

Return of Organization Exempt From Income Tax

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), or section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning 08/01, 2000, and ending 07/31, 2001

B Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return

C Name of organization, number and street, city, town, state, and ZIP code
 DISCOVERY CENTER OF SPRINGFIELD, INC.
 438 E ST LOUIS
 SPRINGFIELD, MO 65806

D Employer identification number, 43-1568214

E Telephone number (417) 862-9910

F Check if application pending

Please use IRS label or print or type. See Specific Instructions

G Organization type (check only one) 501(c)(3) (insert no) 527 or 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to sec 527 orgs

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See inst.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no (GEN)

L Check this box if organization is not required to attach Schedule B (Form 990 or 990-EZ)

SCANNED APR 16 2002

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	662,993.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 482,248. noncash \$ 180,745.)	1d		662,993.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		107,722.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		5,054.	
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a	2,690.		
b	Less rental expenses	6b				
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		2,690.		
7	Other investment income (describe <input type="checkbox"/>)	7		-385.		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		8a				
		8b				
		8c				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9	Special events and activities (attach schedule)	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	64,264.	
		b	Less direct expenses other than fundraising expenses	9b	23,496.	
		c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		40,768.
10a	Gross sales of inventory, less returns and allowances	10a	9,769.			
		10b	5,633.			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		4,136.		
11	Other revenue (from Part VII, line 103)	11		1,183.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		824,161.		
EXPENSES	13	Professional fees (from line 44, column (B))	13		487,017.	
	14	Management and general (from line 44, column (C))	14		87,458.	
	15	Fundraising (from line 44, column (D))	15		56,817.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		631,292.	
ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		192,869.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,962,097.	
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		3,154,966.	

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions)

Do not include amounts reported on line 8b, 8b, 9b, 10b, or 1d of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 42,700.	12,810.	14,945.	14,945.
26 Other salaries and wages	26 159,114.	120,621.	25,310.	13,183.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 17,163.	11,345	3,415.	2,403.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 4,377.			4,377.
34 Telephone	34 5,465.	3,612.	1,088.	765.
35 Postage and shipping	35 4,059.	2,234.	825.	1,000.
36 Occupancy	36 47,253.	42,527.	4,726.	
37 Equipment rental and maintenance	37 2,093.	2,093.		
38 Printing and publications	38 1,112.	1,112.		
39 Travel	39 7,334.	5,074.	2,260.	
40 Conferences, conventions, and meetings	40			
41 Interest	41 2,172.	2,172.		
42 Depreciation, depletion, etc (attach schedule)	42 133,739.	126,258.	7,481.	
43 Other expenses (itemize) a See Attached	43a 204,711.	157,159.	27,408.	20,144.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 631,292.	487,017.	87,458.	56,817.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions)

What is the organization's primary exempt purpose? ▶ EDUCATION	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts but optional for others)
a INTERACTIVE EXHIBITS WHICH COMBINE SCIENCE, TECHNOLOGY, ARTS, HUMANITIES & HEALTH TO PROVIDE LEARNING EXPERIENCES FOR FAMILIES. (Grants and allocations \$ _____)	487,017.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	▶ 487,017.

Part IV Balance Sheets (See Specific Instructions)

Note.		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
ASSETS	45 Cash -- non-interest-bearing	96,282.	45	122,790.	
	46 Savings and temporary cash investments	3,963.	46		
	47a Accounts receivable				
	b Less allowance for doubtful accounts	4,257.	47c		
	48a Pledges receivable	201,732.			
	b Less allowance for doubtful accounts	9,600.	213,336.	48c	192,132.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use	6,263.	52		8,864
	53 Prepaid expenses and deferred charges	54,466.	53		21,411.
	54 Investments -- securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,500.	54		4,500
	55a Investments -- land, buildings, and equipment basis				
	b Less accumulated depreciation (attach schedule)			55c	
	56 Investments -- other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	3,859,364.			
	b Less accumulated depreciation (attach schedule)	772,725.	2,975,305.	57c	3,086,639.
58 Other assets (describe <u>Construction In Progress</u>)			58	103,019.	
59 Total assets (add lines 45 through 58) (must equal line 74)		3,356,372.	59	3,539,355.	
LIABILITIES	60 Accounts payable and accrued expenses	24,414.	60	61,026.	
	61 Grants payable		61		
	62 Deferred revenue	77,487.	62	37,504.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	292,374.	64b	285,859.	
	65 Other liabilities (describe _____)		65		
66 Total liabilities (add lines 60 through 65)		394,275.	66	384,389.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	2,681,695.	67	2,917,496.	
	68 Temporarily restricted	280,402.	68	237,470.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	2,962,097.	73	3,154,966.	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,356,372.	74	3,539,355.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities (See Specific Instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a PROGRAM ADMISSION					107,722.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments			14	5,054.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					2,690.
98 Net rental income or (loss) from personal property					
99 Other investment income					-385.
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					40,768.
102 Gross profit/(loss) from sales of inventory					4,136.
103 Other revenue a MISC					1,183.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				5,054.	156,114.
105 Total (add line 104, columns (B), (D), and (E))					161,168.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	INTERACTIVE EXHIBITS WHICH COMBINE SCIENCE, TECHNOLOGY, ARTS HUMANITIES, AND HEALTH TO PROVIDE LEARNING EXPERIENCES FOR FAMILIES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I am including accompanying schedules and statements, and to the best of my knowledge and belief, the information reported hereon is based on all information of which preparer has any knowledge (Important)

2-23-02 Treasurer
Date Type or print name and title

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See the instructions)		

Part IV Reason for Non-Private Foundation Status (See the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	352,372.	156,596.	153,048.	51,500.	713,516.
16 Membership fees received	19,747.	60,982.	36,695.		117,424.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	182,628.	93,005.	54,035.	39,451.	369,119.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,630.	9,312.	9,266.	34,554.	54,762.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	3,902.	1,582.	1,774.	1,621.	8,879.
23 Total of lines 15 through 22	560,279.	321,477.	254,818.	127,126.	1,263,700.
24 Line 23 minus line 17	377,651.	228,472.	200,783.	87,675.	894,581.
25 Enter 1% of line 23	5,603.	3,215.	2,548.	1,271.	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 ▶ **26a**

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines **18** _____ **19** _____ **22** _____ **26b** _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** _____ %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1999) _____ (1998) _____ (1997) _____ (1996) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(1999) _____ (1998) _____ (1997) _____ (1996) _____

c Add Amounts from column (e) for lines **15** _____ **16** _____ **17** _____ **20** _____ **21** _____ ▶ **27c** 1,200,059.

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e** 1,200,059.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f** 1,263,700.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** 94.9639 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** 4.3335 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 (See the instructions.)

Part V Private School Questionnaire (See the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) _____ _____		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group
 Check here **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table --			
If the amount on line 40 is --	The lobbying nontaxable amount is --		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.	0.

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Schedule B
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

DISCOVERY CENTER OF SPRINGFIELD, INC.

Employer identification number

43-1568214

Organization type (check one)-- Section 501(c)(3) ◀ (enter number) | 527 or | 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations--

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule in instructions) ▶

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

Name of organization
DISCOVERY CENTER OF SPRINGFIELD, INC.

Employer identification number
43-1568214

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,608.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
2		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
3		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
4		\$ 100,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
5		\$ 40,067.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
6		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization
DISCOVERY CENTER OF SPRINGFIELD, INC.

Employer identification number
43-1568214

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>20,070.</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>8</u>		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>9</u>		\$ <u>15,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>10</u>		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>11</u>		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>12</u>		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization
DISCOVERY CENTER OF SPRINGFIELD, INC.

Employer identification number
43-1568214

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 8,170.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
14		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
15		\$ 10,322.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
16		\$ 5,062.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
17		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
18		\$ 115,000.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization
DISCOVERY CENTER OF SPRINGFIELD, INC.

Employer identification number
43-1568214

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	STOCK	\$ 5,608.	
5	STOCK	\$ 40,067.	
7	EXHIBIT	\$ 20,070.	
18	WATERSHED EXHIBIT	\$ 115,000.	06/15/2001
		\$	
		\$	

Form 990 - Exempt Organization Tax Return
 Line 9a - Special Fundraising Events and Activities

Description of Event	Gross Rec	Contrib.	Exp.
FESTIVAL OF TREES	58,059	0.	23,056
ART AND SCIENCE OF CHOCOLATE	4,575.	0.	0
EINSTEIN ON ICE	1,630	0.	440
TOTAL	64,264	0.	23,496

Form 990 - Exempt Organization Tax Return
 Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt & General	(D) Fund-raising
INSURANCE	22,850.	20,565.	2,285.	0
PUBLIC RELATIONS	21,487.	13,249	8,170.	68
BAD DEBTS	9,300.	9,300	0.	0.
OFFICE & COMPUTER	12,705.	3,676	9,029.	0.
PROFESSIONAL FEES	25,226.	0	5,150.	20,076.
MISCELLANEOUS	2,555	1,218	1,337.	0.
DUES & SUBSCRIPTIONS	2,874	1,437	1,437.	0.
PROGRAM SUPPLIES	4,748	4,748	0	0.
EXHIBIT SUPPLIES	102,966	102,966	0	0.
TOTAL	204,711	157,159	27,408	20,144.

Form 990 - Part IV - Balance Sheets
 Line 54 - Investments - Securities

Description	Amount
ENDOWMENT FUND	4,500.
TOTAL	4,500

**DISCOVERY CENTER OF SPRINGFIELD
BOARD OF DIRECTORS
2001-2002**

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Occupation Clinical psychologist

Significant other Stan

Form **8868**
 (December 2000)
 Department of the Treasury
 Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time— Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.

Partnerships, REMICs and trusts must use Form 8738 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization DISCOVERY CENTER OF SPRINGFIELD, INC.	Employer identification number 43-1568214
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 438 E ST LOUIS	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, MO 65806	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until March 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 20__ or tax year beginning August 1, 2000, and ending July 31, 2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Title ▶ CPA Date ▶ 12-17-01

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)

SMA 88681-0001 T1220