Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2022** Open to Public Inspection

Department of the Treasury Internal Revenue Service

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A	For the	± 2022 calendar year, or tax year beginning $07/01/22$, and ending $06/30/2$	23		
В	Check if ap	oplicable: C Name of organization THE DA VINCI DISCOVERY CENTER OF		D Employer	identification number
	Address ch	nange SCIENCE AND TECHNOLOGY, INC.			
Ħ	Name about	Doing business as		23-2	824084
닉	Name char	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	
_	Initial return			484-	664-1002
	Final return terminated	City or town, state or province, country, and ZIP or foreign postal code			
\neg		ALLENTOWN PA 18103		G Gross rec	eipts \$ 11,007,863
ᆗ	Amended i	F Name and address of principal officer:			ubordinates? Yes X No
\Box	Application	pending JACK GROSS, ESQ.	H(a) Is this a grou	up return for s	ubordinates? Yes X No
			H(b) Are all subc	ordinates incl	uded? Yes No
			If "No,"	attach a list.	See instructions
_	Tax-exem	pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	1		
	Website:	WWW.DAVINCISCIENCECENTER.ORG	11/2) Crown awar		_
			H(c) Group exemeration: 19		
			ear of formation: 13	995	M State of legal domicile: PA
Г	art I	Summary			
	1 8	riefly describe the organization's mission or most significant activities:	<u> </u>		
ဗ္ဗ		OUR MISSION IS TO BRING SCIENCE TO LIFE AND LIVES TO SO		'HROUGI	
Jan		INQUIRY-BASED SCIENCE LEARNING EXPERIENCES, WE CHAMPION			RATION
Governance		AND HELP BUILD A TECHNICAL AND SCIENTIFIC WORKFORCE. SE	EE SCHEDUL	EO.	
9	2 0	Check this box \bigsqcup if the organization discontinued its operations or disposed of more than 25%	of its net assets	S	
<u>«</u>	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	29
	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	28
Activities	5 T	otal number of individuals employed in calendar year 2022 (Part V, line 2a)		5	113
Ę		otal number of volunteers (estimate if necessary)			245
⋖		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
		let unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
	— • • • • • • • • • • • • • • • • • • •	de difficulted business taxable froeffic from 500 1, 1 art 1, line 11	Prior Year		Current Year
	8 0	Contributions and grants (Part VIII, line 1h)	12,328	,054	7,937,212
Jue		Annuary consider resource (Dout \ /III line Oo)		_	1,973,667
Revenue	1	9 Program service revenue (Part VIII, line 2g) 1,312,106 1,9		417,284	
æ		ovestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,160	22,285
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,640		10,350,448
		Annata and similar associate maid (Part IV) ashares (A) lines (A, O)	13,010	,101	10/330/110
					0
	1	tenefits paid to or for members (Part IX, column (A), line 4)	2,394	E/12	2 906 190
(penses	1	dalaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,394	,542	2,806,180
ens	1	Professional fundraising fees (Part IX, column (A), line 11e) Otal fundraising expenses (Part IX, column (D), line 25) 496,436			<u> </u>
	1	··········· F		4	0 110 160
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,618		2,112,469
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,013	,116	4,918,649
	19 R	Levenue less expenses. Subtract line 18 from line 12	9,627		5,431,799
Net Assets or			Beginning of Curr		End of Year
sset.	20 T	otal assets (Part X, line 16)	21,750		54,052,595
H A	21 T	otal liabilities (Part X, line 26)	4,126		30,996,617
ŽĒ	22 N	let assets or fund balances. Subtract line 21 from line 20	17,624	, 179	23,055,978
P	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and statement		•	owledge and belief, it is
tru	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge	e. 	
		Linda L. Crickson			
Sig	gn	Signature of officer		Date	
Нe		LINDA L. ERICKSON EXEC. DIRE	CTOR/CEO)	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	d	CHRIS BETLEY	12/19/	23 self-em	\sqcup
	parer	DIGUNO I TOTOWY C CONDAIN D C	<u> </u>		23-2426656
	Only	645 HAMILTON ST SUITE 204	Fir	m's EIN	23-2420030
	· •,	ATTENDOUNT DA 10101			610-821-8580
	. (1 17.)	•	Ph	ione no.	
May	tne IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Part III Statement of Program Service Accomplishments Check 6f Schedule Contains a response or note to any line in this Part III 1 Breity describe the organization's mission: OUR MISSION IS TO BRING SCIENCE TO LIFE AND LIVES TO SCIENCE. THROUGH INQUTRY-BASED SCIENCE LEARNING EXPERIENCES, WE CHAMPION THE NEXT GENERATION AND HELP BUILD A TECHNICAL AND SCIENTIFIC WORKPORCE. SEE SCHEDULE O. 2 Did the organization undestake any significant program services during the year which were not listed on the prior Form 900 or 900-522; If Yes, describe these new services on Schedule O. 3 Did the organization cross conducting, or make significant changes in how it conducts, any program services? If Yes, describe these through services on Schedule O. 4 Describe the organizations program service schedule O. 4 (Code:) (Expenses S. 2,980,327; including grants of S.) (Revenue S. 1,973,667. THE DA VINCT DISCOVERY CENTER OF SCIENCE AND TECHNOLOGY, INC. PROVIDES HANDS-ON, INQUIRY-BASED SCIENCE EDUCATION THROUGH INTERACTIVE EXHIBITS AND A VARIETY OF EDUCATIONAL PROGRAMS FOR STUDENTS, TEACHERS, AND FAMILIES. 46 (Code:) (Expenses S. including grants of \$.) (Revenue S. N/A. 47 (Code:) (Expenses S. including grants of \$.) (Revenue S. N/A. 48 (Code:) (Expenses S. including grants of \$.) (Revenue S. N/A. 49 (Code:) (Expenses S. including grants of \$.) (Revenue S. N/A. 40 (Code:) (Expenses S. including grants of \$.) (Revenue S. N/A. 41 (Code:) (Expenses S. including grants of \$.) (Revenue S. N/A. 42 (Code:) (Expenses S. including grants of \$.) (Revenue S. N/A. 43 (Code:) (Expenses S.) (Revenue S.) (Revenue S. N/A. 44 (Code:) (Expenses S.) (Expenses S.) (Revenue S.) (Reve		rt III Statement of Drogram Sam	ice Accemplishments	23 2021001	r age z
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Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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)	١.	7.7	
_	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,	_		х
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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,"	⊢ ′		
Ŭ	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	X	
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 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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
Ь	"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 approximation resistain on office appropriate or a property autoids of the United Ctatas?	14a		X
b	Did the organization maintain an office, employees, or agents outside of the Onlied States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		<u></u>
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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		X
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. See instructions	17		Х
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	X	
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
b	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

Pa	art 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Ves." complete Schedule I	23	x	
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schoolule 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	··· - ··-		
·	to defense any tay exempt hands?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		240		
ZJa		250		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	3.0			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Voo." complete Calcadula I. Davi IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
		31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		х
22	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		- v	
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	\vdash
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			~
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 52			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1с		

	1990 (2022) THE DA VINCI DISCOVERI CENTER OF 25-2024					age J
	Statements Regarding Other IRS Filings and Tax Compliance (contin	iuea) T			Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		113			
L	Statements, filed for the calendar year ending with or within the year covered by this return	2a	113	- Jh	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the organization have upreleted business green income of \$1,000 or more during the year?	1115 !		2b		х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> </u>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		it, over			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		х
b	If "Yes," enter the name of the foreign country	ii accoi	uiit):	4а		21
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year:			Eh		X
C	William to the Ferri State of the did the engage better State of the Ferri 2000 TO			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
va	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	gifts were not tax deductible?) I I O I		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	annds				
u	and convices provided to the pover?	_		7a		х
b	If "Over " did the appropriation positive the degree of the value of the green are rise provided."			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	$\overline{}$	r?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine		• •			
	sponsoring organization have excess business holdings at any time during the year?	Í		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Pid the appropriate appropriation makes any toyoble distributions under continu 10000			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			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	Gross income from members or shareholders	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				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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		Ī			
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a						X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ	vities .				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Page 6

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 on Schedule O. See instructions.

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

360	tion A. Governing Body and Management				I	
			20		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29	4		
	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 on Schedule O.	ا ا	28			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					37
_	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			_		37
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					l
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	ne 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 reached at					l
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal F	Revenue Co	ode.)		
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	orm?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official			15a	X	7-
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA,NJ,NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	ection	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est po	licy,			
	and financial 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 books and reco	rds				
L:	INDA ERICKSON 3145 HAMILTON BLVD BYPASS		404		4 -	000

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.
--

<u> </u>	<u> </u>	-						<u> </u>		
(A) Name and title			k, unle	ess pe	ition more rson i	than ones both a	in e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LINDA L. ERICKS)N									
• •	40.00									
EXEC. DIRECTOR/CEO	0.00			X				180,723	0	8,596
(2) MAUREEN MICHAEL										
	40.00									
CHIEF FINANCIAL OFFI	0.00			X				120,437	0	8,441
(3) MARYELLEN DICKE	1									
	40.00									
CHIEF PHILANTHR. OFF	0.00			X				125,000	0	9,175
(4) JACK GROSS, ESQ	 									
	0.60							_	_	
CHAIRMAN	0.00	X		X				0	0	0
(5) DANIEL C. BOSKET										
	0.60									
VICE CHAIRMAN	0.00	X		X				0	0	0
(6) MICHAEL J. STOUI		CPZ	•							
	0.60	3.7		7.				^	_	0
TREASURER	0.00	Х		X				0	0	0
(7) SUSAN SCHIERWAGI	0.60									
SECRETARY	0.00	x		х				0	o	0
(8) JAMES E. MCLEAN	0.00							0	0	0
(6) CAMES E. MCLEAN	0.60									
TRUSTEE	0.00	x						0	0	0
(9) MICHAEL BARTHOLO		22						<u> </u>		
(5) FITCHELL DIRECTION	0.60									
TRUSTEE	0.00	x						0	0	0
	PH.D.(RE		:NF	:D)				•		
(:0)=====	0.60	T - `		_ ′						
TRUSTEE	0.00	x						0	0	0
(11) DEAN BESTWICK										
, ,	0.60									
TRUSTEE	0.00	x						0	0	0
	•	•								Form 990 (2022)

Form **990** (2022)

173200 Page **8**

	LINCT DID											- 1	aye c
Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)				
				(0 Pos	C) ition								
(A)	(B)			check	more	than c		(D)	(E)		(F)		
Name and title	Average hours					s both or/trust		Reportable compensation	Reportable compensation	Estir	nated of oth	amount er	
	per week				-			from the	from related	cc	mpens	ation	
	(list any hours for	Individual trustee or director	Institutional	Officer	Key employee	nghes Joseph	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	org	from t anizatio	he on and	
	related	ector	tiona		mplo	yee cc	9	1099-NEC)	1099-NEC)	_		nization	s
	organizations below	trus	= =		уее	mpe							
	dotted line)	lee	trustee			Highest compensated employee							
(12) ANN D. BIEBER	, ED.D					_							
	0.60												
TRUSTEE	0.00	X						0	0				0
(13) STEPHEN K. B	REININGE	R											
	0.60												
TRUSTEE	0.00	X						0	0				0
(14) DICK BUS													
	0.60												
TRUSTEE	0.00	X						0	0				0
(15) HON. JANE R.	ERVIN												
	0.60												
TRUSTEE	0.00	X						0	0				0
(16) W. BEALL FOW	-	Þ.											
	0.60												
TRUSTEE	0.00	X						0	0				0
(17) JOSEPH C. KO	VALCHIK	(R	ES:	GN	ED)							
	0.60												_
TRUSTEE	0.00	X						0	0				0
(18) DEBRA H. LAM													
	0.60												_
TRUSTEE	0.00	X		_				0	0				0
(19) CATHERINE LY	_	IGI	TEI))									
	0.60												_
TRUSTEE	0.00	X						0	0			~	0
1b Subtotal								426,160				26,2	212
c Total from continuation shee	ets to Part VII, S	Secti	ion /	٩				426 160				26 4	212
d Total (add lines 1b and 1c)	aludina hut nat li						 h o	426,160	\$100,000 of			26,2	<u> </u>
2 Total number of individuals (in reportable compensation from			3	trios	e iis	ieu a	DOVE	e) who received more than	\$100,000 01				
												Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir	ecto	r, tru	stee,	, key h ind	em)	oloye	ee, or highest compensated	d		3		х
4 For any individual listed on line	e 1a. is the sum	of r	o ioi enori	able	con	nnens	iai satio	on and other compensation	from the				
organization and related organ													
individual								, 			4	X	
5 Did any person listed on line ?	la receive or acc	crue	com	pens	atior	n fror	n an	ny unrelated organization or	· individual		_		37
for services rendered to the o		es,"	com	piete	Sci	nedu	ie J	tor such person			5		X
Section B. Independent Contractor1 Complete this table for your fire		onco	tod	indor	ond	ont o	contr	ractors that received more t	than \$100,000 of				
compensation from the organiz										ear.			
Name and	(A) business address							Descript	(B) ion of services		Co	(C) mpensat	ion
ALVIN BUTZ, INC.	business dudiess				840	HZ	МІ	LTON ST.	IOT OF SOLVICES		001	пропоис	1011
ALLENTOWN	PA	. 1	81				1	CONSTRUCTION			12	2,525	. 258
ROTO GROUP					700	1 1		SCOVERY BLVD				-,	,
DUBLIN	OH	[4	30				1	EXHIBIT DESIGN	ī		3	3,430	,182
IMAGINIE EXHIBITIONS					180	0 1	_	ARCLIFF RD NE B					
ATLANTA		. 3	03	29			E	EXHIBIT				199	,558
EDUCATION MARKETING					50	s.	16	TH STREET					
PHILADELPHIA	PA	. 1	<u>9</u> 1	02			_ c	CONSULTING				194	400
MKSD ARCHITECTS					120	9 I	IAU	SMAN RD., SUITE	A				
ALLENTOWN	PA	. 1	81	04			P	ARCHITECTURE				171	,675
2 Total number of independent of received more than \$100,000								se listed above) who	7				

	rt V			f Revenue				(a. a.a. Para ta (b.)	- D- (1/III		Tago U
		Check if	Sch	edule O conta	ains a	a respor	nse or note	to any line in this			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated camp	aigns		1a	1	,299,203				
ža ou	b	Membership due			1b						
s, c An	С	Fundraising eve			1c		94,509				
a it	d	Related organiza			1d						
s, ini	е	Government grants (co		ns)	1e	2,	,774,204				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no			1f	3	,769,296				
arrib Q	g	Noncash contributions lines 1a-1f			1g	\$	515,718				
a S	h	Total. Add lines	1a-1f	f				7,937,212			
							Business Code				
به	2a	MUSEUM OPE	RATIO	ons			900099	1,973,667	1,973,667		
Program Service Revenue	b										
S	С										
Range	d										
) Log	е										
_	f	All other program	n serv	rice revenue							
	g	Total. Add lines						1,973,667			
	3	Investment incor	•					267,593			267,593
	4	other similar amounts) 4 Income from investment of tax-exempt bond proce					201,7333			207,030	
	5	Royalties		•		•					
		rtoyanaoo		(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incom	e or (loss)							
	7a	Gross amount from	,	(i) Securities	;	(i	i) Other				
		sales of assets other than inventory	7a	656	,116						
ē	b	Less: cost or other									
en!		basis and sales exps.	7b	506,	425						
Revenue	С	Gain or (loss)	7с	149	,691						
ē	d	Net gain or (loss	s)		. <u></u>			149,691			149,691
듈		Gross income from									
		(not including \$		94,509							
		of contributions rep	orted o	on line							
		1c). See Part IV, lir			8a						
		Less: direct expe			8b		81,470				
		Net income or (I		_	events	S		-81,470			-81,470
	9a	Gross income from	_	-							
		activities. See Pa			9a						
		Less: direct exp			9b						
		Net income or (I	,	0 0	vities .	T					
	10a	Gross sales of in		•	40-		173,275				
	L	returns and allow			10a		69,520				
		Less: cost of good Net income or (le			10b			103,755	103,755		
		14CL HICOHIE OI (I	U33) II	OIII SAICS UI IIIVE	JIIIOIY		Business Code	103,733	103,733		
Snc	11a										
Miscellaneous Revenue	b										
sella Ver	,										
Jisc Re	l 4										
2		d All other revenuee Total. Add lines 11a–11d									
		Total revenue.						10,350,448	2,077,422	0	335,814

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon			lete column (A).	
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		охрензез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals See Bort IV line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	469,835	13,377	263,334	193,124
6	Compensation not included above to disqualified	105/055	13/3//	203/331	133/121
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		1,941,064	1,571,940	240,267	128,857
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,711,001	±131±13±0	210/20/	120,037
0	section 401(k) and 403(b) employer contributions)				
9		198,842	132,223	40,027	26 592
9 10	Other employee benefits	196,439	137,871	35,624	26,592 22,944
11	Payroll taxes Fees for services (nonemployees):	170,439	<u> </u>	33,024	22,711
11	Fees for services (nonemployees):				
d L	Management	330,409		330,409	
b	Legal	38,490		38,490	
ر م	Accounting	25,000		30,430	25,000
u	Professional fundraising services. See Part IV, line 17	25,000			23,000
e					
1	Investment management fees				
g		359,942	92,783	229,099	38,060
40	(A) amount, list line 11g expenses on Schedule O.)	122,217	118,117	1,600	2,500
	Advertising and promotion	201,168	160,090	20,052	21,026
13	Office expenses	68,455	25,953	21,942	20,560
14	Information technology	00,100	25,955	21,942	20,500
15	Royalties	151,971	116,919	29,881	5,171
16	Occupancy	36,180	11,044	20,693	4,443
17	Travel	30,100	11,044	20,095	1,113
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	20 660	22 210	2 006	2 5//
19	Conferences, conventions, and meetings	28,668 43,796	23,218	2,906 43,796	2,544
20	Interest	43,/90		43,/90	
21	Payments to affiliates	259,349	232,672	26 677	
22	Depreciation, depletion, and amortization	50,743		26,677 10,149	507
23	Insurance Other company Itamira company and according	50,743	40,087	10,149	507
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	241,589	2/1 500		
a	EXHIBIT RENTAL		241,589	2 274	
b	CREDIT CARD FEES	49,044	46,770	2,274	
C	COMMUNICATIONS	18,758		18,758	
d	BANK CHARGES	17,444	15 674	17,444	E 100
	All other expenses	69,246	15,674	48,464	5,108
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	4,918,649	2,980,327	1,441,886	496,436
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
DAA	following SOP 98-2 (ASC 958-720)				Form QQ0 (2022)

Part X Balance Sheet

Pa	rt >	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any l	ine in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1				3,622,240	1	12,721,478
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		5,875,079	3	7,194,992	
	4				52,917	4	152,108
	5	Loans and other receivables from any current or form	ner officer,	director,			
		trustee, key employee, creator or founder, substantia	al contributo	or, or 35%			
		controlled entity or family member of any of these pe				5	
	6	Loans and other receivables from other disqualified p					
ş		under section 4958(f)(1)), and persons described in				6	
Assets	7	Notes and loans receivable, net				7	
^	8				10,206	8	11,699
	9	Prepaid expenses and deferred charges			85,469	9	64,601
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,516,150			
	b	Less: accumulated depreciation	10b	5,289,255	6,486,244	10c	6,226,895
	11					11	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,618,754	15	27,680,822
_	16	Total assets. Add lines 1 through 15 (must equal lin			21,750,909	16	54,052,595
	17	Accounts payable and accrued expenses	653,683	17	4,161,331		
	18	Grants payable		18			
	19	Deferred revenue	264,717	19	250,286		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part I		21			
Se	22	Loans and other payables to any current or former of	fficer, direc	ctor,			
≝		trustee, key employee, creator or founder, substantia		or, or 35%			
Liabilities		controlled entity or family member of any of these pe				22	
-		Secured mortgages and notes payable to unrelated		S	678,330	23	23,055,000
	24	Unsecured notes and loans payable to unrelated thir				24	
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2	24). Compl	ete Part X	0 500 000		2 522 222
		of Schedule D			2,530,000	25	3,530,000
\dashv	26	Total liabilities. Add lines 17 through 25			4,126,730	26	30,996,617
,		Organizations that follow FASB ASC 958, check I	nere X				
ğ		and complete lines 27, 28, 32, and 33.			10 062 660		14 202 450
alar	27				10,863,660	27	14,393,478
ä	28				6,760,519	28	8,662,500
<u> </u>		Organizations that do not follow FASB ASC 958,	check her	e 🔛 🔠			
Assets or Fund Balances		and complete lines 29 through 33.					
8	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or equipn		<u>.</u>		30	
¥	31	Retained earnings, endowment, accumulated income	e, or other	funds	10 604 100	31	02 055 050
Ş	32				17,624,179	32	23,055,978
	33	Total liabilities and net assets/fund balances			21,750,909	33	54,052,595

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				,	
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	, 35	50,4	1 48
2	Total expenses (must equal Part IX, column (A), line 25)	2			L8,6	
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	,62	24,1	L79
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	23	,05	55,9	978
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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 on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ш Г			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2022)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			ugo
					C)							
(A)	(B)	(d	o not		ition more	than c	ne	(D)	(E)		(F)	
Name and title	Average hours					s both or/trust		Reportable compensation	Reportable compensation	Estin	nated an of other	nount
	per week				_			from the	from related		mpensati	
	(list any hours for	Individual or director	Institutional	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/		from the anization	
	related organizations	ctor	ional		nploy	t con		1099-NEC)	1099-NEC)	related	d organiz	ations
	below	trustee	trustee		/ee	npens						
	dotted line)		ee			ated						
(20) ELIZABETH M.M.	EADE, PI	1.1	}.	(I	ΕA	VE	0	F ABSENCE)				
	0.60											
TRUSTEE	0.00	X						0	0			(
(21) RICHARD MILKE												
	0.60	3,7						_	0			,
TRUSTEE (22) AMANDA MORTON	0.00	X	<u> </u>					0	0			
(22) AMANDA MORION	0.60											
TRUSTEE	0.00	x						0	0			(
(23) BRIDGET O'CON		_	٥.									
	0.60											
TRUSTEE	0.00	x						0	0			(
(24) DONALD A. OUT	ING, PH	D										
	0.60											
TRUSTEE	0.00	X						0	0			(
(25) EDITH RITTER												
	0.60	3,5							0			,
TRUSTEE (26) JOEL C. ROSEN	0.00	X D		M	ED	_		0	0			
(26) JUEL C. RUSEI	0.60	ָלם,	′	M.	EL	1•						
TRUSTEE	0.00	х						0	0			(
	ALUTE											`
	0.60											
TRUSTEE	0.00	х						0	0			(
1b Subtotal												
c Total from continuation shee	ets to Part VII, S	Sect	ion <i>i</i>	٩								
d Total (add lines 1b and 1c)		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>		<u> </u>	*			
2 Total number of individuals (increportable compensation from			d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 of			
reportable compensation nom	the organization	<u> </u>									Y	es No
3 Did the organization list any fo								ee, or highest compensated	b			
employee on line 1a? If "Yes,"									the		3	
4 For any individual listed on line organization and related organ												
المدال المال المال	•									L	4	
5 Did any person listed on line 1	a receive or acc	crue	com	pens	ation	n fror	n an	ny unrelated organization or	· individual		_	
for services rendered to the or		es,"	con	plete	Sci	hedu	le J	for such person		<u></u>	5	
Section B. Independent Contracto1 Complete this table for your fix		onco	ntod	indo	ond	lont o	contr	cactors that received more	than \$100,000 of			
compensation from the organiz										ear.		
Name and	(A) business address							Descrint	(B) ion of services		Comn	(C) ensation
	Dudiniood dudiood							30001151			001116	oriodator.
							_			$-\!\!-\!\!\!-\!\!\!\!\perp$		
							 					
2 Total number of independent of	contractors (inclu	ıdina	hut	not	limita	od to	thor	se listed above) who				
received more than \$100,000												

<u>-orm</u> 9	90 (2022) THE DA V	INCI DISC	705	/ER	ĽΥ	<u>C</u> E	<u>N</u> TI	ΞR	OF 23-282	4084			P	17320 age 8
Part	VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours	bo	x, unle	Pos check ess pe	rson	than or is both or/truste	an	(D) Reportable compensation	(E) Reportable compensation		(F) stimated of oth	amount ner	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	compens from t rganizatio ted orga	the on and	s
(28)	STEPHANIE L.	SHERRY 0.60 0.00	X						0	0				0
(29)	WILLIAM K. V	ELEKEI 0.60												
TRUS		0.00 ITE, ED.I	<u>х</u>						0	0	_			0
TRUS		0.60	X						0	0				0
(31) 	J. ROBERT LO	VETT, PH 0.00 0.00	D X						0	0				0
(32)		WEIGHARD		PI	1.0				0	0				
EMER (33)	ITUS TRUSTEE VINCE SORGI	0.00	X						0	0	-			0
EMER	ITUS TRUSTEE	0.20	x						0	0				0
1b S	Subtotal													
	otal from continuation she	•												
	otal (add lines 1b and 1c) otal number of individuals (ir) who received more than	\$100,000 of				
	eportable compensation from				11100	O 110			o, who received more than	Ψ100,000 OI				
3 D	oid the organization list any f o	armar officer dir	aata	r tru	otoo	kov	, omn	dov.	oo or highoot components	۸	1		Yes	No
е	employee on line 1a? If "Yes, for any individual listed on line	" complete Sched	lule	J for	suc	h in	dividu	al .				3		
iI	rganization and related organdividual Did any person listed on line											4		
	or services rendered to the c											5		
	B. Independent Contracto													
	Complete this table for your fi ompensation from the organi	ization. Report co									ear.		(C)	
	Name and	(A) d business address							Descript	ion of services		Co	(C) mpensati	on
	otal number of independent eceived more than \$100,000							tho	se listed above) who					

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

THE DA VINCI DISCOVERY CENTER OF

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SCIENCE AND TECHNOLOGY, INC. 23-2824084 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 X described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

g Provide the f	following information about the	he supported organization(s).				
(i) Name of supported organization	(ii) EIN	(ii) EIN (iii) Type of organization (iv) Is the organization (described on lines 1–10 listed in your governing above (see instructions)) document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Fotal						

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations

23-2824084

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u></u>	tion A Dublic Cuppert			, -			
	tion A. Public Support						T
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,160,930	1,820,306	4,628,314	12,328,054	7,937,212	28,874,816
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,160,930	1,820,306	4,628,314	12,328,054	7,937,212	28,874,816
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,500,350
6	Public support. Subtract line 5 from line 4						27,374,466
	tion B. Total Support	_					
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,160,930	1,820,306	4,628,314	12,328,054	7,937,212	28,874,816
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-1,290	-6,561	4,446		267,593	264,188
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						29,139,004
12	Gross receipts from related activities, etc.	(see instructions)				12	7,345,442
13	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	, or fifth tax year a	as a section 501(c))(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	upport Percent	age				
14	Public support percentage for 2022 (line 6,	column (f) divided	by line 11, colum	n (f))		14	93.94 %
15	Public support percentage from 2021 Sche		14			15	87.67%
16a	33 1/3% support test—2022. If the organi	ization did not ched					
	box and stop here. The organization quali	fies as a publicly s	supported organiza	tion			X
b	33 1/3% support test—2021. If the organi	zation did not ched	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or m	ore, check	
	this box and stop here. The organization	qualifies as a publi	cly supported orga	nization			
17a	10%-facts-and-circumstances test—202	2. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meet	ts the facts-and-circ	cumstances test, c	heck this box and	stop here. Explain	n in	
	Part VI how the organization meets the fa	cts-and-circumstan	ces test. The orga	nization qualifies a	s a publicly suppo	orted	
	organization						
b	10%-facts-and-circumstances test—202						
	15 is 10% or more, and if the organization	meets the facts-ar	nd-circumstances t	est, check this box	and stop here. E	≣xplain	
	in Part VI how the organization meets the	facts-and-circumst	ances test. The or	ganization qualifies	s as a publicly sup	ported	
	organization			•		•	
18	Private foundation. If the organization did						<u></u>
	instructions						
							·····

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(4)	(4)	(2)	(3)		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o	rganization's first, s	econd, third, fourt	h, or fifth tax year	as a section 501(d	c)(3)	
	organization, check this box and stop her	e		<u></u>	,	, , ,	
Sec	tion C. Computation of Public Se						
15	Public support percentage for 2022 (line 8						
16	Public support percentage from 2021 School					16	%
	ction D. Computation of Investme			0 1 (0)		Τ,	
17	Investment income percentage for 2022 (I	ine 10c, column (f)), divided by line 1	3, column (f))		17	
18	Investment income percentage from 2021	Scnedule A, Part II	ii, line 1/			18 18	%
19a	33 1/3% support tests—2022. If the orga 17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests—2021. If the orga	-	•				
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions	

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		162	INO
	1		
	2		
	2-		
	3a		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
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	7		
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	9a		
	9b		
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	9с		
	10a		
	iva		
	10b		
Sche	dule A	(Form 9	990) 2022

173200 THE DA VINCI DISCOVERY CENTER OF 23-2824084 Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С Activities Test. Answer lines 2a and 2b below. Yes 2 No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's

- involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	2					
	2b					
	3a					
	3b					
he	hedule A (Form 990) 2022					

		Page 6
rganizat	ions	
Nov. 20, 1	970 (explain in Part VI). S	See
nust compl	ete Sections A through E	•
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
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		Current Year
1		
2		
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ed Type III	supporting organization	
	1	1 2 3 4 4 5 5 6 6 7 8 8 4 5 5 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8

Schedule A (Form 990) 2022

Page 7

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		Ŭ		
Secti	on D – Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of support		3				
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required-provide deta	ails in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8			
	(provide details in Part VI). See instructions.						
9_	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		1	10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	3	Distributable		
			Pre-2022		Amount for 2022		
1_	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022						
	(reasonable cause required-explain in Part VI). See						
	instructions.						
	Excess distributions carryover, if any, to 2022						
	From 2017						
	From 2019						
	From 2020						
	From 2021						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Carryover from 2017 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from						
•	Section D, line 7:						
a	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
-	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2018						
	Excess from 2019						
С	Excess from 2020						
d	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

						173200
Schedule A (Fo	Supplemental Informa III, line 12; Part IV, Sec B, lines 1 and 2; Part IV	tion A, lines 1, 2, 3b, 3	lanations requir sc, 4b, 4c, 5a, 6	ed by Part II, line 1 i, 9a, 9b, 9c, 11a, 1	11b, and 11c; Part IV, \$	Section
	3a, and 3b; Part V, line lines 2, 5, and 6. Also	1; Part V, Section B, I	ine 1e; Part V,	Section D, lines 5,	6, and 8; and Part V, \$	
•						
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DAA Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE DA VINCI DISCOVERY CENTER OF

Employer identification number

23-2824084

SCIENCE AND TECHNOLOGY, INC. Organization type (check one):

Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General Rule				
·	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a dibutions.			
Special Rules				
regulations under section 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or in (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \$				
Caution: An organization that is must answer "No" on Part IV, li	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line the filing requirements of Schedule B (Form 990).			

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

PAGE 1 OF 2 Page 2 Schedule B (Form 990) (2022)

Name of organization

THE DA VINCI DISCOVERY CENTER OF

Employer identification number 23-2824084

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 1.... Person **Payroll** 2,000,000 Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution 2.... Person **Payroll** 1,201,000 Noncash (Complete Part II for noncash contributions.) (c) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3.... Person **Payroll** 1,005,500 Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 4 Person **Payroll** 1,000,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 Person **Payroll** 624,970 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Person Payroll 506,425 X Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) PAGE 2 OF 2 Page 2

Name of organization

THE DA VINCI DISCOVERY CENTER OF

Employer identification number 23-2824084

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 266,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Hame, address, and En 1 4	\$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) PAGE 1 OF 1 Page 3

Name of organization

THE DA VINCI DISCOVERY CENTER OF

Employer identification number 23-2824084

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) 6 254,637 08/31/22 (a) No. (c) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) STOCK 6 251,788 09/30/22 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

• Section F01(a)(4) (F) or (6) organizations: Complete Bort III

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

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

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

	ection 501(c)(4), (5), or (6) organizations. Complete Fait in			Fundamen ident	ification muscless
ivam	e of organization THE DA VINCI DISCOV				tification number
_	SCIENCE AND TECHNOLO			23-28240	
	t I-A Complete if the organization is exem				on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV. See ins	structions for	
	definition of "political campaign activities."				
2	Political campaign activity expenditures. See instructions			\$	
3	Volunteer hours for political campaign activities. See instru				
Pa	t I-B Complete if the organization is exen				
1	Enter the amount of any excise tax incurred by the organization	zation under section 4955		\$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	\$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
4a	Was a correction made?				
b	If "Yes," describe in Part IV.				
Pa	t I-C Complete if the organization is exen	npt under section 501(c), except secti	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organizati	on for section 527 exempt fund	tion		
	activities			\$	
2	Enter the amount of the filing organization's funds contribu	ted to other organizations for s	ection		
	527 exempt function activities			\$	
3	Total exempt function expenditures. Add lines 1 and 2. En	ter here and on Form 1120-PO	L,		
	line 17b			\$	
4	Did the filing organization file Form 1120-POL for this yea	r?			Yes No
5	Enter the names, addresses and employer identification no				
	organization made payments. For each organization listed,				
	the amount of political contributions received that were pro-				
	as a separate segregated fund or a political action commit			•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) hamo	(b) Madress	(9) =	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(1)					
(')					
(2)					
(2)					
(3)					
(3)					
(4)					
(4)					
(E)					
(5)					
<u>(0)</u>					
(6)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990 E-Z.

						173200
Sche	edule C (Form 990) 2022 THE I	DA VINCI D	ISCOVERY CEN	NTER OF	23-2824084	Page 2
	rt II-A Complete if the organiz					
A	Check if the filing organization	•	•		ffiliated group mem	ber's name,
В	address, EIN, expenses Check if the filing organization			•		
_		bbying Expendit	<u> </u>	TOVISIONS apply.	(a) Filing	(b) Affiliated
	(The term "expenditures"				rganization's totals	group totals
	Total lobbying expenditures to influence p					
ı	Total lobbying expenditures to influence a					
(Total lobbying expenditures (add lines 1a	and 1b)				
(Other exempt purpose expenditures					
•	Total exempt purpose expenditures (add li	nes 1c and 1d)				
	f Lobbying nontaxable amount. Enter the an					
	columns.					
	If the amount on line 1e, column (a) or (b) is	: The lobbying no	ntaxable amount is:			
	Not over \$500,000	20% of the amour	t on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	0,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 109	% of the excess over \$1,0	000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	0,000.		
	Over \$17,000,000	\$1,000,000.				
	Grassroots nontaxable amount (enter 25%	of line 1f)		·		
ĺ	Subtract line 1g from line 1a. If zero or les					
	Subtract line 1f from line 1c. If zero or less	ontor O				
	If there is an amount other than zero on ei					
	reporting section 4911 tax for this year?					Yes No
	· · · ·		ng Period Under S			
	(Some organizations that made	_	•	• •	ll of the five colur	nns helow
	•	•	nstructions for line	•	in or the five colui	iii3 below.
		<u> </u>				
	Lo	obbying Expenditu	res During 4-Year	Averaging Period	t	
	Calendar year (or fiscal year					

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a Lobbying nontaxable amount									
b Lobbying ceiling amount (150% of line 2a, column (e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2022

23-2824084

Page 3

	,						~ _				
Part II-B	Complete if the	organization	is exemp	t under se	ection	501(c)(3)	and has I	NOT f	iled Form	า 5768	
	(election under	section 501((h)).								
									(-)		/L\

	and IIVan II represent on lines do through di bolom provide in Dort IV a detailed	(a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		25,000	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?		Х		
j	Total. Add lines 1c through 1i			25,000	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

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

SCHEDULE C, PART II-B, LINE 1

Dues, assessments and similar amounts from members

IN THE CURRENT FISCAL YEAR, THE DA VINCI SCIENCE CENTER ENGAGED A
GOVERNMENT RELATIONS FIRM TO PROVIDE LOBBYING SERVICES BEFORE THE EXECUTIVE
AND LEGISLATIVE BRANCHES OF PENNSYLVANIA STATE GOVERNMENT IN CONNECTION
WITH CURRENT OPERATIONS AND A PLANNED NEW FACILITY. THE FIRM ASSISTED IN
DEVELOPING AND STRENGTHENING RELATIONSHIPS WITH KEY DECISION-MAKERS AND

DAA Schedule C (Form 990) 2022

Schedule C (Fe	orm 990) 2022	THE DA	VINCI	DISCOVERY	CENTER	OF	23-2824084	Page 4
Part IV		tal Informatio						
A DV/OCI	ATTAIC ON D	EUNIE OE	TUE CE	wined				
ADVOCA	ATING ON B	ERALF OF	IHE CE	NIER.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022

Open to Public Inspection

Name of the organization Employer identification number THE DA VINCI DISCOVERY CENTER OF SCIENCE AND TECHNOLOGY, INC. 23-2824084 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	rt III Organizations Maintainin	g Collections of	Art, Historical Tre	asures, or Otl	her Similar A	ssets	(continue	ed)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	, check any of the follo	wing that make sig	gnificant use of its	3			
а	Public exhibition	d 🔲 l	oan or exchange prog	ram					
b	Scholarly research	е 🗌 (Other						
С	Preservation for future generations								
4	Provide a description of the organization's	collections and explain	how they further the o	rganization's exem	pt purpose in Par	t			
	XIII.								
5	During the year, did the organization solicit		· ·	•					ı
_	assets to be sold to raise funds rather than		art of the organization's	s collection?			Yes		No
Pa	rt IV Escrow and Custodial A		an Farm 000 Dard	. IV . Iina O			Гана		
	Complete if the organizatio	n answered "Yes"	on Form 990, Pan	IV, line 9, or r	eported an arr	iount o	n Form		
10	990, Part X, line 21. Is the organization an agent, trustee, custo	dian ar athar intermedi	an far contributions or	ather coasts not					
ıa	:		•				Yes		No
h	If "Yes," explain the arrangement in Part XI	III and complete the fol					res	Ш	NO
D	ii res, explain the allangement in rait Al	in and complete the for	lowing table.				Amount		_
c	Beginning balance				1c				_
	Additions during the year								
e	Distributions during the year				1e				
f	Ending balance								
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or custo	odial account liabili	ty?		Yes		No
	If "Yes," explain the arrangement in Part XI						<u> </u>		
Pa	rt V Endowment Funds.								
	Complete if the organization	n answered "Yes"	on Form 990, Part	IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years		(e) Four ye		
	Beginning of year balance	204,939	192,693	187,61		,467			250
	Contributions	20,000	10,000	5,08	31 7	7,145	5	9,	217
С	Net investment earnings, gains, and	- 0-6	2 024						
_	losses	7,876	3,834						
	Grants or scholarships								
е	Other expenditures for facilities and								
£	programs	1,740	1,588						
	Administrative expenses	231,075	204,939	192,69	187	7,612	1.8	20	467
9 2	End of year balance Provide the estimated percentage of the cu				.5 107	,012		,,,	10,
	Board designated or quasi-endowment	4.30 %	(line rg, column (a)) n	ieiu as.					
	Permanent endowment 95.70 %								
	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sl	nould equal 100%.							
3a	Are there endowment funds not in the poss	session of the organiza	tion that are held and a	administered for the	e				
	organization by:	· ·					Y	es	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requir	ed on Schedule R?				3b		
	Describe in Part XIII the intended uses of t		wment funds.						
Pa	rt VI Land, Buildings, and Eq	•							
	Complete if the organization	n answered "Yes"				Part X	<u>, line 10</u>		
	Description of property	(a) Cost or other b	''		c) Accumulated		(d) Book va	lue	
		(investment)	(other)		depreciation		1 (0)		
	Land			4,593	2 E2E 105	7	1,674		
b	Buildings		8,03	0,930	3,535,127	/	4,495	, 8	03
	Leasehold improvements		34	1 226	227 200	2		7 (110
	Equipment			4,226 6,401	337,208 1,416,920)18 81
	Other				1,110,32 ('	6,226		
. otal	. , wa iinoo ta unoagii to. (oolahii (a) mas	. oqual i olili ooo, i alt	л, эсланн (D), шис 100	<u>"/</u>		1	J , 22 (<i>,</i> ,	

Schedule D (F	form 990) 2022 THE DA VINCI DISCO	VERY	CENTER	OF	23-2824084	Page
Part VII	Investments – Other Securities.					
	Complete if the organization answered "Yes	on Fo				
	(a) Description of security or category (including name of security)		(b) Book va	alue	(c) Method of	
(4) Figure 1.1					Cost or end-of-yea	i market value
(1) Financial (derivatives	····				
	eld equity interests					
(3) Other		····				
(H)		····				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	····				
Part VIII	Investments – Program Related.					
i ait viii	Complete if the organization answered "Yes	s" on Fo	rm 990 Pa	rt I\/ line	11c See Form 990 P	art X line 13
	(a) Description of investment	01110	(b) Book va		(c) Method of	
	(a) Description of investment		(B) Book ve	aide	Cost or end-of-yea	
(1)					•	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
1 0.1 0 1.2 0	Complete if the organization answered "Yes	s" on Fo	rm 990. Pa	rt IV. line	11d. See Form 990. P	art X. line 15.
	(a) Descripti			, , , , , ,		(b) Book value
(1)	CONSTRUCTION IN PRO	GRESS	}			26,469,92
(2)	ISSUANCE COSTS, NET	OF I	MORTIZA	ATION		795,80
(3)	HUD DEBT SERVICE RE	SERVE	1			415,09
(4)						-
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)					27,680,82
Part X	Other Liabilities.					
	Complete if the organization answered "Yes	s" on Fo	orm 990, Pa	rt IV, line	11e or 11f. See Form	990, Part X,
1.	line 25.	f liability				(b) Book value
	income taxes					
	IDABLE ADVANCES					3,530,000
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 25.)					3,530,000
	uncertain tax positions. In Part XIII, provide the text of	the footno	ote to the orga	nization's f	inancial statements that repor	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial State		•	turn.	
	Complete if the organization answered "Yes" on Form 990,			-	
1	Total revenue, gains, and other support per audited financial statements $\dots \dots$			1	10,606,221
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	104,783		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	150,990		
е	Add lines 2a through 2d			2e	255,773
3	Subtract line 2e from line 1			3	10,350,448
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,350,448
Pa	rt XII Reconciliation of Expenses per Audited Financial State			Returr).
	Complete if the organization answered "Yes" on Form 990,	Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			1	5,174,422
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	104,783		
b	Prior year adjustments	2b			
	Other losses	0-			
d	Other (Describe in Part XIII.)	2d	150,990		
е	Add lines 2a through 2d			2e	255 , 773
3	Subtract line 2e from line 1			3	4,918,649
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,918,649
Pa	rt XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b and	d 2b; Part V, line 4; Pa	art X, li	ne
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi				
P	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE	D IN FI	NANCIALS -	OTH	ER
			_		
C	OST OF GOODS SOLD		\$		69,520
			_		
SI	PECIAL EVENT EXPENSES		\$		81,470
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCLUD	ED IN F	INANCIALS -	OT	HER
			_		
C	OST OF GOODS SOLD		\$		69,520
			_		
SI	PECIAL EVENT EXPENSES		\$		81,470

Schedule D (F	Form 990) 2022	THE DA	VINCI I	DISCOVERY	CENTER	OF	23-2824084	Page 5
Part XIII	Supplemen	tal Informa	ation (continu	ued)				

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. VINCI DISCOVERY CENTER OF THE DA

Name of the organization Employer identification number SCIENCE AND TECHNOLOGY, INC. 23-2824084 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts g	reater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	
			WOMEN IN SCIENC	STEAM AWARDS	NONE	(d) Total events
			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
nne			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
Revenue	1	Gross receipts	32,643	61,866		94,509
	2	Less: Contributions	32,643	61,866		94,509
		Gross income (line 1 minus	· · · · · · · · · · · · · · · · · · ·	, , , , , ,		,
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
		, , , , , , , , , , , , , , , , , , ,				
ses	6	Rent/facility costs				
Expenses						
	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	28,435	53,035		81,470
	40	Direct cynones cymmany	Add lines 4 through 0 in solumn (٦/		81,470
				d)		-81,470
P	art			vered "Yes" on Form 990, P		
			rm 990-EZ, line 6a.			
ne.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue				
		Greed revenue				
es	2	Cash prizes				
Expenses						
	3	Noncash prizes				
rect	4	Rent/facility costs				
Ë						
	5	Other direct expenses				
	•	Mahadaan lahan	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	_ No	
	7	Direct expense summary.	Add lines 2 through 5 in column (d)		
			0.14 45 74 5 4			
				lumn (d)		
9	8	Net gaming income summ	lary. Subtract line 7 from line 1, co	(۵)		
				0.20		
а	Ent	ter the state(s) in which the	e organization conducts gaming ac	tivities:		Yes No
	Ent	ter the state(s) in which the	e organization conducts gaming aco	0.20		Yes No
	Ent	ter the state(s) in which the	e organization conducts gaming aco	tivities: of these states?		Yes No
b	Ent Is t If "I	ter the state(s) in which the the organization licensed to No," explain:	e organization conducts gaming activities in each	tivities: of these states?		Yes No
b 10a	Ent Is t If "I	ter the state(s) in which the the organization licensed to No," explain:	e organization conducts gaming activities in each	tivities: of these states?		Yes No
b 10a	Ent Is t If "I	ter the state(s) in which the the organization licensed to No," explain:	e organization conducts gaming activities in each	tivities: of these states?		Yes No

Sche	edule G (Form 990) 2022 THE DA VINCI DISCOVERY CENTER OF 23-2824084				Page	3
1	Does the organization conduct gaming activities with nonmembers?			Yes		No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity					
	formed to administer charitable gaming?			Yes	<u></u>	٧o
3	Indicate the percentage of gaming activity conducted in:					
а	The organization's facility	13a			%	
b	An outside facility	13b			%	_
4	Enter the name and address of the person who prepares the organization's gaming/special events books and					
	records:					
	Name					
	Address					
	Address					
5a	Does the organization have a contract with a third party from whom the organization receives gaming					
Ju	revenue?		П	Yes	\Box	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		ш		ш.	
	amount of gaming revenue retained by the third party \$					
С	If "Yes," enter name and address of the third party:					
	Name					
	Address					
6	Gaming manager information:					
	Nama					
	Name					
	Gaming manager compensation \$					
	Canada Managari Canada					
	Description of services provided					
	_					
	Director/officer Employee Independent contractor					
7	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		$\overline{}$			
	retain the state gaming license?		Ш	Yes	<u></u> ⊔ '	٧o
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or					
Pa	spent in the organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v)	ı. ar	nd		_
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info			iu		
	See instructions.		••			
						_

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

THE DA VINCI DISCOVERY CENTER OF SCIENCE AND TECHNOLOGY, INC.

Employer identification number 23-2824084

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•		7		x
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	-		
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Day III	8		х
	in Part III	0		22
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	ii 100 off iii 00, sid the organization died follow the fobalitable productiphent production described in	1	I	1

Regulations section 53.4958-6(c)?

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of W-2	and/or 1099-MISC and/or 1	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
LINDA L. ERICKSON	180,723	0	C	0	8,596	189,319	0
1 EXEC. DIRECTOR/CEO			C	0	0	0	0
	i) <mark></mark>						
2 (1	i)						
	i)						
3 (1	i)						
(i) <mark></mark>						
4 (1	i)						
	0.						
5 (1	i)						
	0.						
6 (1	i)						
	0						
7 (1	i)						
8	' .						
(i)						
9 (i	i)						
(i)						
10 (i	i)						
)						
11 (i	i)						
	0						
12 (i	i)						
(i) 						
13 (1	i)						
(i) 						
14	i)						
	i)						
15 (1	i)						
	i) <mark> </mark>						
16	i)						

Schedule J (Form 990) 2022

SCHEDULE L

(Form 990)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization THE DA VINCI DISCOVERY CENTER OF

SCIENCE AND TECHNOLOGY, INC.

Inspection Employer identification number

23-2824084

Part I	Excess Benefit Transactions												
	Complete if the organization answered						990-EZ, Part V,	line 40	Ob.				
1	(a) Name of disqualified person	(b) Relation	nship between disqu	alified	l pers	on and	(c) Description of tra	nsactio	า		(d) Corr		
(1)			organization			-					Yes	 	No
(1)												+	
(3)													
(4)													
(5)													
(6)													
2 Enter the	e amount of tax incurred by the organiza							Φ					
	ection 4958e amount of tax, if any, on line 2, above												
C Lintoi tin	amount of tax, it any, on the 2, above	, romnourood k	by the organizat					•					
Part II	Loans to and/or From Interes	sted Perso	ns.										
	Complete if the organization answered	I "Yes" on For	m 990-EZ, Part	V, I	ine :	38a or Form 990	, Part IV, line 26;	or if th	ne				
	organization reported an amount on Fe						_						
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		Loan from	(e) Original principal amount	(f) Balance due	(g) In	default?	(h) Ap	oproved oard or	(i) W agreei	
		· ·		the	$\overline{}$					comm	nittee?		
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)										_			
(8)													
(9)													
(10)													
Total						\$	•						<u> </u>
Part III	Grants or Assistance Beneficomplete if the organization answered	_			27								
	(a) Name of interested person	(b) Relations	ship between interest			(c) Amount of assistance	(d) Type of assistance		(e)	Purpose	e of ass	istance	
(1)								\top					
(2)													
(3)													
(4)													
(5)													
(6)													
(7)								+					
(8)								+					

Page 2

Part IV			ns Involving I answered "Yes" o					ta 28h or 28c				
		of interested person	anowored res	(b)	Relationship ested perso organizati	between and t	en	(c) Amount of transaction	(d) [Description of transaction	(e) of rever	Sharing f org. enues?
(1) GROSS	MCGINLEY	LLP		LAW	FIRM	OF	TRU	154,518	LEGAL	FEES	1.00	x
								-				
(3)												1
(4)												_
(5)												+
(0) (7)												+-
(8)												+
(2) (3) (4) (5) (6) (7) (8) (9)												
10) Part V												
I alt v		ental Information	n for responses to	o questid	ons on S	Schedu	ule L (see instructions).				

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization SCIENCE AND TECHNOLOGY, INC.

Employer identification number 23-2824084

Pa	art I Types of Property									
		(a)	(b)	(c)		(d)				
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining		ermining			
		applicable	items contributed	Form 990, Part VIII, line 1g		noncash contribution amo				
1	Art — Works of art									
2	Art — Historical treasures									
3	Art — Fractional interests									
4	Books and publications									
5	Clothing and household									
	goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities — Publicly traded	X	1	506,425	MARKET	VALUE (OF ST	OCK	7	
10	Securities — Closely held stock									
11	Securities — Partnership, LLC,									
	or trust interests									
12	Securities — Miscellaneous									
13	Qualified conservation									
	contribution — Historic									
	structures									
14	Qualified conservation									
	contribution — Other									
15	Real estate — Residential									
16	Real estate — Commercial									
17	Real estate — Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									—
24	Archeological artifacts	x	4	9,293	маркет	VALUE (OF SI	DDI	.тъ	
25 26	Other (SUPPLIES)		<u> </u>	9,293	MARKET	VALUE	OF BU	FFI	111	<u></u>
26 27	Other ()									
28	Other () Other ()									
29	Number of Forms 8283 received by	the organi	zation during the tax vea	r for contributions for						
	which the organization completed Fo	Ū	,		29					
	William and organization dompletod it	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rait v, Bonoo riolalowic	,				ΤY	'es	No
30a	During the year, did the organization	receive by	v contribution anv proper	tv reported in Part I. lines	1 through					
	28, that it must hold for at least 3 ye		• • • •	•	•					
	used for exempt purposes for the er						30	a		X
b	If "Yes," describe the arrangement in									
31	Does the organization have a gift ac		policy that requires the re	eview of any nonstandard						
							3	1 :	X	
32a	Does the organization hire or use th							\top		
	contributions?		-				32	2a		<u> </u>
b	If "Yes," describe in Part II.									
33	If the organization didn't report an ar	nount in co	olumn (c) for a type of pr	operty for which column (a) is checked,					
	describe in Part II									

	m 990) 2022 THE	DA VINCI DI	LSCOVERY CI	ENTER OF	23-2824084	Page Z
Part II	the organization	Information. Provi is reporting in Par of both. Also con	t I, column (b), tl	he number of cor	rt I, lines 30b, 32b, and artibutions, the number information.	d 33, and whether of items received,
			, ,	,		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

THE DA VINCI DISCOVERY CENTER OF SCIENCE AND TECHNOLOGY, INC.

Employer identification number

23-2824084

FORM 990 - ADDITIONAL INFORMATION

MISSION: THE DA VINCI DISCOVERY CENTER OF SCIENCE AND TECHNOLOGY, INC. (DA VINCI SCIENCE CENTER OR CENTER) IS A PENNSYLVANIA NONPROFIT CORPORATION WHOSE MISSION IS TO BRING SCIENCE TO LIFE AND LIVES TO SCIENCE.

SERVICE AREA: THE DA VINCI SCIENCE CENTER IS LOCATED IN PENNSYLVANIA'S

LEHIGH VALLEY, APPROXIMATELY 65 MILES NORTH OF PHILADELPHIA, PA., AND 90

MILES WEST OF NEW YORK, N.Y. ITS PRIMARY SERVICE AREA IS EASTERN

PENNSYLVANIA AND WESTERN NEW JERSEY-HOME TO 3.8 MILLION PEOPLE.

NEED: THE LEHIGH VALLEY HAS A THRIVING SCIENCE, TECHNOLOGY, ENGINEERING,
ART AND MATH (STEM) ECONOMY IN NEED OF A SKILLED WORKFORCE. ACCORDING TO
THE U.S. DEPARTMENT OF LABOR, BY 2025, APPROXIMATELY 63% OF PA JOBS WILL
REQUIRE SOME FORM OF POSTSECONDARY EDUCATION OR TRAINING, AND STEM JOBS
WILL ACCOUNT FOR 91%. A SIGNIFICANT NUMBER OF NEW JOBS WILL REQUIRE A BASIC
UNDERSTANDING OF MATH AND SCIENCE. IN A POST COVID-19 ENVIRONMENT, THIS
NEED IS GROWING MORE ACUTE AS EMPLOYERS ACROSS ALL INDUSTRIES STRUGGLE TO
FIND RELIABLE, QUALIFIED WORKERS.

SCHOOLS NEED SUPPORT PREPARING STUDENTS FOR FUTURE HIGH SKILL, HIGH WAGE

JOBS. WHEN TESTED IN 2022, 73.7% OF GRADE 4 STUDENTS AND 51.1% OF GRADE 8

STUDENTS IN PENNSYLVANIA RANKED PROFICIENT OR ABOVE IN SCIENCE AS MEASURED

BY THE PENNSYLVANIA SYSTEM OF SCHOOL ASSESSMENT (PSSA) TESTS, WHILE IN THE

SCIENCE CENTER'S SERVICE REGION, RESULTS FROM PSSA TEST SCORES WERE MIXED

WITH PROFICIENCY SCORES AS LOW AS 11.1% IN URBAN MIDDLE SCHOOLS. TESTING

HAS CONSISTENTLY SHOWN SCIENCE PROFICIENCY SCORES DROPPING SIGNIFICANTLY

23-2824084

BETWEEN 4TH AND 8TH GRADES, WITH MANY REASONS CONTRIBUTING TO WHY STUDENTS DISENGAGE WITH STEM OVER TIME.

A GROWING BODY OF RESEARCH UNDERSCORES THAT SCIENCE CAPITAL, DEFINED AS AN INDIVIDUAL'S SCIENTIFIC KNOWLEDGE COMBINED WITH HOW THEY THINK ABOUT SCIENCE, WHO THEY KNOW WITH AN INTEREST OR CAREER IN SCIENCE, AND WHAT SORT OF EVERYDAY ENGAGEMENT THEY HAVE WITH SCIENCE, IS KEY TO WHY STUDENTS STAY ENGAGED WITH AND SUCCEED IN STEM. IN ORDER TO PROVIDE STUDENTS WITH THE SCIENCE CAPITAL NEEDED TO PARTICIPATE AND SUCCEED IN STEM POST HIGH SCHOOL, WE MUST HELP STUDENTS UNDERSTAND WHAT SCIENCE IS AND HOW IT WORKS, BE ABLE RECOGNIZE ITS VALUE IN EVERYDAY LIFE, KNOW THE TRANSFERRABLE NATURE OF SCIENTIFIC WAYS OF THINKING TO OTHER CAREER PATHWAYS, ENGAGE THEMSELVES AND THEIR FAMILIES IN SCIENCE OUTSIDE OF SCHOOL, INCREASE POSITIVE FAMILY ATTITUDES ABOUT SCIENCE, AND ALLOW THEM TO KNOW PEOPLE IN SCIENCE ROLES. MANY GROUPS TRADITIONALLY EXCLUDED FROM AVENUES OF STEM LEARNING SUCH AS WOMEN, PEOPLE OF COLOR, AND THOSE LIVING IN LOW-INCOME HOUSEHOLDS, WILL CONTINUE TO REMAIN UNDERREPRESENTED IN STEM PROFESSIONS AND WILL NOT SEE THESE CAREERS AS BEING "FOR THEM" UNLESS WE CAN ADDRESS ALL THESE FACTORS.

RESPONSE TO NEED: DA VINCI SCIENCE CENTER PROGRAMS ARE DESIGNED TO HELP
STUDENTS ACQUIRE SCIENCE CAPITAL AND DEVELOP SKILLS TO MEET REGIONAL NEEDS
FOR A SCIENTIFICALLY AND MATHEMATICALLY LITERATE WORKFORCE. THROUGH
ENGAGING PROGRAMS AND EXPERIENCES IN CLASSROOMS AND OUTSIDE OF SCHOOL, THE
SCIENCE CENTER STIMULATES INTEREST AND APPRECIATION FOR SCIENCE AND
TECHNOLOGY IN YOUNG PEOPLE AND THE ADULTS WHO INFLUENCE THEM. THE SCIENCE
CENTER PROVIDES INQUIRY-BASED SCIENCE LEARNING EXPERIENCES FOR INDIVIDUALS
OF ALL AGES, CONNECTS PEOPLE WITH THE WONDERS OF SCIENCE IN ALL ASPECTS OF
THEIR LIVES, INTEGRATES STEM WITH THE ARTS (STEAM) TO PROVIDE AN

23-2824084

Employer identification number

THE DA VINCI DISCOVERY CENTER OF

ENVIRONMENT FOR INNOVATION TO FLOURISH, AND HIGHLIGHTS 21ST-CENTURY SCIENCE AND TECHNOLOGY CAREERS. THE SCIENCE CENTER ENCOURAGES ACTIVE LEARNING, CURIOSITY, CREATIVITY, AND IMAGINATION - TRAITS INSPIRED BY LEONARDO DA VINCI AND THE TRANSFORMATIVE FIGURES WHO HAVE SUCCEEDED HIM INTO THE MODERN AGE.

PROGRAMS & SERVICES: TO STRENGTHEN INTEREST AND ACHIEVEMENT IN SCIENCE,

THE DA VINCI SCIENCE CENTER'S CURRENT FACILITY ON THE CAMPUS OF CEDAR CREST

COLLEGE OFFERS THE FOLLOWING:

- -TWO FLOORS OF EXHIBITS OFFERING DYNAMIC, INQUIRY-BASED LEARNING THROUGH HANDS-ON DISPLAYS, MODELS AND PROGRAMS;
- -INQUIRY-BASED SCIENCE OUTREACH PROGRAMS DELIVERED IN SCHOOLS AND AT COMMUNITY SITES WITH A PRIORITY ON SERVING UNDERREPRESENTED YOUTH IN DISADVANTAGED COMMUNITIES;
- -PROFESSIONAL DEVELOPMENT PROGRAMS THAT ENGAGE TEACHERS IN INQUIRY, ENGINEERING DESIGN, STEAM LITERACY, AND THE INTEGRATION OF ARTS AND TECHNOLOGY;
- -WORKFORCE INITIATIVES THAT LINK STUDENTS WITH PRACTICING STEAM

 PROFESSIONALS, INCLUDING THE WOMEN IN SCIENCE AND ENGINEERING (WISE)

 INITIATIVE WHICH CONNECTS PRACTICING FEMALE STEAM PROFESSIONALS WITH ONE

 ANOTHER AND ASPIRING FUTURE SCIENTISTS TO HELP BUILD AND SUSTAIN A FEMALE

 STEAM WORKFORCE;
- -NEED- AND INTEREST-BASED SCHOLARSHIPS FUNDED BY THE CENTER'S LINNY FOWLER STEAM SCHOLARSHIP FUND. THIS PHILANTHROPIC FUND PROVIDES 1) SCHOLARSHIPS TO STUDENTS FOR SUMMER CAMPS, SCIENCE CLUBS, SCHOOL'S OUT
- SCIENCE CAMPS, AND OTHER EXPERIENCES, AND 2) FREE SCHOOL FIELD TRIPS TO THE SCIENCE CENTER AND OUTREACH PROGRAMS AT THEIR SCHOOLS. 4,500 PARTICIPANTS

23-2824084

TOOK ADVANTAGE OF THIS PROGRAM IN FY2023. THESE SCHOLARSHIPS PROVIDED

OPPORTUNITIES FOR STUDENTS TO EXPLORE SCIENCE, TECHNOLOGY, ENGINEERING,

ART, AND MATHEMATICS (STEAM) SUBJECTS AND CAREERS.

-DISCOUNTED ADMISSION AND MEMBERSHIPS FOR THE SCIENCE CENTER WITH DISCOUNTS OF 75% TO 85% ON DAY ADMISSION PASSES AND FAMILY MEMBERSHIPS FOR RECIPIENTS ELIGIBLE FOR SNAP, TANF, WIC, EBT, AND ACCESS PROGRAM BENEFITS. OVER 1,500 PARTICIPANTS TOOK ADVANTAGE OF THIS PROGRAM IN ITS FIRST YEAR IN EXISTENCE.

HONORS AND AWARDS: THE DA VINCI SCIENCE CENTER HAS ACHIEVED NATIONAL AND REGIONAL RECOGNITION, INCLUDING THE FOLLOWING:

-THE AMERICAN CHEMICAL SOCIETY 2019 LEHIGH SECTION'S PARTNERS FOR PROGRESS AND PROSPERITY AWARD IN RECOGNITION OF THE DA VINCI SCIENCE CENTER'S SUCCESSFUL AND EXEMPLARY PARTNERSHIPS.

-COMMUNITY SERVICES FOR CHILDREN'S 2016 INEZ AND EDWARD DONLEY AWARD FOR CHILDREN'S ADVOCACY IN RECOGNITION OF PUBLIC SERVICE THAT IMPROVES QUALITY OF LIFE SIGNIFICANTLY FOR CHILDREN.

-THE UNITED WAY OF THE LEHIGH VALLEY'S 2014 INNOVATOR'S AWARD FOR COLLABORATING WITH SCHOOLS IN THE COMMUNITY TO INSPIRE STUDENTS TO EXPLORE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM).

PARTICIPATION: THE SCIENCE CENTER'S ATTENDANCE FULLY REBOUNDED FROM PRIOR COVID-19 CONSTRAINED YEARS, SERVING OVER 117,000 VISITORS AT THE CENTER IN FY2023 PERIOD AND OVER 44,000 ADDITIONAL PARTICIPANTS IN SCHOOL AND COMMUNITY PROGRAMS.

IMPACT: POST-PROGRAM SURVEYS DEMONSTRATE THAT STUDENTS ENJOY THEIR
INTERACTIONS WITH THE SCIENCE CENTER, LEARN NEW THINGS, AND INCREASE

PAGE 3 OF 11

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THEIR SCIENCE CAPITAL. FOR EXAMPLE, OF STUDENTS WHO PARTICIPATED IN THE STEAM SUMMER LEARNING PROGRAM, 100% RESPONDED THAT THEY HAD FUN; ACTIVITIES WERE INTERESTING, THEY LEARNED SOMETHING, THEY GOT TO USE MATERIALS AND EXPERIMENT WITH THINGS THEY HAD NEVER USED BEFORE, AND DA VINCI SCIENCE CENTER PROGRAMS HELPED THEM BUILD CONFIDENCE THAT THEY ARE GOOD AT SCIENCE.

NEW FACILITY CAPITAL PROJECT: THE DA VINCI SCIENCE CENTER IS CONSTRUCTING

A MAJOR, NEW STATE-OF-THE-ART FACILITY IN DOWNTOWN ALLENTOWN, PA. THE NEW

67,292 SQUARE FOOT SCIENCE CENTER INCLUDES 30,000 SQUARE FEET OF STEAM
BASED INTERACTIVE EXHIBITS, A 9,579 NET SQUARE FOOT STEAM LEARNING CENTER,

A 150-SEAT DEMONSTRATION THEATER, A GRAND COURTYARD ASSEMBLY AND EXHIBIT

SPACE, AND VISITOR AMENITIES INCLUDING A CAFÉ AND RETAIL STORE. THE NEW

FACILITY WILL BE MORE THAN TWICE THE SIZE OF DA VINCI'S CURRENT FACILITY,

WITH MORE THAN THREE TIMES THE EXHIBIT AND PROGRAM SPACE. THE FACILITY WILL

ENABLE THE

SCIENCE CENTER TO OFFER PROGRAMS AND SERVICES ON PAR WITH OTHER MAJOR SCIENCE CENTERS IN THE NORTHEAST UNITED STATES. CONSTRUCTION IS UNDERWAY. THE FINAL STEEL BEAM WAS LAID IN MAY 2023. PUBLIC OPENING IS EXPECTED IN THE SECOND QUARTER OF 2024.

THE GREATEST BENEFIT OF THE NEW FACILITY WILL BE AN INCREASE IN ACCESS TO STEAM EDUCATION FOR 55,248 RESIDENTS THAT LIVE WITHIN ONE-MILE'S WALKING DISTANCE OF THE PROJECT. FOR THESE FAMILIES, THE NEW SCIENCE CENTER WILL BE A GAMECHANGER. THE SITE FOR THE NEW FACILITY WAS CHOSEN FOR ITS LOCATION ADJACENT TO MANY OF THE CITY'S MOST IMPOVERISHED NEIGHBORHOODS. ACCORDING TO THE U.S. CENSUS, 44% OF ALLENTOWN RESIDENTS LIVE WITHIN ONE MILE OF THE CONSTRUCTION SITE AND 73% OF THESE HOUSEHOLDS QUALIFY AS LOW-TO-MODERATE INCOME. EDUCATIONAL PROGRAMS WILL BE SPECIALLY DESIGNED FOR ALLENTOWN YOUTH

Schedule O (Form 990) 2022 Page 2

Name of the organization

THE DA VINCI DISCOVERY CENTER OF

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AND FAMILIES WHO WILL BE ABLE TO WALK TO THE SCIENCE CENTER ON A REGULAR BASIS. IT IS ESTIMATED THAT THE NEW SCIENCE CENTER WILL SERVE 4 TO 5 TIMES AS MANY INDIVIDUALS FROM LOW INCOME HOUSEHOLDS THAN THE CURRENT FACILITY SERVES TODAY.

ALLENTOWN SCHOOL DISTRICT PARTNERSHIP: IN JUNE 2023, THE SCIENCE CENTER
ENTERED INTO A UNIQUE PARTNERSHIP WITH THE ALLENTOWN SCHOOL DISTRICT IN
WHICH THE NEW SCIENCE CENTER WILL BECOME A SECOND CAMPUS FOR CENTRAL
ELEMENTARY SCHOOL STUDENTS. CENTRAL ELEMENTARY SCHOOL STUDENTS WILL
PARTICIPATE IN HANDS-ON STEAM LEARNING EXPERIENCES ON THE EXHIBIT FLOOR AND
IN THE DA VINCI CLASSROOMS EVERY DAY OF THE SCHOOL YEAR. ADDITIONAL
PROGRAMS WILL BE AVAILABLE TO STUDENTS AND FAMILIES ACROSS THE DISTRICT,
AND ALL FAMILIES OF STUDENTS ENROLLED IN ALLENTOWN DISTRICT SCHOOLS WILL
RECEIVE FREE MEMBERSHIPS TO THE SCIENCE CENTER.

BASIS OF CONSOLIDATION: TO SUPPORT ITS EXPANSION EFFORTS, THE DA VINCI DISCOVERY CENTER OF SCIENCE AND TECHNOLOGY, INC. ("PARENT") MAINTAINS TWO SUBSIDIARIES. EACH SUBSIDIARY IS A PENNSYLVANIA NON-PROFIT LIMITED LIABILITY COMPANY WITH THE PARENT BEING THE SOLE MEMBER OF EACH. THE GOVERNANCE OF EACH SUBSIDIARY IS SET FORTH IN AN OPERATING AGREEMENT BETWEEN THE PARENT AND THE SUBSIDIARY. THE OPERATING AGREEMENTS PROVIDE THAT THE DAY-TO-DAY OPERATION OF EACH SUBSIDIARY IS UNDER THE CONTROL OF ITS MEMBER (THE PARENT).

FORM 990, PART I, LINE 6

VOLUNTEERS PROVIDE VARIOUS SERVICES FOR THE ORGANIZATION. THE MAJORITY OF THE VOLUNTEERS ASSIST WITH PROGRAMS AND GROUP TOURS.

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FORM 990, PART III - ADDITIONAL INFORMATION

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS DURING 2022 - 2023

IN PURSUIT OF ITS MISSION OF BRINGING SCIENCE TO LIFE AND LIVES TO SCIENCE,
THE DA VINCI DISCOVERY CENTER OF SCIENCE AND TECHNOLOGY, INC. PROVIDED THE
FOLLOWING PROGRAMS AND SERVICES DURING 2022-2023 FOR INDIVIDUALS OF ALL
AGES IN EASTERN PENNSYLVANIA AND WESTERN NEW JERSEY. SCIENCE CENTER
EXPERIENCES WERE DESIGNED TO PROMOTE INTEREST IN SCIENCE, TECHNOLOGY,
ENGINEERING, ART AND MATH (STEAM) THROUGH HANDS ON, ENGAGING, AND
INSPIRATIONAL ACTIVITIES.

ON-SITE:

- -TOTAL IN-BUILDING ATTENDANCE AND PROGRAM PARTICIPATION EXCEEDED 117,000 IN 2022-2023.
- O 71,900 VISITORS EXPERIENCED COORDINATED PRESENTATIONS OF TRAVELING
 EXHIBITS AND PUBLIC PROGRAMS DESIGNED TO SPARK STUDENTS' INTEREST IN
 DISCOVERY AND SCIENCE LEARNING. IN ADDITION TO THE "PLAYING WITH LIGHT"
 EXHIBIT OFFERED IN THE SUMMER OF 2022, THE SCIENCE CENTER HOSTED BODY
 WORLDS RX DURING THE WINTER AND SPRING OF 2023. THIS EXHIBIT EDUCATES
 VISITORS ABOUT ANATOMY, PHYSIOLOGY, AND HEALTH THROUGH THE OBSERVATION OF
 REAL HUMAN BODIES PERMANENTLY PRESERVED THROUGH PLASTINATION.
- O 35,500 YOUTH, INCLUDING 32,600 SCHOOL STUDENTS, ENJOYED THE SCIENCE CENTER VIA GROUP VISITS AND SCHOOL FIELD TRIPS.
- O PROGRAM PARTICIPATION IN SCIENCE CAMPS, SCIENCE CLUBS AND OTHER CENTER PROGRAMS TOTALED 9,700. THESE PROGRAMS PROVIDE LONGER, MULTI-DAY, IN-DEPTH

Schedule O (Form 990) 2022 Page 2

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EXPERIENCES WHICH GREATLY ENHANCE THEIR EDUCATIONAL IMPACT.

OFF-SITE:

-SCIENCE OUTREACH ASSEMBLIES, AFTER-SCHOOL PROGRAMS AND PUBLIC OUTREACH ASSEMBLIES ENROLLED 44,300 PARTICIPANTS.

-AN IN-PERSON WOMEN IN SCIENCE AND ENGINEERING FORUM ATTENDED BY MORE THAN
250 WOMEN AND GIRLS CONNECTED STUDENTS WITH PRACTICING FEMALE STEM
PROFESSIONALS.

-STEM SUMMER LEARNING PROGRAMS ENROLLED 69 AT RISK YOUTH DURING THE SUMMER OF 2022 IN A 6 WEEK, 5 DAYS PER WEEK SUMMER CLASSES DESIGNED TO COMBAT THE SUMMER LEARNING SLIDE.

OTHER:

-TEACHER PROFESSIONAL DEVELOPMENT PROGRAMS OFFERED ON-SITE AND OFF-SITE PROVIDED 1,100 INTERACTIONS ENGAGING TEACHERS AND SCHOOL ADMINISTRATORS. PROFESSIONAL DEVELOPMENT CONCENTRATED ON EDUCATING PARTICIPANTS ON NEXT GENERATION SCIENCE TEACHING AND LEARNING PRACTICES INCORPORATED IN THE SCIENCE, TECHNOLOGY, ENGINEERING, ENVIRONMENTAL LITERACY, AND SUSTAINABILITY (STEELS) STANDARDS ADOPTED BY THE PENNSYLVANIA DEPARTMENT OF EDUCATION IN JANUARY 2022. FULL PARTICIPATION ENTITLED THESE PROFESSIONALS UP TO 96 ACT 48 HOURS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE DA VINCI DISCOVERY CENTER OF SCIENCE AND TECHNOLOGY, INC. PROVIDES

HANDS-ON, INQUIRY-BASED SCIENCE EDUCATION THROUGH INTERACTIVE EXHIBITS AND

A VARIETY OF EDUCATIONAL PROGRAMS FOR STUDENTS, TEACHERS, AND FAMILIES.

(ALSO SEE SCHEDULE O)

23-2824084

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF FORM 990 WAS REVIEWED BY THE ORGANIZATION'S EXECUTIVE

DIRECTOR/CEO AND CHIEF ADMINISTRATIVE OFFICER/CFO BEFORE IT WAS FILED. A

COPY OF THE FORM 990 WAS DISTRIBUTED TO THE FULL BOARD OF TRUSTEES FOR

THEIR REVIEW AND CONSIDERATION. THE EXECUTIVE DIRECTOR/CEO SIGNS AND

CERTIFIES THAT THE FORM 990 IS COMPLETE AND ACCURATE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION REQUIRES EACH MEMBER OF THE BOARD TO (1) ANNUALLY REVIEW

THE POLICY; (2) DISCLOSE POSSIBLE PERSONAL, FAMILY, OR BUSINESS

RELATIONSHIPS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST OR THE

APPEARANCE OF A CONFLICT OF INTEREST; AND (3) ACKNOWLEDGE BY HIS/HER

SIGNATURE THAT HE/SHE IS IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THIS POLICY.

BOARD MEMBERS OR OFFICERS WHO HAVE DECLARED OR BEEN FOUND TO HAVE A

CONFLICT OF INTEREST SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATION OF

PROPOSED TRANSACTIONS, UNLESS FOR SPECIAL REASONS THE BOARD OR

ADMINISTRATION REQUESTS INFORMATION OR INTERPRETATION. PERSONS WITH

CONFLICTS SHALL NOT VOTE, PARTICIPATE IN DISCUSSION, OR BE PRESENT AT THE

TIME OF VOTE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION'S PRIMARY OBJECTIVE IS TO PROVIDE A REASONABLE AND

COMPETITIVE EXECUTIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH

MARKET-BASED COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE

EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE

23-2824084

ORGANIZATION.

WHILE THE ORGANIZATION FOCUSES ON COMPARABLE SCIENCE CENTER BASED NONPROFIT ORGANIZATIONS IN OUR AREA TO BENCHMARK PAY, WE ALSO UNDERSTAND THAT THE MARKET FOR EXECUTIVE TALENT MAY BE BROADER THAN THIS GROUP. MARKET INFORMATION FROM ADDITIONAL MARKET SEGMENTS SUCH AS ASTC (ASSOCIATION OF SCIENCE AND TECHNOLOGY CENTERS) AND PANO (PENNSYLVANIA ASSOCIATION OF NON-PROFIT ORGANIZATIONS) MAY BE USED TO SUPPLEMENT. TOGETHER WITH DATA FROM THE COMPARABLE LOCAL ORGANIZATIONS, DATA FROM THESE MARKET SEGMENTS WILL BE USED TO FORM A "MARKET COMPOSITE" TO ASSESS THE COMPETITIVENESS OF COMPENSATION.

THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD, LED BY THE BOARD CHAIR. IT IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE EXECUTIVE DIRECTOR/CEO OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE SHALL PERFORM A REVIEW OF THE EXECUTIVE DIRECTOR/CEO'S PERFORMANCE EVERY YEAR AND A REVIEW OF COMPENSATION EVERY TWO YEARS.

ANNUALLY THE COMMITTEE REVIEWS AND APPROVES THE BASE SALARY, AND OBJECTIVES AND GOALS FOR THE UPCOMING COMPENSATION PERIOD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC BY
ALLOWING ACCESS TO THEM UPON REQUEST.

FORM 990, PART VIII - ADDITIONAL INFORMATION

FORM 990, PART VIII, STATEMENT OF REVENUE 2022 - 2023

PROGRAM SERVICE REVENUE

Schedule O (Form 990) 2022 Page 2

Name of the organization

THE DA VINCI DISCOVERY CENTER OF

23-2824084

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-2A - MUSEUM OPERATIONS - THE DA VINCI DISCOVERY CENTER OF SCIENCE AND
TECHNOLOGY, INC. COLLECTS ADMISSION FEES AT VARYING LEVELS FOR PARTICIPANTS
TO EXPERIENCE ITS INTERACTIVE SCIENCE EXHIBITS, TEACHER PROFESSIONAL
DEVELOPMENT PROGRAMS, SCIENCE DEMONSTRATIONS, HANDS-ON WORKSHOPS, PUBLIC
PROGRAMS, AND OTHER ACTIVITIES ON AND OFF-SITE THAT MEET ITS OBJECTIVES.

-2B - MEMBERSHIP DUES - LOW MEMBERSHIP FEES ENCOURAGE FAMILIES TO VISIT FREQUENTLY DURING THE YEAR TO EXPERIENCE CHANGING EXHIBITS AND SPECIAL PROGRAMS.

OTHER REVENUE

-8A - STEAM AWARDS CELEBRATION

THE DA VINCI DISCOVERY CENTER OF SCIENCE AND TECHNOLOGY'S STEAM AWARDS

CELEBRATION HONORS STUDENTS WHO SHOW A UNIQUE PASSION FOR SCIENCE,

EDUCATORS WHO INSPIRE ENTHUSIASM FOR SCIENCE WITH INNOVATIVE APPROACHES,

PROFESSIONALS AND COMPANIES WHO BRING SCIENCE TO LIFE EVERY DAY, AND

PARTNERS WHO SUPPORT THE SCIENCE CENTER'S MISSION. ALL AWARD WINNERS HAVE

STUDIED, WORKED, OR LIVED IN THE SCIENCE CENTER'S PRIMARY SERVICE AREA.

THE EVENT IS UNDERWRITTEN BY CORPORATE AND INDIVIDUAL SPONSORS AND PROMOTES

EXCELLENCE IN STEAM EDUCATION IN THE COMMUNITY AND REGION. SELECTIONS ARE

MADE THROUGH A NOMINATION AND REVIEW PROCESS. FINALISTS ARE HONORED AT THE

EVENT AND PRESENTED WITH CASH SCHOLARSHIPS AND AWARDS.

-8A - OTHER SPECIAL EVENTS:

THE WOMEN IN SCIENCE AND ENGINEERING (WISE) FORUM ENCOURAGES FEMALE
STUDENTS TO CONSIDER CAREERS IN SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, AND
MATH (STEAM) FIELDS. THIS UNIQUE EVENT BRINGS TOGETHER FEMALE HIGH SCHOOL
STUDENTS, STUDENTS AND FACULTY FROM AREA UNIVERSITIES, AND ACCOMPLISHED

Schedule O (Form 990) 2022 Page 2

Name of the organization Employer identification number 23-2824084 THE DA VINCI DISCOVERY CENTER OF WOMEN FROM STEAM FIELDS. -10A - SCIENCE MUSEUM STORE: THE DA VINCI DISCOVERY CENTER OF SCIENCE AND TECHNOLOGY, INC. OPERATES A SCIENCE MUSEUM STORE THAT SELLS EDUCATIONAL MATERIALS, TOYS, AND BOOKS RELATED TO THE EXHIBITS IN PARTICULAR, AND SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, AND MATH, IN GENERAL. PURCHASES FROM THE STORE ENCOURAGE CHILDREN TO CONTINUE EXPLORING SCIENCE AT HOME AFTER THEY COMPLETE THEIR VISIT AND REINFORCE WHAT THEY HAVE SEEN AND LEARNED DURING THEIR VISIT. MISCELLANEOUS REVENUE -11A - MISCELLANEOUS REVENUE IS GENERATED FROM OTHER SOURCES SUCH AS SCIENCE-THEMED BIRTHDAY PARTIES, FACILITY RENTALS AND VENDING MACHINE SALES. FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION COST OF GOODS SOLD 69,520 SPECIAL EVENT EXPENSES COST OF GOODS SOLD -69,520SPECIAL EVENT EXPENSES \$ -81,470

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

Open to Public Inspection

23-2824084

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Go to www.irs.gov/Form990 for instructions and the latest information.

THE DA VINCI DISCOVERY CENTER OF

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(f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-vear assets Direct controlling or foreign country) DA VINCI CHILDREN'S DISCOVERY 3145 HAMILTON BLVD BYPASS ALLENTOWN PA 18103 MUSEUM PA N/A DA VINCI SCIENCE CITY LLC 3145 HAMILTON BLVD BYPASS ALLENTOWN PA 18103 MUSEUM PA 6,676,501 6,955,126 N/A (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) controlled entity? (d) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity Yes (1) (2) (3) (4) (5)

SCIENCE AND TECHNOLOGY, INC.

Part III Identification of Related Organization because it had one or more related or	ons Taxable rganizations t	as a reated	Partnership. as a partner	Complete if the ship during the	e organizatio tax year.	on answered "Yes	" on Form	990, Pa	art IV, line	: 34,		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	(g) Share of end-o year assets	f- Disproportionate alloc.?	amour of Sc (Fo	(i) de V—UBI nt in box 20 chedule K-1 rrm 1065)	(j) General managir partner	or Percount own?	(k) centage nership
(1)							TC3 NC	<u>' </u>		10311		
(2)												
(3)												
(4)												
Part IV Identification of Related Organization in a 34, because it had one or more related to the same of the same	ons Taxable elated organiz	as a	Corporation s treated as a	or Trust. Com	plete if the trust during	organization answ the tax year.	ered "Yes"	on For	m 990, P	art IV	,	
(a) Name, address, and EIN of related organization	(b) Primary activit		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share end-of-year	of	(h) Percent owners	tage	512(cont	(i) ction (b)(13) trolled titty?
			.o.o.g.r coanyy		o. addy							No
(1)												
(2)												
(3)												
(4)												
	1		1				1		•			1

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			<u> </u>	, , ,			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	uring the tax year, did the organization engage in any of the following transactions with one or more rela						
a R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b G	ift, grant, or capital contribution to related organization(s)				1b		
c G	ift, grant, or capital contribution from related organization(s)				1c		
d Lo	pans or loan guarantees to or for related organization(s)				1d		
e Lo	pans or loan guarantees by related organization(s)				1e		
f Di	vidends from related organization(s)				1f		
g Sa	ale of assets to related organization(s)				1g		
h Pu	urchase of assets from related organization(s)				1h		
i Ex	change of assets with related organization(s)				1i		
j Le	ease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		
k Le	ease of facilities, equipment, or other assets from related organization(s)				1k		
I Pe	erformance of services or membership or fundraising solicitations for related organization(s)				11		
m Pe	erformance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sl	naring of facilities, equipment, mailing lists, or other assets with related organization(s)				<u>1n</u>		
o SI	naring of paid employees with related organization(s)				10		
_					_		
p R	eimbursement paid to related organization(s) for expenses				1p		
q R	eimbursement paid by related organization(s) for expenses				1q		
	then transfer of each an appropriate to related appropriate (2)				4		
r 0	ther transfer of cash or property to related organization(s)				1r		
	ther transfer of cash or property from related organization(s)the answer to any of the above is "Yes," see the instructions for information on who must complete this				1s		
2 11	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amou	nt involv	ed	
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
(*)							
(5)							
(6)							

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under		c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		i) ral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Schedule R (F	Form 990) 2022	THE	<u>DA VINCI</u>	DISCOVERY	CENTER O	F 23-2824084	Page 5
Part VII	Suppleme	ntal Info	rmation.			edule R. See instructions	
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•							
•							