EXTENDED TO APRIL 15, 2020

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. 2019 A For the 2018 calendar year, or tax year beginning JUN 1, 2018 and ending MAY Check if applicable: C Name of organization D Employer identification number Address change DISCOVERY CENTER OF THE SO. TIER, INC. Name change 22-2612065 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 607-773-8661 60 MORGAN ROAD City or town, state or province, country, and ZIP or foreign postal code 1,057,015. **G** Gross receipts \$ Amended return 13903 BINGHAMTON, NY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JESSIE STONE HE for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.THEDISCOVERYCENTER.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1985 M State of legal domicile: NY Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: THE DISCOVERY CENTER OF THE **Activities & Governance** SOUTHERN TIER IS COMMITTED TO CREATING AN ENVIRONMENT THAT FOSTERS if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 3 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 78 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 700 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 0. 7h **Current Year Prior Year** 104,485. 220,909. Contributions and grants (Part VIII, line 1h) 8 Revenue 708,103. 701,483. Program service revenue (Part VIII, line 2g) -278. 7,766. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 55,800. 35,735. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 848,045. 985,958. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 626,393. 727,567. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 319,455. 302,160. 1,029,727. 945,848. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -97,803. -43,769.Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 1,594,018. 1,406,432. 20 Total assets (Part X, line 16) 84,450. 104,130. 21 Total liabilities (Part X, line 26) 三年 321,982. 489,888 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JESSIE STONE HE, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature SHANNON T. FORKIN, C 07/08/20 self-employed SHANNON T. FORKIN, CPA P00973625 Paid Firm's name ▶ DANNIBLE & MCKEE, LLP Firm's EIN ▶ 33-0996661 Preparer Firm's address 221 SOUTH WARREN ST. Use Only SYRACUSE, NY 13202 Phone no. 315-472-9127

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

No

X Yes

4d	Other program	services	(Describe in	Schedule (O.)
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) (Revenue \$ including grants of \$

Total program service expenses

742.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			1 37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X line 15 that is 5% or more of its total assets reported in		Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Λ	Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Α.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
ıza		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZA		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2018) DISCOVERY CENTER OF THE SO. TIER, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cesh contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
o-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		X
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa		1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
_	(gambling) winnings to prize winners?	1c	Х	
			000	

Form 990 (2018) DISCOVERY CENTER OF THE SO. TIER, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 78			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			37
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
_	were not tax deductible?	.)Y	6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a 		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property or which it was to file Form 8282?	is required	7.		X
d		7d	7c		
u e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 6 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the consequence of the consequence of the consequence of the distance of the consequence of the conseque		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	, ,			
а		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l .a. l			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	4.6 -		v
			14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule to the expensive tenths and the expensive tenths are the expensive to the expensive tenths and the expensive tenths are the expensive tenths are the expensive tenths.		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		X
	excess parachute payment(s) during the year?		15		Α.
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.		10		

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

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	anv other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
3				,		x
			- 61-40	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		v
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?		/ _y	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Senedule 0			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)	•		
	(This decision is requests information about policies not require by the internal rice	veriae	Code.,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	anter	affiliates	100		
			, armaco,	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	beio	re ming the form:	1 Ia	21	
b 40-				40-	Х	
			#:0	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		١	v	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	7.7
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990	T (Section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			financ	ial	
	statements available to the public during the tax year.		, , , , , , , , , , , , , , , , , , ,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
	THE ORGANIZATION - 607-773-8661					
	60 MORGAN ROAD, BINGHAMTON, NY 13903					
	- · · · , · · · · · · · · · · · · · · ·					

INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	or any related	orga	nizat	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		(VV-2/1050-IVI.3.0)		and related
	below	idual	ution	J.	Key employee	sst co	er	\sim		organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			
(1) JENNIFER CRAWFORD	2.00									
DIRECTOR		Х						0.	0.	0.
(2) BRANDON MACWHINNIE	2.00						7			
DIRECTOR		Х			1	1.		0.	0.	0.
(3) CHARLES ROBINSON	2.00					ľ				
TREASURER		Х		X	~			0.	0.	0.
(4) JEFFREY A. JAKETIC	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(5) JONATHAN MACKO	2.00	Y							_	•
DIRECTOR	** 00	"X						0.	0.	0.
(6) ALYSSA ENFIELD	2.00			7.7					0	0
VICE PRESIDENT	2 00	Х		X				0.	0.	0.
(7) KELLY HUDOCK	2.00	37		37					_	0
SECRETARY	2.00	Х		X				0.	0.	0.
(8) NICHOLAS PERRINO DIRECTOR	2.00	Х						0.	0.	0.
(9) SEAN BRITTON	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(10) ERIK JONES	2.00	21							0.	
PRESIDENT	2.00	х		Х				0.	0.	0.
(11) JAMES BURNETT	2.00							•	•	
DIRECTOR		Х						0.	0.	0.
(12) BEN AMORESE	2.00								<u> </u>	
DIRECTOR		Х						0.	0.	0.
(13) JAKE BRIGHAM	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ZACH STAFF	2.00									
DIRECTOR		Х						0.	0.	0.
(15) SARAH EL-BERGEARMI	2.00									
DIRECTOR (THRU OCTOBER 2018)		Х						0.	0.	0.
(16) KELLY MONACO	2.00									
DIRECTOR (THRU AUGUST 2018)		Х						0.	0.	0.
(17) TRACY BRANNICK-CASEY	2.00									_
DIRECTOR (THRU OCTOBER 2018)		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	(B)	,	555,	((9		(D)	(E)			(F)	
Name and title	Average Position (do not check more than one							Reportable	Reportable	Es	timate	ed	
	hours per	box, unless person is a officer and a director/t				is bot	n an	compensation	compensation		an	nount (of
	week		cer ar	id a di	irecto	or/trus	tee)	from	from related			other	
	(list any hours for	director				L		the organization	organization (W-2/1099-MI		ı	pensation the	
	related	9e or (stee			nsatec		(W-2/1099-MISC)	(***27 1033-1411)	30)	l	anizati	
	organizations	ndividual trustee or	nstitutional trustee		oyee	Highest compensated employee					,	d relate	
	below	ividua	titutio	Officer	Key employee	hest o	mer				orga	anizatio	วทร
(10) 32770277 10273 00	line)	Pul	lus	Offi	X Ke	E E	요						
(18) ANTONY MONACO DIRECTOR (THRU OCTOBER 2018)	2.00	х						0.		0.			Λ
(19) CAROL QUINLIVIN	2.00	^				<u> </u>		0.		0.			0.
DIRECTOR	2.00	Х						0.		0.			0.
(20) SUE KUHN	2.00							•					
DIRECTOR		х						0.		0.			0.
(21) CAMILLE VINCENT	2.00								•	-			
DIRECTOR		Х						0 <		0.			0.
(22) BRIAN FOY	2.00							0					
DIRECTOR (THRU AUGUST 2018)		Х						10.		0.			0.
(23) ABIGAIL HENDRICKSON	40.00	1											
EXECUTIVE DIRECTOR				Х		_		63,611.		0.			0.
		-											
					_	┢							
		1											
						C	-)					
		1					ノ						
1b Sub-total				<			<u> </u>	53,611.		0.			0.
c Total from continuation sheets to Part V					V	<i>y</i>	•	0.		0.			0.
d Total (add lines 1b and 1c))				53,611.		0.			0.
2 Total number of individuals (including but r			liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	е			
compensation from the organization		\searrow											0
												Yes	No
3 Did the organization list any former officer			e, ke	y en	nplo	yee,	or l	nighest compensated er	nployee on				37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the s											4		Х
and related organizations greater than \$15Did any person listed on line 1a receive or	u,uuu? If "Yes,	CO " cati	mpie on fr	ete S	sche	edule	J t	or such individual	fual for services		4		
rendered to the organization? If Tyes, con									dai loi sei vices		5		Х
Section B. Independent Contractors	ipiete Scriedur	<i>- 0 1</i>	UI SC	ICII Ļ	<i>J</i> C/3	OH							
Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and business	address	N	INC	<u> </u>			_	Description of s	ervices	C	compe	nsatior	<u> </u>
							\dashv						
							\dashv						
2 Total number of independent contractors (ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	•)							

Page 9

		Check if Schedule O contains a resp	onse or note to any	line in this Part VIII			
		Check il Collegale O colltains a resp	onse of flote to arry	(A)	(B)	(C)	_ (D)
				Total revenue	Related or	Unrelated	Revenuè excluded from tax under
					exempt function	business	sections 512 - 514
		T	T		revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns1		_			
ira	b	Membership dues1					
Ğ,ğ	С	Fundraising events 1	c 10,925	•			
ifts		Related organizations 1	d				
nii,		Government grants (contributions)	e 16,000				
Sir		All other contributions, gifts, grants, and		_			
ĒË	'		f 193,984				
들							
d d	_	Noncash contributions included in lines 1a-1f: \$	13,558				
<u>ठ</u> ह	h	Total. Add lines 1a-1f	D	220,909.			
			Business Co				
ě	2 a	PRESCHOOL AND AFTER S	<u> 611600</u>	366,401.	366,401.		
ξ	b	ADMISSIONS	611710	163,895.	163,895.		
Ser	С	WORKSHOPS/PROGRAMS	611710	104,354.	104,354		
E S		MEMBERSHIP DUES AND A					
gra Re		BIRTHDAY PARTIES, ETC					
Program Service Revenue				25,245.	23,243.		
-		All other program service revenue		701 402			
		Total. Add lines 2a-2f		701,483.	2		
	3	Investment income (including dividends,		(7		
		other similar amounts)	>	3,766			3,766.
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties	>	. ()			
		(i) Rea		6			
	6 3		()				
				\sim			
		Less: rental expenses					
		Rental income or (loss)	<u> </u>	*			
	d	Net rental income or (loss)		<u>/</u>			
	7 a	Gross amount from sales of (i) Securi					
		assets other than inventory	4,000	<u>•</u>			
	b	Less: cost or other basis	W				
		and sales expenses	0				
	С	Gain or (loss)	4,000				
		Net gain or (loss)		4,000.			4,000.
		Gross income from fundraising events (no	.t	1,0001			1,0001
e	8 a)i				
eu		including \$ 10 .9 25 . of					
ě		contributions reported on line 1c). See					
Other Revenu		Part IV, line 18					
럁	b	Less: direct expenses	в 55,547				
0	С	Net income or (loss) from fundraising eve	nts	40,751.			40,751.
		Gross income from gaming activities. See					
		Part IV, line 19					
	h	Less: direct expenses					
				_			
		Net income or (loss) from gaming activities	es	•			
	10 a	Gross sales of inventory, less returns	20 550				
		and allowances					
	b	Less: cost of goods sold	в 15,510				
	С	Net income or (loss) from sales of inventor	ory	15,049.	15,049.		
		Miscellaneous Revenue	Business Co	de			
	11 a						
	b			1			
	С.	All		+	+		
		All other revenue		+			
		Total. Add lines 11a-11d		005 050	F16 500		40 545
	12	Total revenue See instructions	•		716.532.	0.	48 517.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**) Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 54,182. 42,676. 9,891. 1,615. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 616,292. 485,419 ,502 18,371. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 57,093. 45,35 10,208. 1,529. 10 Payroll taxes 11 Fees for services (non-employees): Management 440 440. Legal 1,535 1,535. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3 800 column (A) amount, list line 11g expenses on Sch O.) 3,800. 33,202. 13,496. 15,061. 4,645. 12 Advertising and promotion 5,543 5,543. Office expenses 13 Information technology 14 Royalties 15 21,602. 12,961. 6,481. 2,160. 16 Occupancy 525. 525. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,880. 2,880. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 87,280. 74,188. 13,092. Depreciation, depletion, and amortization 22 19,345. 16,443. 2,902. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 37,121. 37,121. CHILD CARE PROGRAM COST REPAIRS & MAINTENANCE 35,802. 19,673. 16,129. 21,399. 21,399. WORKSHOP COSTS 21,023. 21,023. d BANK FEES 10,663. 10,533. 130. e All other expenses 1,029,727. 771,742. 229,665. 28,320. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet

Pal	rt X	Balance Sheet						
		Check if Schedule O contains a response or note	to any line	e in this Part X				
					Begir	(A) nning of year		(B) End of year
	1	Cash - non-interest-bearing				60,861.	1	106,878.
	2	Savings and temporary cash investments				116,681.	2	34,184.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				17,461.	4	13,711.
	5	Loans and other receivables from current and for						
		trustees, key employees, and highest compensa-	ted employ	ees. Complete				
		Part II of Schedule L					5	
	6	Loans and other receivables from other disqualifi	ed persons	s (as defined under				
		section 4958(f)(1)), persons described in section	4958(c)(3)(l	B), and contributing				
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary				
ş		employees' beneficiary organizations (see instr).	Complete F	Part II of Sch L			6	
Assets	7	Notes and loans receivable, net					7	
ğ	8	Inventories for sale or use				6,479.	8	4,322. 2,799.
	9	5				8,876.	9	2,799.
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	2,792,805.				
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,681,448.	1	144,144.	10c	1,111,357. 53,156.
	11	Investments - publicly traded securities				51,930.	11	53,156.
	12	Investments - other securities. See Part IV, line 1	1		\triangle	,	12	
	13	Investments - program-related. See Part IV, line 1	1				13	
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			<u> </u>	0.	15	267,611.
	16	Total assets. Add lines 1 through 15 (must equa			1,	406,432.	16	1,594,018.
	17	Accounts payable and accrued expenses				27,545.	17	36,987.
	18	Grants payable					18	65.440
	19	Deferred revenue				56,905.	19	67,143.
	20	Tax-exempt bond liabilities		<i>)</i>			20	
	21	Escrow or custodial account liability. Complete F					21	
es	22	Loans and other payables to current and former						
∄		key employees, highest compensated employees	and disq	ualified persons.				
Liabilities		Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelate	-				23	
	24	Unsecured notes and loans payable to unrelated					24	
	25	Other liabilities (including federal income tax, pay						
		parties, and other liabilities not included on lines	17-24). Co	mplete Part X of				
		Schedule D				84,450.	25	104 120
	26	Total liabilities. Add lines 17 through 25				04,430.	26	104,130.
		Organizations that follow SFAS 117 (ASC 958)		ere 🕨 🔼 and				
Ses	07	complete lines 27 through 29, and lines 33 and			1	214,188.	07	1,164,830.
anc	27	Unrestricted net assets			<u> </u>	83,050.	27	298,853.
Bal	28	5				24,744.	28 29	26,205.
<u>n</u>	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (AS		and have		44,/44.	29	20,203
Ţ		and complete lines 30 through 34.	oC 950), CI	ieck nere				
S O	20						20	
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq			<u> </u>		30 31	
As	31	Retained earnings, endowment, accumulated inc					32	
Net Assets or Fund Balances	32				1	321,982.	33	1,489,888.
_	33	Total liabilities and not assets/fund balances				406,432.	34	1,594,018.
	34	Total liabilities and net assets/fund balances				400,434	ა 4	1,J94,U10•

Form **990** (2018)

Form	990 (2018) DISCOVERY CENTER OF THE SO. TIER, INC.	22-	2612065	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	98	5,9	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,02		
3	Revenue less expenses. Subtract line 2 from line 1	3			69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,32		
5	Net unrealized gains (losses) on investments	5		1,4	58.
6	Donated services and use of facilities	6			
7	Investment expenses	7		2 1	
8	Prior period adjustments	8	21	3,1	.33.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		4 40		
Da	column (B))	10	1,48	9,8	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			Х	
b	Were the organization's financial statements audited by an independent accountant?		2b	A	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
C	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			-	
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Sa		gie Auc	" 3a		X
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	and and			1
b			^п Зь		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			990	(2018)
			rom	1 330	(2018)
	X				