proceeds (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (I) Securities (II) Other assets other than inventory 513,002. b Less: cost or other basis and sales expenses 505,986. c Gain or (loss) 7,016. d Net gain or (loss) 7,016 8 a Gross income from fundraising events (not Other Revenue including \$ 143,000 . of contributions reported on line 1c). See Part IV, line 18 a 135,539 b Less: direct expenses 20,016. c Net income or (loss) from fundraising events 9 a Gross income from gamino activities. See Part IV, line 19a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 604,114 b Less: cost of goods sold Net income or (loss) from sales of inventory 98,266. 98,266 Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 6.877. 6,877. d All other revenue 6,877. Total. Add lines 11a-11d Total revenue. See instructions. 125,926. 187,418. 743,291. 332009 10-29-13 Form 990 (2013)

Form 990 (2013) SCIENCE CENTE
Part IX Statement of Functional Expenses

not include amounts reported on lines 6b,	(A)			
8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and				
organizations in the United States. See Part IV, line 21				
				A. Share
			S	
			Comment of the second	**************************************
·	150 841	75 421	22.626.	52,794
The state of the s	130,041.	10/121	22/020.	32/131
,				
	1 762 576	1 472 979	110.559	179,038
	1,102,310.	1121213131	110,333.	175,030
·	1			
	243 911	191.629.	23,202.	29,080
			21.514.	16,365
	134/3/44	110/055.	22/322	20,000
	20 475		20.475	
	20,273.		20,213.	
• • •	-	a many distriction of the same		
-	21 //5	. som William to my grand	Process of the September of the Septembe	
-	21/227		21,445.	
	215 820	173 542	41 656	622
			41,050.	120,545
	324,333.	404,014.		120,343
		<u> </u>		
	311 839	211 820		
			3 492	4,324
	30,001.	40/115.	3,772	1,321
	10 527	10.527		
			17.603.	
F	100/1101	100/3201	2,,000,	
-	1.432.269.	1.414.770.	17.499.	
1 [106.925.		/	
91		*		
above (List miscellaneous expenses in line 24e. If line				
	344 916	338,008.	6.908.	
				4,832
				88,791
			27770.	0071511
			2 138	6,250
				502,641.
	0,122,002.	3/203/134	323,007.	302,041
	Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered	Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 154,574 Fees for services (non-employees): Management Legal Accounting Cobying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 10,527. Interest 10,527. Interest 10,527. Interest 110,527. Interest 110,527. Interest 110,527. Interest 110,527. Interest 124,445. If line 24e expenses not covered above. (List miscallaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 11g expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) EQUIPMENT RENTAL SUPPLITES 110,816. All other expenses 49,503. Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, cirectors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) Other saferes and wrages Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employeee): Management Legal Accounting Lobbyling Professional fundralsing services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Perpersent to affiliates Depreciation, depiction, and amortization Insurance Other expenses. Itemize expenses not covered above, (last miscellareagus expenses in Schedule 0.) EQUITPMENT RENTAL SUPPLIES Also, 213, 242, 269, 1, 414, 770, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106, 925, 106,	Grants and other assistance to inclivibulas in the United States. See Part IV, line 22 (Cardiats and other assistance to povernments, organizations, and inclividuals outside the United States. See Part IV, line 18 (Cardiate) and IV (Cardiate) and

Form 990 (2013)
Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X			
	(A)		(B)
	Beginning of year		End of year
1 Cash - non-interest-bearing	1,539,879.	1	1,245,312.
2 Savings and temporary cash investments		1	
		-	201,287.
4 Accounts receivable, net	30,042.		139,400
5 Loans and other receivables from current and former officers, directors,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
trustees, key employees, and highest compensated employees. Complete			
Part il of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under			TERRITA MENTEN
		K.	
		1	
7 Notes and loans receivable, net		1	
8 Inventories for sale or use	48.897.		57,676.
9 Prepaid expenses and deferred charges			161,380.
	The strate of the second		
basis. Complete Part VI of Schedule D 10a 51, 474, 698		,	
b Less accumulated depreciation 10b 14,726,511.	37.804.458.	100	36,748,187.
			30//10/10/
2 Investments - other securities. See Part IV, line 11	2,334,559.		2,898,913.
			2/050/515.
	36.963		29,182.
6 Total assets. Add lines 1 through 15 (must equal line 34)			41,481,337.
7 Accounts payable and accrued expenses			610,523.
8 Grants payable		-	010,323.
9 Deferred revenue	320.415.		274,297.
Tax-exempt bond liabilities			212/231:
Escrow or custodial account liability. Complete Part IV of Schedule D			
Loans and other payables to current and former officers, directors, trustees.			
		20	
Secured mortgages and notes payable to unrelated third parties	4,300,808		4,163,237.
Unsecured notes and loans payable to unrelated third parties			1/103/23/1
Other liabilities (including federal income tax, payables to related third		AT.	
	330.000.	25	330,000.
Total liabilities. Add lines 17 through 25	5,340,154		5,378,057.
complete lines 27 through 29, and lines 33 and 34.		- 4	
Unrestricted net assets	34,627,792.	27	33,393,505.
Temporarily restricted net assets			289,177.
	2,420,598.	29	2,420,598.
Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
and complete lines 30 through 34.			
Capital stock or trust principal, or current funds		30	All and a second a second and a second a second and a second a second and a second a second and a second a second a second
Paid-in or capital surplus, or land, building, or equipment fund		-	
Retained earnings, endowment, accumulated income, or other funds			
Total net assets or fund balances	32 112 200	33	36,103,280.
		VV !	201100120U.
Total liabilities and net assets/fund balances	10 155 0-0	34	41,481,337.
	2 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intrangible assets Other assets. See Part IV, line 11 Intrangible assets Cother assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Eserow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated thir	2 Savings and temporary cash investments 7570, 527. 4 Accounts receivable, net 7570, 527. 5 Pledges and grants receivable, net 7570, 527. 5 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 8 Loans and other receivables from other disqualified persons (as defined under section 4958(6),1), persons described in section 4958(6),3)(6), and contributing employers and sponsoring organizations of section 501(6)9) voluntary amployees' beneficiary organizations (see instit). Complete Part II of Sch L 8 Notes and loans receivable, net 8 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 10 10 14,726,511 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Intangible assets 1 Cother assets. See Part IV, line 11 1 Intangible assets 1 Cother assets. See Part IV, line 11 1 Total assets of the second expenses 1 Crants payable 1 Deferred revenue 1 Tax-exempt bond liabilities 1 Easinow or custodial account liability. Complete Part IV of Schedule D 1 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 2 Complete Part IV of Schedule D 3 30,000. Total liabilities. Complete Part IV of Schedule D 3 30,000. Total liabilities including federal income tax, payables to related third parties 1 Unsecured notes and loans payable to unrelated third parties 2 Complete Part IV of Schedule D 3 30,000. Total liabilities not included on lines 17:24). Complete Part X of Schedule D 5 5,340,154. Organizations that do not follow SFAS 117 (AS	2 Savings and temporary cash investments 3 Pieloges and grants receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4986(916)), persons desortibed in section 4986(93(98), and contributing employers and aponacring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instit). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 92,7554 9 8 Less: accumulated depreciation 10a 51,474,698 10b 14,776,511 37,804,458 10c 11a Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 2,334,559 12 14 Intanglible assets 15 Other assets. See Part IV, line 11 36,6,663 15 16 Other assets. Add lines 1 through 18 (must acus) line 34 16 Accounts payable and accrued expenses 17 Grants payable and accrued expenses 18 Person or custocidal account liability. Complete Part IV of Schedule D 19 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 18 Complete Part II of Schedule L 19 Canna and other payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 19 Complete Part II of Schedule L 19 Canna and other liabilities on included on lines 17:24). Complete Part X of Schedule D 19 Canna and other liabilities on included on lines 17:24). Complete Part X of Schedule D 10 Canna and other liabilities on included on lines 17:24). Complete Part X of Schedule D 10 Canna and other liabilities on including federal inc

Form **990** (2013)

Form 990 (2013)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SCIENCE CENTER OF IOWA

Part 1 Reason for Public Charity Status (All organizations must

Employer identification number 42-6097912

The or			arity Status (All orga	HEGHOTIS I	unar comb	ilera ruis h	oart.) See II	ISTRUCTION	8.			
	ganization is no	t a private foundation	on because it is: (For line	s 1 throug	h 11, chec	k only on	e box.)					
1 _	A church, a	convention of churc	hes, or association of ch	urches de	scribed in	section 1	70(b)(1)(A) (i).				
2 _	A school d	escribed in section	170(b)(1)(A)(ii). (Attach :	Schedule	E.)							
3 ∟	A hospital	or a cooperative hos	spital service organizatio	n describe	ed in section	on 170(b)	(1)(A)(iii).					
4	A medical	research organizatio	on operated in conjunction	n with a h	ospital des	scribed in	section 1	70(b)(1)/A	Mill Ent	er the boom	tala a	
	city, and st	ate:			,			- 4-14 -14-	Minh. marc	er tire nospi	roi a He	aile,
5	An organiza	ation operated for th	ne benefit of a college or	university	owned or	operated	by a gover	mmentalı	ınit desci	ribad in		
	section 17	70(b)(1)(A)(iv). (Com	plete Part (I.)	,			~) ~ g~ (~)	THIRMITCH C	init desci	HOCU (I)		
6			ment or governmental u	nit describ	and in conti	ion 170%	AAAAAAA					
7	An organiza	ation that normally r	eceives a substantial par	d of the au	anad fram	ion requ	ar a sa para para para para para para pa					
	section 17	0(b)(1)(A)(vi). (Comp	viete Port II i	r Oi Irio Su	bboir nom	a Governi	nental uni	or from t	ne gener	ai public de	scribed	i in
8			section 170(b)(1)(A)(vi)	10								
9 🖸	An organiza	tion that normally a	a section 170(b)(1)(b)(9)	. (Comple	te Part II.)	_						
• 🗀	-	auon urau normany n Interioration	sceives: (1) more than 33	1/3% of	its support	from con	tributions,	members	hip fees,	and gross	receipts	s froi
	activities re	lateu to its exempt)	functions subject to cer	tain excep	otions, and	(2) no mo	ere than 33	1/3% of	ts suppo	art from gros	ss inves	stme
	Pagasation	nuteisted pusicess	taxable income (less se	ction 511	tax) from b	usinesses	acquired	by the on	ganizatio	n after June	30, 19	975.
10		1 509(a)(2). (Comple										
11	An organiza	mon organized and	operated exclusively to t	est for pu	blic safety.	See sect	ion 509(a)	(4).				
	An organiza	tion organized and	operated exclusively for	the benefi	t of, to peri	form the f	unctions o	f, or to ca	rry out th	ne purposes	of one	10
	more public	y supported organi	zations described in sec	tion 509 <u>(</u> a)(1) or secti	ion 509(a)	(2). See se	ection 50	9(a)(3). C	heck the bo	x that	
	describes th		g organization and comp									
_	a Type		Туре ІІ с	Type III - F	unctionally	integrate	d	а 🔲 Ту	pe III. N	on-function:	ally inte	arat
e		this box, I certify the	nat the organization is no	t controlle	d directly o	or indirect	ly by one	or more di	soualified	d persons o	ther the	an.
	toundation i	managers and other	than one or more public	ly suppor	ted organiz	ations de	scribed in	section 5	10/a\/1\ a	r section 50	10/21/21	
f	If the organi											
	it the order!	zation received a wi	ritten determination from	the IRS ti	natitis a Tv	vpe I. Tvo	e II. or Tvo	ae III	20 (a) (1) O	. 0001,011,00	- () ()	•
	supporting of	zation received a wi organization, check	ritten determination from	the IRS ti	natitis a Ty	vpe I. Typ	e II. or Tvo	e III				·
g	supporting of	organization, check:	ritten determination from this box	the IRS ti	natitis a Ty	ype !, Ty p	e II, or Typ	e III				
9	supporting of Since Augus	organization, check: st 17, 2006, has the	ritten determination from this box organization accepted a	the IRS ti	nat it is a Ty contribution	ype I, Typ n from an	e II, or Typ	lowing pe	rsons?	*****************		[
g	supporting of Since Augus (i) A perso	organization, check st 17, 2006, has the on who directly or in	ritten determination from this box organization accepted a directly controls, either a	the IRS ti	hat it is a Ty contribution gether with	ype I, Typ	e II, or Typ y of the fol described	lowing pe	rsons?	······································	Yes	[
8	supporting of Since Augus (i) A perso the gov	organization, checked at 17, 2006, has the on who directly or in reming body of the	ritten determination from this box organization accepted a directly controls, either a supported organization?	the IRS ti	nat it is a Ty contribution gether with	ype !, Typ n from an	y of the foldescribed	lowing pe in (ii) and	rsons? (iii) belov	v,	Yes	C
g	supporting of Since Augus (i) A perso the gov (ii) A family	organization, checked in 17, 2006, has the continuous or in who directly or in terming body of the strength of a person member of a person in the strength of a person in	ritten determination from this box organization accepted a directly controls, either a supported organization? on described in (i) above?	the IRS ti	nat it is a Ty contribution gether with	ype I, Typ n from an	e II, or Typ	lowing pe	rsons? (iii) belov	v, 11g(i)	Yes	C
g	supporting of Since Augus (i) A person the gov (ii) A family (iii) A 35%	organization, check of 17, 2006, has the on who directly or in terming body of the symmetric property of a person controlled entity of a	ritten determination from this box organization accepted a directly controls, either a supported organization? on described in (i) above? a person described in (i)	the IRS ti	nat it is a Ty	ype I, Typ n from an	e II, or Typ	lowing pe	rsons? (iii) belov	v, 11g(i)	Yes	C
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h	supporting of Since Augus (i) A perso the gov (ii) A family (iii) A 35% Provide the to	organization, check at 17, 2006, has the on who directly or in terming body of the symmetric of a persocontrolled entity of following information	ritten determination from this box organization accepted a directly controls, either a supported organization? on described in (i) above a person described in (i) a about the supported or	the IRS ti	contribution gether with we?	ype I, Typ n from an n persons	e II, or Typ	e III llowing pe in (ii) and	rsons? (iii) belov	v, 11g(i)	Yes	C
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332021 09-25-13 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and				134 == -	10/2212	
	membership fees received. (Do not						
	include any "unusual grants.")]			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				1		
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge					1	
4	Total. Add lines 1 through 3						
5							
J	• •	- 100 mm					
	by each person (other than a	*	200				
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the					18. a	
	amount shown on line 11,						
	column #0						
	******* ** ******* ** ** **						
6	Public support, Subtract line 5 from line 4.	San Marian de Line de	M. man bearing		ai mi es.		
	ction B. Total Support						
	indar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	1					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities.	etc. (see instruction	ns)	2. 25 0 000	NAME	12	
13		,	,	I fourth or fifth ta	x vear as a section		
	organization, check this box and stop					1 , 1 ,	
Sec	tion C. Computation of Publi	ic Support Per					
	Public support percentage for 2013 (I			olumn (fl)		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the o	organization did not	check the box or	line 13, and line 1	4 is 33 1/3% or m		and ~~
	stop here. The organization qualifies						_
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization quali	fies as a publicly sr	upported organiza	tion		, diradit tillo	▶ □
17a	10% -facts-and-circumstances test	- 2013. If the orga	nization did not ci	beck a box on line	13 16a or 16b a	nd line 14 is 10% or	more
	and if the organization meets the "fact	ts-and-circumstanc	es" test check th	is box and stop he	re Evoleis in Dan	IV how the average	niore,
	meets the "facts-and-circumstances"	test. The organiset	ion qualifies se o r	withicly euroported	orogization	The now the organization	ALION
h	10% -facts-and-circumstances test	- 2012 If the orea	nor quantos as a p	neck a key on line	13 165 165 1	70 and for 45 to 40	
~	more, and if the organization meets th	e "facte-and-sirs"	netanonan'i tost	ack this has and n	to, roa, rob, of 1	7 a, and ine 15 is 10	∆0 OL
	organization meets the "facts and circ	umetanaca taat T	ha arganii	Collis XOO SIID S	top nere. Explain	In Part IV how the	. —
18	Private foundation. If the organization	umatances test. I	ue organization di	165 47 - 47	iy supported orgai	Tization	
	ivenivelion, il tile Olganization	1 GIO HOL CHECK & D	VA OII IIIIE 13, 168	, 100, 178, OF 17b,		tule A (Form 990 e.	

Schedule A (Form 990 or 990-EZ) 2013 SCIENCE CENTER OF IOWA 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 falled to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part [].)

Se	ction A. Public Support	SOLOW, DIGUSE CON	ipioto (alt II.)				
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and		1	10,0011	(0) 2012	(6) 20 13	(I) Total
	membership fees received. (Do not						
	include any "unusual grants.")	2216987.	2078637.	2120067	1370527.	1792076.	9578294
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the	}					
	organization's tax-exempt purpose	2335760.	4180816.	3060029.	3062253.	2753671.	15392529
3		1					
	are not an unrelated trade or bus-		ĺ				
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						L.
	Total. Add lines 1 through 5	4552747.	6259453.	5180096.	4432780.	4545747.	24970823.
7a	Amounts included on lines 1, 2, and	1261645					
i.	3 received from disqualified persons	1361647.	1460064.	1029596.	1447356.	1498389.	6797052.
D	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	1001017	7.460064	1000			0.
	Add lines 7a and 7b	1361647.	1460064.	1029596.	1447356.	1498389.	6797052.
500	Public support (Subtract line 7c from line 6.)						18173771.
	ndar year (or fiscal year beginning in)	(a) 2009 4552747.	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6 Gross income from interest.	4332747.	6259453.	5180096.	4432780.	4545747.	24970823.
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	-9,840.	6,238.	10 202	00 226	300 000	
	Unrelated business taxable income	-2,040.	0,230.	19,203.	88,326.	122,922.	226,849.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	-9,840.	6,238.	19,203.	90 326	130 000	006 010
11	Net income from unrelated business	2/010.	0,230.	19,203.	88,326.	122,922.	226,849.
4	activities not included in line 10b,	J					
,	whether or not the business is regularly carried on						
12 (Other income Do not include gain						
(or loss from the sale of capital assets (Explain in Part IV.)	120,320.	146.317	165 791	191,241.	105 140	720 012
13 1	Total support. (Add lines 9, 10c, 11, and 12)	4663227.		5365090.	4712347.	1773012	128,812.
	irst five years. If the Form 990 is for t			fourth or fifth in	4/1234/	4773812.2	3926484.
0	theck this box and stop here	and organization s	mat, second, tillio	, lourer, or little tab	(year as a section	501(c)(3) organiza	tion,
Sect	ion C. Computation of Public	Support Per	centage				
	oublic support percentage for 2013 (lin			(ump /A)		-	70 10
16 F	Public support percentage from 2012 8	Schedule A Part II	l Noe 15	1011111 (1))		15	70.10 %
Sect	ion D. Computation of Invest	ment Income	Percentage	. ()		16	71.78 %
17 lr	vestment income percentage for 201	3 fline 10c. column	f) divided by line	13 column (fi)		17	67
18 Ir	vestment income percentage from 20	12 Schedule A. Pa	art III. line 17	10, coldinit (i)		17	.87 %
19a 3	3 1/3% support tests - 2013. If the o	rganization did not	check the box on	line 14. and lies 1	5 is more than 70	1/20/	.47 %
n	ore than 33 1/3%, check this box and	stop here. The o	rganization qualific	as as a nublick en	Co name and 33	າ/ວ%, and line 17	is not ▶ X
ь 3	3 1/3% support tests - 2012. If the or	ganization did not	check a box on li	ne 14 or line 19e	and line 16 le moss	thon 22 1/28/	
lir	ne 18 is not more than 33 1/3%, check	this box and sto	n here. The average	ration qualifies as	and mile to is more	. เมสม จอ 1/ 3% , ส ก	[▶]
20 P	rivate foundation. If the organization	did not check a be	v on line 14 10a	or 10h obselvation	a publicly support	ed organization	
332023	09-25-13			vi 130, theck this			200 ==
				-	ocned	iule A (Form 990 d	or 99U-EZ) 2013

Schedule A	(Form 990 or 990-E2	2013 SCIENCE	CENTER O	F IOWA		42-6097912 Page 4
Perruiv	Supplemental	Information, Provide	le the explanation	s required by	/ Part II, line 10; Part II, line 17a or	
	Also complete this	part for any additional i	nformation (See i	nstructions).	,, ,	, ,
,						
						<u> </u>
						
						· · · · · · · · · · · · · · · · · · ·
		<u> </u>				
	<u> </u>					
· · · · · ·						
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			· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·	
						

332024 09-25-13

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/torm990

OMB No. 1545-0047

2013

		Employer identification number
On a start at the	SCIENCE CENTER OF IOWA	42-6097912
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organizatio	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	
•	CANAL CONTROL OF STATE OF STAT	Decial Rule. See instructions.
General Rule		
X For an organizat	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mo	F-
contributor. Con	plete Parts I and II.	ore (in money or property) from any one
Special Rules		
For a section 50:	(c)(3) organization filing Form DOG or DOG F7-by-ty-ty-ty-ty-ty-ty-ty-ty-ty-ty-ty-ty-ty	
309(a)(1) and 17	I (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of D(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	f the regulations under sections of the greater of (1) \$5,000 or (2) 2%
For a section 50	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any on	
TOTAL COLLUDUTION	s of more than \$1,000 for use exclusively for religious, charitable, scientific, literary cruelty to children or animals. Complete Parts I, II, and III.	e contributor, during the year, y, or educational purposes, or
For a section 501	(c)(7), (8), or (10) organization filling Form 990 or 990-EZ that received from any one	a contributor during the very
contributions for	use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did	not total to move them the non
II THIS DOX IS CHEC	ked, enter here the total contributions that were received during the year for an ex	clusively religious, charitable, etc.
religious, charitab	complete any of the parts unless the General Rule applies to this organization bed le, etc., contributions of \$5,000 or more during the year	cause it received nonexclusively
aution. An organization t	hat is not covered by the General Rule and/or the Special Rules does not file Sch	edule B (Form 990, 990-EZ, or 990-PD
It it inder bille Mei 140 Ol	Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	in its Form 990-PF, Part I, line 2, to
A For Paperwork Red	action Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Scho	edule 2 (Form 996 990-F7 as non-per vanda)
		(100 000 PE' 01 000-LL) (S010

Name of organization

Employer identification number

SCIENCE CENTER OF IOWA

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>25,000</u> .	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$10,000.	Person X Payroti Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
23452 10-24-13	3	Schedule B (Form 9	90, 990-EZ; or 990-PF) (2013)

Employer identification number

SCIENCE CENTER OF IOWA

	butors (see instructions). Use duplicate copies of Parl	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$.	Person X Payroll
(a) No.	(b) Name , address , and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		<u>\$</u> 22,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.10		\$ 65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$.	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 10,000.	Person X Payroli Noncash (Complete Part II for
52 10-24-13			noncash contributions.) 90, 990-EZ, or 990-PF) (201

Name of organization

Employer identification number

SCIENCE	CENTER	of	IOWA
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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$,304.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		<u> </u>	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$7,500.	Person X Payroil Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 5,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
23452 10-24-	-13	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2013)

Employer identification number

SCIENCE CENTER OF IOWA

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
19		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		ss	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
2.1	The state of the s	Total continuutions	Type of contribution
21		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$,000.	Person X Payroll Noncash (Complete Part II for
			noncash contributions)

Name of organization

Employer identification number

SCIENCE	CENTER	OF	IOWA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroli
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 82,410.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>25,800.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$.	Person X Payroll

Name of organization

Employer identification number

SCIENCE	CENTER	OF	TOWA

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroli Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

SCIENCE CENTER OF IOWA

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part í	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of org	CE CENTER OF TOWA		Employer identification number 42–6097912		
Rati	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	the rollowing line entry. For organization contributions of \$1,000 or less for	(n)(7) (0) or (10) or manipulations that data is any three for 600 to 10		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi	ift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee		

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SCIENCE CENTER OF IOWA

Employer identification number 42-6097912

ė	Organizations Maintaining Donor Advised I	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		· ·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writi	ing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's exc	lusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do		
000000	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the organi		/, line 7
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (e.g., recreation or educ		
	Protection of natural habitat	Preservation of a certified t	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structu	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after		
3	listed in the National Register		2d
J	Number of conservation easements modified, transferred, release year	ed, extinguished, or terminated by the orga	nization during the tax
4	Number of states where property subject to conservation easem	and in Incoded	
5	Does the organization have a written policy regarding the periodic		
•	violations, and enforcement of the conservation easements it hol	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170/b/4/	B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation e	asements in its revenue and expense state	ment and helence sheet and
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes the or	ganization's accounting for
	conservation easements.		
Pa	Organizations Maintaining Collections of Ar	t, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	58), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes t		
þ	If the organization elected, as permitted under SFAS 116 (ASC 95	58), to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa-	tion, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. > \$
	(ii) Assets included in Form 990, Part X	10 9 881444 400090 40441177 2823441491 .001817 2.001817	▶ \$ 372,049.
2	If the organization received or held works of art, historical treasure		provide
	the following amounts required to be reported under SFAS 116 (A		
a	Revenues included in Form 990, Part VIII, line 1		\$
В	Assets included in Form 990, Part X		> \$
114	F. B. A.		
-HA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2013

2000000		E CENTER OF				42-60	9791	2 Page 2
	art III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or Ot	her Simil	ar Ass	ets/conti	nued)
3	Using the organization's acquisition, access	sion, and other reco	rds, check any of the	following that are a	significant	use of its	collectio	n Items
	(check all that apply):							
2			d Loan or ex	change programs				
· ·			e Other					
•								
4	Provide a description of the organization's of	collections and expla	ain how they further:	the organization's ex	kempt purp	ose in Pa	rt XIII.	
5	During the year, did the organization solicit	or receive donations	of art, historical trea	asures, or other simi	lar assets	_		
200	to be sold to raise funds rather than to be m	naintained as part of	the organization's c	ollection?			Yes	X No
2. mg	nt IV. Escrow and Custodial Arran	igements. Comp	lete if the organization	on answered "Yes" t	o Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	irt X, line 21.						
1.61	Is the organization an agent, trustee, custod	lian or other interme	diary for contribution	ns or other assets n	ot included		_	
6	on Form 990, Part X?					L	Yes	No.
IJ	if "Yes," explain the airrangement in Part XIII	and complete the fe	ollowing table:		1			
c	Regioning balance						Amount	
d					1c			
e	Additions during the year Distributions during the year	***************************************	CONTRACT PRODUCTS OF A		1d			
f	Ending balance	97474114 955 44 mA 443m2 m.s.	, ,, .		1e			
2a	Did the organization include an amount on F	orm 990. Part X. line	212		1f		Yes	1.0
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation has been	provided in Part VIII			J Yes	No No
	Endowment Funds. Complete it	f the organization ar	swered "Yes" to Fo	rm 990. Part IV. line	10=		*** *** *** **	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	eare hank	(a) Four	ware back
1a	Beginning of year balance	2,377,744.	2,242,551.	1 966 971.	1	50 705		250 247.
b	Contributions							230 247.
C	Net investment earnings, gains, and losses	185,094.	261,854,	293,956.	-2	73,760.		458.
d	Grants or scholarships							130.
e	Other expenditures for facilities							
	and programs	113,800.	107,100.					
f	Administrative expenses	21,445.	19,561.	18,376.		9,974.		
g	End of year balance	2,427,593.	2,377,744.	2,242,551.	1,96	6 971.	2,	250,705.
2	Provide the estimated percentage of the curre		e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment ► 100.00	%						
C	Temporarily restricted endowment	%						
20	The percentages in lines 2a, 2b, and 2c shoul	d equal 100%.						
oa	Are there endowment funds not in the posses by:	ision of the organiza	ition that are held ar	nd administered for t	he organiza	tion	-	
	· ·							es No
	(i) unrelated organizations (ii) related organizations	FEG + 4 100- Addd 1730	* * ===* ******************		(3a(i)	X
b	If "Yes" to 3a(ii), are the related organizations	listed so required as	Sohadula B2	******		****	3a(ii)	Х
4	Describe in Part XIII the intended uses of the	proanization's endo	wment funde				3p	
Par	VI Land, Buildings, and Equipme	ent.	Minorit Idriga.					
	Complete if the organization answered		Part IV. line 11a. Se	e Form 990. Part X.	line 10			
	Description of property	(a) Cost or ot			ccumulated		(d) Book	rolice
		basis (investm			preciation	- '	(a) book (value
	and			,000.		Δ	. 300	,000.
Ы	Buildings		30,336		90,88	8. 26	,545	816.
	_easehold improvements							
	quipment		11,602	,938. 10,1	02,26	5 1	,500	,673.
e (Other		5,235	-056 8	122 25		,401	698.
otal.	Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part X	column (B), line 10	(c).)			,748	187.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 SCIENCE CEN	TER OF IOWA		42	-6097912 Page
Part VII Investments - Other Securities.				1 44
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) INVESTMENTS - OTHER				
(B) SECURITIES	2,898,913.	END-OF-Y	YEAR MARKET	VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		21001101	***************************************	20 May 200 100 100 100 100 100 100 100 100 100
Total. (Gol. (b) must equal Form 990, Part X, col. (B) line 12.)	2,898,913.	La	·	Stin pour some
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		11c. See Form 990,	Part X, line 13.	1 - 8
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or enc	l-of-year market value
(1)				
(2)				
(3)	!			
(4)				
(5)				
(8)				
(9)				
Total. (Cot. (b) must equal Form 990, Part X, col. (8) line 13.)				
Part IX Other Assets.		Dr room, Stand Old	en lessionne i e mil	to in a tree to the tree that
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11d. See Form 990.	Part X line 15	
	Description		1 4174, 1116	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"			n 990, Part X, line 25	
1. (a) Description of liability		b) Book value		
(1) Federal income taxes		202 222		
(2) LINE OF CREDIT		330,000.		
(3)				
(4)				
(5)				JAMES STATE OF STATE

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

Schedule D (Form 990) 2013

(6)(7) (8)

330,000.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 SCIENCE CENTER OF IOWA 42-6097912 Page 5 Part XIII Supplemental Information (continued)
PART X, LINE 2:
THE SCIENCE CENTER OF IOWA IS EXEMPT FROM FEDERAL INCOME
TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND,
ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE. ACCOUNTING
PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE
MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND
RECOGNIZE A TAX LAIBILITY OR ASSET FOR AN UNCERTAIN POSITION THAT MORE
LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL
REVENUE SERVICE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS
AND DETERMINED THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE
TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR ASSET OR
DISCLOSURES IN THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 505,848.
SPECIAL EVENTS EXPENSE 20,016.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 525,864.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 505,848.
SPECIAL EVENTS EXPENSE 20,016.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 525,864.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Open To Public

Information a	bout Schedule G (Form 990 or 990-	EZ) and It	s instru	uctions is at www.irs	.gov/	I SALLES CONTRACTOR	Inspection
Name of the organization	SENSED OF TOTAL				-	1	entification numb
	CENTER OF IOWA					42-609	
Part I Fundraising Activities required to complete this par	Complete If the organization and	" berews	Yes" to	o Form 990, Part IV,	line 1	7. Form 990- E	Z filers are not
1 Indicate whether the organization rais	ed funds through any of the folio	wing acti	ivities.	Check all that apply	1.		
a Mail solicitations	e Solic			overnment grants			
b Internet and email solicitations	f Solic	itation of	gove	rnment grants			
c Phone solicitations	g Spec	lal fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written of	r oral agreement with any individ	ual (inclu	ding o	ifficers, directors, tru	stees	or	
key employees listed in Form 990, Pa	art VII) or entity in connection with	h profess	ional t	fundraising services	?	Ye:	
b If "Yes," list the ten highest paid indi-		ursuant to	o agre	ements under which	the f	undraiser is to	be
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual		(111)	Did		(v)	Amount paid	6.3 6
or entity (fundraiser)	(ii) Activity	have of con	raiser	(fv) Gross receipts	[to (c	retained by)	(vi) Amount paid to (or retained by)
of office (total allow)		contribi	trol of utions?	from activity		fundraiser ted in col. (i)	organization
	· · · · · · · · · · · · · · · · · · ·	Yes	No				
					L		
"							
tal			>				
List all states in which the organization	is registered or licensed to solicit	contribu	itions	or has been notified	it is e	xempt from re	nistration
or licensing.							3.oct or tot l
A For Paperwork Reduction Act Notice	, see the Instructions for Form	990 or 9	90-EZ	. So	hedu	le G (Form 99	0 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through AUCTION col. (c)) (event type) (event type) (total number) 278,539 278,539. 1 Gross receipts 143,000 2 Less: Contributions 143,000. 3 Gross income (line 1 minus line 2) 135,539 135,539. 4 Cash prizes 2,290. 5 Noncash prizes 2,290. Direct Expenses Rent/facility costs 4,582. 4,582. 7,171. 7,171. Food and beverages 1,800. 8 Entertainment 1,800. 4,173. 4,173. Other direct expenses 20,016. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 115,523. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 332082 09-12-13 Schedule G (Form 990 or 990-EZ) 2013

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

Sch	edule G (Form 990 or 990-EZ) 2013 SCIENCE CENTER OF IOWA 4	2-6097	7912	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	□ No
12				
	to administer charitable gaming?		Yes	□ N
13	Indicate the percentage of garning activity operated in:			
	The organization's facility	13a		
b	An outside facility	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	1 13D	1	
	Name ►			
15a	Address Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
			100	
D	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	•		
	of gaming revenue retained by the third party > \$			
Ģ	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
	Gaming manager information:			
	Name >			
(Gaming manager compensation > \$			
I	Description of services provided			
	Director/officer Employee Independent contractor			
17 N				
	flandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to			
	etain the state gaming licenses?			
b F	etain the state gaming license?	!	res I	No
	nter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th reanization's own exempt activities during the tax year > \$	e		
art				
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	II, lines 9, 9	b, 10b	, 15b,
	rest ro, and rro, as applicable. Also complete this part to provide any additional information (see instructions)			
083 0	9-12-13 Schedule G (Fo	rm 990 or	990-E	Z) 2013
102	11 750104 16 2275 001 0012 05060 050			7

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

	_	mitoringuon	anonit	OCHEC	ACID IN		WITH 8	2
Name of the organization								
	S	CIENCE	CENT	ľER	OF	I	OWA	L

Employer identification number 42-6097912

	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	ion Method of	(d) determining ibution amounts
1	Art · Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities · Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate · Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other (ADVERTISING)	X	7	161,59		T VALUE
26	Other (AUCTION ITEMS)	X	258	107,12		
27	Other (OTHER)	Х	13	53,94		
28	Other (EXHIBIT ITEMS)	X	6	2,40	9. FAIR MARKE	T VALUE
29	Number of Forms 8283 received by the organiz					
	for which the organization completed Form 828	33, Part IV, D	onee Acknowledg	ement 29		
						Yes No
30a	During the year, did the organization receive by					
	at least three years from the date of the initial of					
	the entire holding period?			***************************************	***************	30a X
	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance p					31 X
32a	G . =			-		
	contributions?				***************************************	32a X
	If "Yes," describe in Part II.					
33	If the organization did not report an amount in o	column (c) fo	r a type of propert	y for which column (a)	is checked,	
	describe in Part II.					
_HA	For Paperwork Reduction Act Notice, see t	he Instruct	ons for Form 990		Schedule N	/I (Form 990) (2013)

Schedule M	(Form 990) (2013) SCIENCE CENTER OF IOWA	42-6097912	Page
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of this part for any additional information.	33, and whether the organize combination of both. Also com-	ation nplete
_			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

SCIENCE CENTER OF IOWA	42-6097912
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAM SERVICES INCLUDE A RETAIL SHOP, GUEST SERVI	CES, FACILITY
RENTAL, OPERATIONS, BUILDING AND GROUNDS, AND THE PARKING	GARAGE.
EXPENSES \$ 3,328,920. INCLUDING GRANTS OF \$ 0. REVENU	JE \$ 944,032.
FORM 990, PART VI, SECTION B, LINE 11:	
THE INTERNAL AFFAIRS COMMITTEE WILL REVIEW THE 990 AND PR	RESENT
A RECOMMENDATION FOR ACCEPTANCE TO THE FULL BOARD OF DIRE	CTORS PRIOR TO
FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
COMPLIANCE OF CONFLICT OF INTEREST POLICY IS REGULATED BY	THE
BOARD. MEMBERS OPENLY ACKNOWLEDGE POTENTIAL CONFLICTS. TH	E BOARD THEN
DISCUSSES TO DETERMINE WHETHER CONFLICT EXISTS. IF CONFLI	CT IS FOUND,
MEMBER ABSTAINS FROM DECISION MAKING PROCESS INVOLVED (IF	ANY).
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR APPROVING THE	
EXECUTIVE DIRECTOR'S ANNUAL COMPENSATION PACKAGE. THE BOA	RD OF DIRECTORS
ARE ALSO RESPONSIBLE FOR APPROVING THE BUDGET, WHICH INCL	UDES OTHER KEY
EMPLOYEE SALARIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST
POLICY AND FINANCIAL STATEMENTS ARE AVAIABLE UPON REQUEST.	•

For	_™ 990-T	E	Exempt Organiza	ation Bus	sine:	ss Income T	Fax Retur	n	QM8 No 1545-0687
		For cal	endar year 2013 or other tay year begins	ning OCT 1	20	13 and another SE	EP 30. 20	14	2012
Den	ariment of the Treasury		Information about Form 990)-T and its instru	etions is	available at www.ire	aov/form990t.	~~·	2013
inter	nel Revenue Service		Do not enter SSN numbers on th					1),	Open to Public suspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Ch					D Emp (Em)	loyer identification number ployees' trust see uctions.)
В	Exempt under section	Print	SCIENCE CENTER	OF IOWA	A			4	2-6097912
	[] 501(C)(3)	or Tomo	Number, street, and room or suit					E Unre	lated business activity codes
	408(e) 220(e)	Type	401 W. MARTIN	LUTHER K	CING	PARKWAY		{See	instructions.)
	408A 530(a)		City or town, state or province, co DES MOINES, IA		or foreign	postal code		011	020
c B	ook value of all easets	E Group	exemption number (See Instructi		>			OIZ	930
41			organization type			501(c) trust	43460100.00		
~			ry unrelated business activity				401(a) trust		Other trust
			pration a subsidiary in an affiliated					Y	s X No
lf	"Yes," enter the name a	nd identi	fying number of the parent corpo	ration.	iit aupait	uarà countinen âtorbi		L Y(S LAINO
			INDY MITCHELL-I			Talanh	one number 🕨 5	15-	274-6868
			e or Business Income			(A) Income	(B) Expense		(C) Net
	Gross receipts or sale		125,926.						
b	Less returns and allow	vances		nce	10	125,926.		11.1	
2	Cost of goods sold (S	chedule	A, line 7)		2				
3	Gross profit Subtract	line 2 fro	om line 1c		3	125,926.		2000	125,926.
4 a	Capital gain net incom	e (attach	Form 8949 and Schedule D)		48			*********	123,520.
ь			rt II, line 17) (attach Form 4797)		4b			- 2	
C			s		40			- 1	
5	Income (loss) from pa	rtnership	os and S corporations (attach stat	ement)	5			*****	
6	Rent income (Schedul				6			· · · · · · · · · · · · · · · · · · ·	
7			e (Schedule E)	***************************************	7				
8	Interest, annuities, roy	alties, an	d rents from controlled organizati	ons (Sch. F)	8				
9			501(c)(7), (9), or (17) organization						
10	Exploited exempt activ	ity incom	ne (Schedule I)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10				
11	Advertising income (Se	chedule a	J)		71				
12	Other income (See inst	ructions	, attach schedule.)		12				
13	Total. Combine lines	through	1 12		13	125,926.			125,926.
Pa	rt II Deduction	ıs Not	Taken Elsewhere (See	instructions for	r limitati	ons on deductions.)			123,3201
	(Except for or	ontribut	ions, deductions must be dire	ctly connected	with th	e unrelated business	Income)		
14	Compensation of office	ers, dire	ctors, and trustees (Schedule K)					14	
15	Salaries and wages		**					15	
16	Repairs and maintena	nce	F31444444444444444444444444444444444444					16	
17	Bad debts		-6/100433300044450		,,,,,	*******************************	***************	17	
18	Interest (attach schedu	ule)	*** * ***			SEE STATE	EMENT 1	18	75,830.
19	Taxes and licenses							19	1010001
20	Charitable contribution	is (See ii	nstructions for limitation rules.)		*********			20	
21	Depreciation (attach Fo	orm 456	2)			21	60,404.		
22	Less depreciation clair	ned on S	chedule A and elsewhere on retui	m		22a		22h	60,404.
23	Depletion		·					23	
24	Contributions to determ	ed comb	ensation plans	********* * ******	**********	*************		24	
25	Employee benefit prog	rams		***				25	
26	Excess exempt expens	es (Sche	dule I)	TT EDS: 44794427 A447				26	
27	Excess teadersuib cost	is (Schei	anie 1)					27	
28	Other deductions (attac	n scheq	ule)	*****************				28	
:9	rotal deductions. A	ad lines	14 through 28				1	29	136,234.
10	Unrelated business tax	able inço	me before net operating loss ded	uction. Subtract I	line 29 fr	om line 13		30	-10,308.
П	Net operating loss dedu	iction (li	mited to the amount on line 30)			SEE STATE	MENT 2	31	
2	Unrelated business tax	able inco	me before specific deduction. Sub	stract line 31 from	m line 30			32	-10,308.
8	Specific deduction (Ger	ierzily \$1	,000, but see instructions for exc	eptions.)				33	1,000
4	Unrelated business tax	able inc	ome. Subtract line 33 from line 3	2 If line 33 is gri	eater thai	n line 32, enter the sma	ller of zero or		
	line 32							34	-10,308.
2370 2-12-1	3 LHA For Papers	vork Red	luction Act Notice, see instructio	กร					Form 990-T (2013)

42-0794029 Firm's EIN 1601 22ND STREET, SUITE 400 Firm's address ► WEST DES MOINES, IA 50266-1453 Phone no. 515-225-8400 Form 990-T (2013) 39

Preparer

Use Only

323711 12-12-13

JAMES J. HINGTGEN

Firm's name DENMAN & COMPANY, LLP

P01301731

Schedule C - Rent In 1. Description of property									
(1)									
(2)									
(3)					····				
(4)									
		2. Rent receiv	ed or socrued						
(a) From personal property rent for personal proper 10% but not more	arty is more th	entage of nan	(i) From of rer	real and personal property a the rent is based on prof	erty (if the percei exceeds 50% or it or income)	ntage if	3(a) Deductions di columns 2	rectly co ?(a) and ?	onnected with the income in 2(b) (attach schedule)
(1)									
(2)									
(3)									
(4)									
Total		0.	Total			0.			
(c) Total income. Add totals of (columns 20		ter				(b) Total deduction	S.	
here and on page 1, Part I, line 6						0.	Enter here and on page Part I, fine 6, column (B	13,	0
Schedule E - Unrelate	d Debt	Financed	Income	(epp instructions)		<u> </u>	Legal if time of column (c)	
JOHN CHANGE	ed Dept.	-i manoed	I II ICOLLIC	(See Instructions)		1	2 Controller of the		
				2. Gross in	come from		 Deductions directly to debt-f 	/ connec	ated with or allocable property
1. Description	of debt-finan	ced property		or allocab	e to debt-	(a)	Suzight line depreciation (altaun schedule)	n	(b) Other deductions (attach schedule)
(1)						 		_	
	<u>-</u>		<u>., </u>			-		-	
(2)						-			
(3)									
(4)									
 Amount of everage acquisition or allocable to debt-finant property (attach schedule) 	ors load	of or a debt-finar	adjusted beals liocable to need property schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column: 6 x total of columns ও(a) and ন(চ))
(1)					%				
(2)					%			\rightarrow	
(3)					%			-	
(4)					<u>70</u>	1			
	<u> </u>				70	En	ter here and on page 1,		Enter here and on page 1,
Totals		****************	E/ + 101044848E,+		▶		art I, line 7, column (4).	0.	Part I, line 7, column (8).
Total dividends-received deduc	tions includ	ded in column	8						0.
Schedule F - Interest,	<u>Annuitic</u>	es, Royalt	ies, and l	Rents From Co	ontrolled	Organ	izations (see i	nstruc	tions)
			Exe	empt Controlled O	rganizations	:			
Name of controlled organiza	tion	2. Employer ider numbe		3. let unrelated hicome se) (see instructions)	Total of a payment	pecified * made	5. Part of column - malured in the con organization's gross	that is irolling income	6. Deductions directly connected with theome in column 5
1)									
2)							 		
3)									
4)									
onexempt Controlled Organi	zatione								
7. Taxable income					1:-				
f, reasone income		inrelated income see instructions)	(ess)	Total of specified payr	nents 10,	n the contr	dumn 9 that is included olling organization's ass income	11. i	Deductions directly connected with income in column 10
()						-			
2)									
3)									
1)									
7									
					5	ite: here ar	emns 5 and 19. nd on page 1, Part I, column (A)		Add columns 6 and 11. rhere and on page 1, Pert I,
						IIII Q	A A A A STATE OF THE STATE OF T		HITE &, COLUMN 1811.
tais						IIII Q	0.		line 8, column (El).

Form 990-T (2013) SCIENC	CE CENTER O	F IOWA			42-609791	.2 Page	
Schedule G - Investm (see ins	ent Income of a structions)	Section 501(c)	(7), (9), or (17) Or	ganization			
1. Description of income		2. Amount of income	3. Deductions directly connected (attach schedule)	Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)		
(1)							
(2)							
(4)							
			Enter here and on page 1,	Section 2		Enter here and on page	
			Part I, line 9, column (A).		A. 1-4-1-3	Part I, line S, column (B).	
Totals		_	0.			0	
Schedule I - Exploited (see insti	Exempt Activity	Income, Othe	IV.	ng Income			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)				<u></u>			
(2)			-				
(3)							
(4)							
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page i, Part II, line 26.	
Totals	0.	0.			ARROW 12 12 12 12 12 12 12 12 12 12 12 12 12	0	
Schedule J - Advertis Part Income From	ing Income (see in Periodicals Repo	nstructions) orted on a Con	solidated Basis				
				1	1	_	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 - Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation Income	6. Readership costs	Excess readership costs (column 6 ininus column 5, but not more than column 4).	
(1)							
(2)							
(3)			W V				
(4)							
Totals (carry to Part II, line (5))	>	0.				0.	
Part II Income From			arate Basis (For ea	ch periodical lister	In Dart II fill in		
columns 2 through	7 on a line-by-line bas	sis.)		acii periodical fisted	in Part II, III in		
1. Name of periodical	2. Gross advertiang income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)					-		
(4)							
Totals from Part I	0	0				0.	
fotals, Part II (lines 1-5)	Enter here and on page 1, Part I. line 11, cul. (A).	Enter here and on page 1, Part I, line 11, cot (B).				Enter here and on page 1, Part II. line 27	
Schedule K - Compens			d Trustees (see In	structions)	market spine and and and	V •	
1. Name			3. Percent of time devoted to		ed to	Compensation attributable to unrelated business	
(5)				busines	5		
(1)					%		
(2)					%		
(3)					%		
(4)					%		
otal. Enter here and on page 1, P	art II. line 14					0	

323731 12-12-13

FORM 990-	T	INTEREST PAID				
DESCRIPTIO	AMOUNT 75,830.					
PARKING GA						
TOTAL TO I	75,830.					
FORM 990-1	r net	OPERATING LOSS D	EDUCTION	STATEMENT 2		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
09/30/08 09/30/09 09/30/10 09/30/11 09/30/12 09/30/13	42,680. 204,642. 75,323. 82,953. 101,478.	0. 0. 0. 0.	42,680. 204,642. 75,323. 82,953. 101,478.	42,680. 204,642. 75,323. 82,953. 101,478.		
	55,124. OVER AVAILABLE THIS	0. YEAR	55,124.	55,124.		

