

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 08-01-2006 and ending 07-31-2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

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

C Name of organization: DISCOVERY CENTER OF SPRINGFIELD INC. % Discovery Center of Springfield. Number and street (or P O box if mail is not delivered to street address): 438 St Louis Street. Room/suite. City or town, state or country, and ZIP + 4: Springfield, MO 658062312

D Employer identification number: 43-1568214. E Telephone number: (417) 862-9910. F Accounting method: [ ] Cash [x] Accrual [ ] Other (specify)

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [ ] Yes [x] No. H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? [ ] Yes [ ] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [x] No. I Group Exemption Number. M Check [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: www.discoverycenter.org

J Organization type (check only one) [x] 501(c)(3) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,771,620

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 3 columns: Description, Sub-description, Amount. Rows include Contributions (1-5), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8d), Special events (9a-9c), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or (deficit) (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

**Part III 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 the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	0	0		
<b>25a</b>	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	63,000	22,050	18,900	22,050
<b>b</b>	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	0	0	0	0
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	439,078	337,831	68,612	32,635
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	7,313	5,239	1,291	783
<b>28</b>	Employee benefits not included on lines 25a - 27	24,506	17,465	4,335	2,706
<b>29</b>	Payroll taxes	42,405	30,233	7,589	4,583
<b>30</b>	Professional fundraising fees	0	0	0	0
<b>31</b>	Accounting fees	0	0	0	0
<b>32</b>	Legal fees	0	0	0	0
<b>33</b>	Supplies	7,377	5,677	1,179	521
<b>34</b>	Telephone	6,248	4,578	887	783
<b>35</b>	Postage and shipping	6,133	3,517	424	2,192
<b>36</b>	Occupancy	109,444	103,374	4,999	1,071
<b>37</b>	Equipment rental and maintenance	10,904	8,160	1,937	807
<b>38</b>	Printing and publications	9,496	3,935	25	5,536
<b>39</b>	Travel	4,170	4,170	0	0
<b>40</b>	Conferences, conventions, and meetings	5,401	2,880	2,521	0
<b>41</b>	Interest	131,034	0	131,034	0
<b>42</b>	Depreciation, depletion, etc (attach schedule)	508,692	486,310	19,839	2,543
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See Additional Data Table				
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,630,674	1,243,548	276,610	110,516

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the 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 the instructions.)**

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.

What is the organization's primary exempt purpose? <b>▶</b> A science center based museum providing hands-on educational experiences to all people. Through interactive exhibits, school presentations and video conferencing nation wide, youth and adults learn more about living through science facts.  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> Science & Technology Museum Programs, General/O the The Discovery Center provides interactive exhibits to combine science, technology, arts, humanities and health to stimulate young and mature minds and invite them into the wonderful world of learning (0 visitors)  (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	1,243,548
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b>	1,243,548

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		469,572	<b>45</b>	524,339	
	<b>46</b> Savings and temporary cash investments . . . . .		95,278	<b>46</b>	13,578	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	20,000			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	0	0	<b>47c</b>	20,000
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	49,718			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>	9,854	180,940	<b>48c</b>	39,864
	<b>49</b> Grants receivable . . . . .		0	0	<b>49</b>	0
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		0	0	<b>50a</b>	0
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		0	0	<b>50b</b>	0
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	0	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use . . . . .		400	400	<b>52</b>	0
	<b>53</b> Prepaid expenses and deferred charges . . . . .		105,924	105,924	<b>53</b>	700
	<b>54a</b> Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	0	<b>54a</b>	0
	<b>b</b> Investments—other securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		0	0	<b>54b</b>	4,500
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>	0				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	0	0	<b>55c</b>	0	
<b>56</b> Investments—other (attach schedule) . . . . .		0	0	<b>56</b>	0	
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	11,170,259				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	1,637,502	3,094,520	<b>57c</b>	9,532,757	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )		6,225,561	6,225,561	<b>58</b>	0	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		10,172,195	10,172,195	<b>59</b>	10,135,738	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .		200,945	<b>60</b>	49,777	
	<b>61</b> Grants payable . . . . .		0	<b>61</b>	0	
	<b>62</b> Deferred revenue . . . . .		165,209	<b>62</b>	179,576	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	0	<b>63</b>	0
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		0	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		2,566,443	2,566,443	<b>64b</b>	1,541,524
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )		0	0	<b>65</b>	0
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		2,932,597	2,932,597	<b>66</b>	1,770,877	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
	<b>67</b> Unrestricted . . . . .		5,091,186	<b>67</b>	7,874,160	
	<b>68</b> Temporarily restricted . . . . .		2,143,912	<b>68</b>	486,201	
	<b>69</b> Permanently restricted . . . . .		4,500	<b>69</b>	4,500	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .		7,239,598	7,239,598	<b>73</b>	8,364,861
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		10,172,195	10,172,195	<b>74</b>	10,135,738





Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, lobbying, and financial accounts. Includes a table for 91b with Yes/No columns.

**Part VI Other Information (continued)**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No

If "Yes," enter the name of the foreign country

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	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	
<b>93</b> Program service revenue					
<b>a</b> Education and Program Fees		0		0	43,147
<b>b</b> Video conference instruction with schools		0		0	30,585
<b>c</b> Admission Fees		0		0	131,039
<b>d</b> School Field Trips		0		0	46,521
<b>e</b> Instruction in School Classrooms		0		0	25,377
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments		0		0	69,443
<b>95</b> Interest on savings and temporary cash investments		0		0	12,714
<b>96</b> Dividends and interest from securities		0		0	1,239
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property		0		0	10,822
<b>b</b> non debt-financed property		0		0	21,645
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events		0		0	50,809
<b>102</b> Gross profit or (loss) from sales of inventory		0		0	1,123
<b>103</b> Other revenue <b>a</b> Miscellaneous Income		0		0	2,047
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	446,511
<b>105</b> Total (add line 104, columns (B), (D), and (E))					446,511

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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)
	See Additional Data Table

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the 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).

**Part XI** **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>

**Please Sign Here**

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	2008-01-22 Date
William Miller President Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization DISCOVERY CENTER OF SPRINGFIELD INC

Employer identification number

43-1568214

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Includes entry for Emily Fox.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Includes a 'None' entry and a total count of 0.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Includes a 'None' entry and a total count of 0.

**Part III Statements About Activities** (See page 2 of the instructions.)

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>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</p>	<b>1</b>		No
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>		No
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>	Yes	
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		No
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		No
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 )
- 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	2,249,141	1,724,043	1,332,302	1,412,866	6,718,352
<b>16</b> Membership fees received	0	0	0	0	0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	246,821	213,086	104,304	98,227	662,438
<b>18</b> 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	7,142	4,491	4,459	741	16,833
<b>19</b> Net income from unrelated business activities not included in line 18	0	0	0	0	0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
<b>21</b> 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	0	0	0	0	0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	5,342	1,677	1,965	1,689	10,673
<b>23</b> Total of lines 15 through 22	2,508,446	1,943,297	1,443,030	1,513,523	7,408,296
<b>24</b> Line 23 minus line 17	2,261,625	1,730,211	1,338,726	1,415,296	6,745,858
<b>25</b> Enter 1% of line 23	25,084	19,433	14,430	15,135	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 6,745,858
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b>
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) _____ 0(2004) _____ 0(2003) _____ 0(2002) _____ 0					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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 11b, as well as individuals ) Do not file this list with your return. 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 (2005) _____ 0(2004) _____ 0(2003) _____ 0(2002) _____ 0					
<b>c</b> Add Amounts from column (e) for lines 15 _____ 6,718,352 16 _____ 0 17 _____ 662,438 20 _____ 0 21 _____ 0					<b>27c</b> 7,380,790
<b>d</b> Add Line 27a total _____ 0 and line 27b total _____ 0					<b>27d</b> 0
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 7,380,790
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> 7,408,296
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 99.63 %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.23 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 )   		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 )  		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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 page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

**(a)**  
Affiliated group  
totals**(b)**  
To be completed  
for all electing  
organizations

<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b>	Other exempt purpose expenditures	<b>39</b>		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> 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 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	<b>41</b>		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**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 on page 13 of the instructions )**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 page 13 of 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

- 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**.)

Yes	No	Amount
	No	
	No	
	No	
	No	
	No	
	No	
	No	
	No	
	No	0

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



## Additional Data

**Software ID:** 06000173

**Software Version:** v1.00








**EIN:** 43-1568214

**Name:** DISCOVERY CENTER OF SPRINGFIELD INC









### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> Program Supplies & Traveling Exhibit	<b>43a</b>	116,242	115,923	319	0
<b>b</b> Marketing	<b>43b</b>	35,678	8,922	1,490	25,266
<b>c</b> In-Kind	<b>43c</b>	10,940	4,470	0	6,470
<b>d</b> Professional & Consulting Fees & Vol Support	<b>43d</b>	21,892	18,113	3,269	510
<b>e</b> Insurance	<b>43e</b>	35,819	33,742	1,722	355
<b>f</b> Exhibit Maintenance & Supplies	<b>43f</b>	8,223	8,223	0	0
<b>g</b> Loss on Disposal of Fixed Assets	<b>43g</b>	18,176	13,947	2,824	1,405
<b>h</b> Dues & Subscriptions	<b>43h</b>	2,227	258	1,669	300
<b>i</b> Miscellaneous & Credit Card/Bank Fees	<b>43i</b>	6,276	4,531	1,745	0





**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Richard Russell  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Jan Baumgartner  438 St Louis Street Springfield, MO 658062312	Treasurer 0	0	0	0
Brian Jared  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Norman Ridder 438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Lisa Officer 438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Bill Miller 438 St Louis Street Springfield, MO 658062312	President 0	0	0	0
Ron Neville  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Brooke O'Reilly  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Jason Rader  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Katy Tynes  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Mark Viguet  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Cindy Wyrsh  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Scott Zimmerman  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Ted Keller  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Keith Noble  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Kevin Ausburn  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Jim Bailey  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Bryan Fielder  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Scott DeNeen 438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Mike Peters 438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Margaret Swango  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Debbie Shantz 438 St Louis Street Springfield, MO 658062312	Vice President 0	0	0	0
Richard Ollis  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Laura Meek  438 St Louis Street Springfield, MO 658062312	Board Member 0	0	0	0
Brian Fogle  438 St Louis Street Springfield, MO 658062312	Secretary 0	0	0	0

**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

<b>Line No.</b> ▼	<b>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).</b>
93 c	Discovery Center offers special instructional sessions for home schooled youth and visiting groups for a set fee. In addition there is a summer program and ongoing individual learning activities for an additional fee.
93 d	Using video conference technology, Discovery Center provides in-classroom for schools throughout the nation for a fee based on the number of participants and topic presented.
103 a	Receipts from Board members paying for lunch at board meetings, compensation from State of Missouri on income tax withholding and other miscellaneous small receipts.
95	Interest on grant funds and excess operating cash is used to support and expand the Centers offerings to the community.
96	Discovery Center has had capital funds on deposit with the Community Foundation of the Ozarks for management as well as a small Endowment fund. Interest is used for capital and operational purposes.
101	Discovery Center has one major fund raising event in November. The Festival of Trees has become a community wide event and includes silent and verbal auction of decorated trees and other items.
93 a	Visitors to Discovery Center pay a modest entrance fee to enjoy the exhibits and learning opportunities.
97 b	Discovery Center rents part of our facility for groups wanting to play with the exhibits and have their own celebration. This is an outreach to the community and marketing strategy of the Center.
93 b	Area schools schedule out of classroom educational experiences and come to Discovery Center as an extension of their science and learning lesson plans.
93 e	Discovery Center educators provide direct classroom instruction on a number of topics aligned with the teachers lesson plan and Missouri testing expectations.
97 a	Discovery Center rents part of our facility for groups wanting to play with the exhibits and have their own celebration. This is an outreach to the community and marketing strategy of the Center.
94	Individuals, families and companies can purchase memberships to Discovery Center which allows admission to the Center free for the next year.
102	At the beginning of the year, Discovery Center had a small inventory of items for sale. These were sold and had an inventory value of \$400, netting this amount. No further sales were made throughout the year.

# TY 2006 Compensation Explanation

**Name:** DISCOVERY CENTER OF SPRINGFIELD INC

**EIN:** 43-1568214

**Software ID:** 06000173

**Software Version:** v1.00

Person Name	Explanation
Richard Russell	
Jan Baumgartner	
Brian Jared	
Ron Neville	
Brooke O'Reilly	
Jason Rader	
Katy Tynes	
Mark Viguet	
Cindy Wyrsh	
Scott Zimmerman	
Ted Keller	
Keith Noble	
Kevin Ausburn	
Jim Bailey	
Bryan Fielder	
Margaret Swango	
Richard Ollis	
Laura Meek	
Brian Fogle	

## TY 2006 Depreciation and Depletion Schedule

**Name:** DISCOVERY CENTER OF SPRINGFIELD INC

**EIN:** 43-1568214

**Software ID:** 06000173

**Software Version:** v1.00

Asset	Amount
Exhibits	232,959
Building	238,994
Equipment	36,739

**TY 2006 Investments - Securities Schedule**

**Name:** DISCOVERY CENTER OF SPRINGFIELD INC

**EIN:** 43-1568214

**Software ID:** 06000173

**Software Version:** v1.00

Description	Book Value	Cost/FMV
Permanent Endowment at Community Fdn of Ozarks	4,500	C

**TY 2006 Land etc. Schedule**

**Name:** DISCOVERY CENTER OF SPRINGFIELD INC

**EIN:** 43-1568214

**Software ID:** 06000173

**Software Version:** v1.00

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
Furniture, Fixtures, Equipment	330,828	118,775	212,053
Green Building	5,252,433	175,081	5,077,352
Land	298,373	0	298,373
St. Louis Street Building	2,515,116	728,295	1,786,821
Exhibits for Museum Visitor Experience	2,773,509	615,351	2,158,158

## TY 2006 Mortgages and Notes Payable Schedule

**Name:** DISCOVERY CENTER OF SPRINGFIELD INC

**EIN:** 43-1568214

**Software ID:** 06000173

**Software Version:** v1.00

**Total Mortgage Amount:**

<b>Item No.</b>	1
<b>Lender's Name</b>	Empire Bank
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	none
<b>Original Amount of Loan</b>	17999
<b>Balance Due</b>	14500
<b>Date of Note</b>	1997-12
<b>Maturity Date</b>	2008-03
<b>Repayment Terms</b>	Semi-annual interest
<b>Interest Rate</b>	6
<b>Security Provided by Borrower</b>	none
<b>Purpose of Loan</b>	Building Renovation
<b>Description of Lender Consideration</b>	none
<b>Consideration FMV</b>	0

<b>Item No.</b>	2
<b>Lender's Name</b>	Bank of America
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	none
<b>Original Amount of Loan</b>	100000
<b>Balance Due</b>	259000
<b>Date of Note</b>	2004-03
<b>Maturity Date</b>	2008-03
<b>Repayment Terms</b>	Monthly Interest Payments
<b>Interest Rate</b>	7.75
<b>Security Provided by Borrower</b>	none
<b>Purpose of Loan</b>	Operating Cash flow
<b>Description of Lender Consideration</b>	none
<b>Consideration FMV</b>	0

<b>Item No.</b>	3
<b>Lender's Name</b>	Bank of America
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	none
<b>Original Amount of Loan</b>	2500000
<b>Balance Due</b>	1133024
<b>Date of Note</b>	2006-12
<b>Maturity Date</b>	2009-12
<b>Repayment Terms</b>	Monthly Principle and Interest
<b>Interest Rate</b>	6.915
<b>Security Provided by Borrower</b>	Building
<b>Purpose of Loan</b>	New Building & Exhibits
<b>Description of Lender Consideration</b>	none
<b>Consideration FMV</b>	0

<b>Item No.</b>	4
<b>Lender's Name</b>	City of Springfield
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	none
<b>Original Amount of Loan</b>	135000
<b>Balance Due</b>	135000
<b>Date of Note</b>	2000-06
<b>Maturity Date</b>	2010-06
<b>Repayment Terms</b>	Principle on Maturity
<b>Interest Rate</b>	0
<b>Security Provided by Borrower</b>	none
<b>Purpose of Loan</b>	Building Renovation
<b>Description of Lender Consideration</b>	none
<b>Consideration FMV</b>	0

## TY 2006 Other Assets Schedule

**Name:** DISCOVERY CENTER OF SPRINGFIELD INC

**EIN:** 43-1568214

**Software ID:** 06000173

**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Building Construction in Process	5,089,738	
Exhibits Under Construction/In Process	1,135,823	

**TY 2006 Sales Of Inventory Schedule****Name:** DISCOVERY CENTER OF SPRINGFIELD INC**EIN:** 43-1568214**Software ID:** 06000173**Software Version:** v1.00

<b>Category</b>	<b>Gross Sales</b>	<b>Cost of Goods Sold</b>	<b>Net (Gross Sales Minus Cost of Goods Sold)</b>
Gizmos Store	1,523	400	1,123

## TY 2006 Special Events Schedule

**Name:** DISCOVERY CENTER OF SPRINGFIELD INC

**EIN:** 43-1568214

**Software ID:** 06000173

**Software Version:** v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Festival of Trees	94,095	43,792	50,303	15,283	35,020
Fun Run, Fashion Show, Bike Ride, Other	15,789	0	15,789	0	15,789

## TY 2006 Other Income Schedule

**Name:** DISCOVERY CENTER OF SPRINGFIELD INC

**EIN:** 43-1568214

**Software ID:** 06000173

**Software Version:** v1.00

Description	2003	2002	2001	2000	Total
Miscellaneous Income	5,342	1,677	1,965	1,689	10,673

Form **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No 1545-1879

For calendar year 2006, or tax year beginning 8/1/2006, and ending 7/31/2007  
 For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868  
 ▶ See instructions on back.

**2006**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization: **DISCOVERY CENTER OF SPRINGFIELD INC**  
 Employer identification number: **43 1568214**

**Part I Type of Return and Return Information (Whole Dollars Only)**

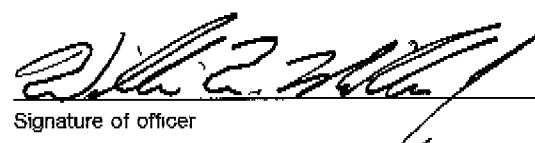
Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>\$2,755,937</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	<input type="radio"/>
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	<input type="radio"/>
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	<input type="radio"/>

**Part II Declaration of Officer**

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶  Date 1/22/08 ▶ Title William Miller, President

Signature of officer Date Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN Phone no. ( )

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN Phone no. ( )

Jan 22, 2008 12:54PM  
 PHILIPPS & MILLER  
 No. 9142 P. 1