Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For the	2020 calen	dar year, or tax year begin	nıng	, 2020, 8	and ending	l		, ,	20		
В	Check if ap	oplicable:	С					D Employ	er identifi	ication numb	er	
	X Addre	ess change	Schoolhouse of W	onder				56-1	16704	72		
		change	3520 Kangaroo Dr.				F	E Telepho				
		return	Durham, NC 27715					919.	-477-	2116		
		eturn/terminated	·				F	717	411	2110		
	_							C a	٠. خ		07 40	
	_	ided return	F Name and address of animalia	1 -#		- 1	I(a) Is this a	G Gross re	-		397,43	7
	Applic	cation pending		Paul Mosca	l						Yes X	ON 2
			Same As C Above		1.0	 '	H(b) Are all s If "No,"	attach a list.	. See instr	ructions	res] NO
<u> </u>		mpt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527						
J	Websi	ite: ► ww	w.schoolhouseofwo	onder.org		ŀ	I(c) Group e	xemption nu	ımber -			
K		organization:	X Corporation Trust	Association Other ►	LY	ear of formatio	n: 1989) Ms	tate of leg	gal domicile:	NC	
Pa	ırt I	Summar	у									
			be the organization's missi							ites ki	.nd,	
Φ	<u>C</u>	<u>urious,</u>	<u>and confident ki</u>	lds through nat	<u>ure-based</u>	<u>outdoo</u>	<u>r adv</u> e	<u>enture</u>	s <u>.</u>			
anc	_											
Ē	_											
Activities & Governance	2 Ch	neck this bo		n discontinued its opera						ets.		
প্ৰ	3 Nu 4 Nu		oting members of the gover						3			4
S	5 To		dependent voting members of individuals employed in						4 5			4
Ě	6 To		of volunteers (estimate if						6			20 5
듕	7a To		ed business revenue from F						7a			0.
٩			business taxable income						7b			0.
	D 100	or armorator	a business taxable interine		1, 1110 111111			ior Year		Curre	nt Year	<u> </u>
	8 Co	ontributions	and grants (Part VIII, line	1h)				71,4	31		195,03	35
Revenue			vice revenue (Part VIII, line					961,2			200,05	
Ven			ncome (Part VIII, column (A					1,9	48		1,36	
Re			e (Part VIII, column (A), lir					9,5				73.
			e – add lines 8 through 11		•		-	,044,2			397,13	
			imilar amounts paid (Part I				1		94.		,,,,	,
			to or for members (Part I)								-	
			er compensation, employee					914,2	79	2	272,26	52
es	16 a Dr		fundraising fees (Part IX, o					J14, Z	13.		.12,20	<i>J</i>
Expenses	104 11		-									
×	b 10		sing expenses (Part IX, col			3 , 305.						
	17 0		ses (Part IX, column (A), Iir	-				271,2		1	L34,50)O.
	18 To	otal expens	es. Add lines 13-17 (must e	equal Part IX, column (A), line 25)		1	,186,3	80.	4	106,76	52.
	19 Re	evenue less	expenses. Subtract line 1	8 from line 12				-142,1	39.		-9,62	<u> 26.</u>
9 o							Beginning	g of Curren		End o	of Year	
Net Assets Fund Balanc	20 To		(Part X, line 16)					506,8	89.	1	L39,49	} 3.
A B	21 To	otal liabilitie	es (Part X, line 26)					420,6	55.		60,14	<u> 10.</u>
δĒ	22 Ne	et assets or	fund balances. Subtract li	ne 21 from line 20				86,2	34.		79,35	53.
Pa	rt II	Signatur	e Block									
Unde	er penalties	of perjury, I de	eclare that I have examined this returner (other than officer) is based on a	irn, including accompanying sc	hedules and statem	ents, and to the	ne best of my	knowledge	and belief	f, it is true, c	orrect, and	<u></u>
com	plete. Decla	aration of prepa	arer (other than officer) is based on a	all information of which prepare	er has any knowledo	ge.						
												
Sig	gn	Signatu	re of officer				Dat	е				
He	re	Wen	dy Tonker				Execu	tive I)irec	tor		
_		Type or	print name and title									
-		Print/Type p	oreparer's name	Preparer's signature		Date		Check	if P	PTIN	-	
Pa	id	Tori Y	Young	Tori Young				self-employe	ed F	2024061	136	
	eparer	Firm's name			· · · · · · · · · · · · · · · · · · ·	1						
	e Only							Firm's EIN	► 20-	802114	7	
	,		DURHAM, NC 27					Phone no.		191119		
May	the IRS	discuss th	is return with the preparer		tructions		<u> </u>		フェフュ	X Yes		No.

214,322.

4 e Total program service expenses

Form 990 (2020) Schoolhouse of Wonder 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	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		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	Х	
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.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	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.	11 b		Х
(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	11 c		Х
C	I 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	11 d		Х
6	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F. Parts III and IV</i>	16		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		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		Х
b	olf '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 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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Form 990 (2020) Schoolhouse of Wonder Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, 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
c	: A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		X
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 conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV,			
25 -	and Part V, line 1	34 35a		X
		33a		Λ
b	olf '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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Χ
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t 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			
1 -	Enter the number reported in Roy 3 of Form 1096 Enter, 0, if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1 c	Χ	
BAA	TEEA0104L 10/07/20	Form	990 (2020

Form 990 (2020) Schoolhouse of Wonder

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

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 20			
ı	a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0.</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	of If 'Yes,' enter the name of the foreign country ►			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a 5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		Λ
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ı	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			,,
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
١	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
•	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand	1/10		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14a 14b		Λ
		14D		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2020) Schoolhouse of Wonder 56-1670472 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders?..... X 6 7 a 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? . . 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X Χ **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a 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? 10 b Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...See. Schedule O..... Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 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.. See. Schedule.0....... X 15 a **b** Other officers or key employees of the organization..... 15b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a 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 16b organization's exempt status with respect to such arrangements?.... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Wendy Tonker 3520 Kangaroo Drive #61777 Durham NC 27715 919-477-2116

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relat	ed organiz	ation	con	nper	nsate	ed any	cu	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and title	Average hours per week (list any hours for related organiza-	İ	s both dir	n an c	officer /trust			Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	tions below dotted line)	i trustee ir	Institutional trustee		oyee	Highest compensated employee				
(1) Wendy Tonker Executive Dir.	29.25 0			Х				50,239.	0.	6,796.
(2) Christine Hendren Board Member	2	Х						0.	0.	0.
(3) Jennifer Costanza Board Member	2	Х						0.	0.	0.
(4) Daniel Paul Mosca Board Member	2	Х						0.	0.	0.
(5) Johnathan Offenberg Board Member	2	Х						0.	0.	0.
(6) Rebecca Dodder Chairperson	2	Х		Х				0.	0.	0.
(7)										
(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

	T Occion A. Omecis, Directors, Tre		,		-				g	ponoucou zinpi	0,000	(00111111	uou j
	(A) Name and title	Average hours per week (list any	box, offic	, unle cer ar	theck ess pe nd a d	sition more erson directo	than is botl or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	0	(F) ated amount of other insation from the state of the	
		hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1055-WIGC)	(W-2/1099-WISC)	and	rganizatio d related anizations	
(15)							<u> </u>						
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1 b Sub	total								50,239.	0.		6,7	96
	al from continuation sheets to Part VII, Section							▶	0.	0.		<u> </u>	0.
	al (add lines 1b and 1c).							▶	50,239.	0.		6,7	
2 Tota	Il number of individuals (including but not limited not the organization ► 0							ved			ensation		<u> </u>
	0											Yes	No
3 Did on li	the organization list any former officer, directine 1a? <i>If 'Yes,' complete Schedule J for sucl</i>	tor, truste h <i>individu</i> a	e, ke al	y er	nplo	yee 	, or l	high 	est compensated	employee	. 3		Χ
the	any individual listed on line 1a, is the sum of organization and related organizations greate hindividual.	r than \$1	50,00	00?	If 'Y	∕es,'	com	ple	te Schedule J for	rom	4		X
5 Did	any person listed on line 1a receive or accrue services rendered to the organization? If 'Yes	e compen	satio	n fro	om a	any i <i>J foi</i>	unrel r <i>suc</i>	late h pe	d organization or erson	individual	5		X
Section	B. Independent Contractors												
1 Com	nplete this table for your five highest compens pensation from the organization. Report compen	sated inde sation for	penc the ca	dent alen	cor dar <u>y</u>	ntrac year	tors endi	that ng v	t received more th vith or within the or	an \$100,000 of ganization's tax year			
	(A) Name and business addr	ess							Description o	of services	Compe	c) nsatior	1
	Il number of independent contractors (including b		ted to	o tho	se I	isted	labo	ve)	who received more	than			
\$100	0,000 of compensation from the organization	0											

		Check if Schedule O contains a	response or note to any	y line in this Part VI	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	1a 1b 1c 1d 1e 132,712. 1f 62,323. 1g				
a Co	h	Total. Add lines 1a-1f	▶	195,035.			
ne			Business Code				
Program Service Revenue	2a b c d	Camps, other program fees	611600	200,059.	200,059.		
ŝ	е						
gra	f	All other program service revenue.					
P	g	Total. Add lines 2a-2f		200,059.			
	3	Investment income (including divider other similar amounts)	empt bond proceeds	1,369.			1,369.
	b c	Royalties.	il (ii) Personal				
	d	Net rental income or (loss)	······				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Tb Gain or (loss)	ties (ii) Other				
	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a 8b				
뀵		Net income or (loss) from fundrais					
0	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
		Less: direct expenses	9 b				
	С	Net income or (loss) from gaming	activities				
	b	Gross sales of inventory, less returns and allowances	10a 975. 10b 302.				
	С	Net income or (loss) from sales of		673.	673.		
S	11 -		Business Code				
Scellaneous Revenue	11 a b						
	C						
Re Sce	_	All other revenue					
Σ _ Σ	-	Total. Add lines 11a-11d					
		Total revenue. See instructions		397,136.	200,732.	0.	1.369.
					7.00.137.	U.	1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	53,028.	5,714.	46,024.	1,290.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	176,041.	121,443.	53,914.	684.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	170,041.	121,443.	33,314.	004.
9	Other employee benefits	25,423.	17,576.	7,753.	94.
10	Payroll taxes	17,770.	10,107.	7,518.	145.
11	Fees for services (nonemployees):	ĺ	,	,	
á	Management				
ŀ	Legal	1,803.		1,803.	
(: Accounting	23,788.		23,788.	
(! Lobbying	==,		==,::::	
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	283.		283.	
g	Other. (If line 11g amount exceeds 10% of line 25, column		C 1		1
12	(A) amount, list line 11g expenses on Schedule 0.)	100.	64.	35.	1.
13	Office expenses	8,657.	8,406.	247.	4.
14	Information technology.	20,020.	4,970.	15,030.	20.
		2,525.	1,671.	839.	15.
15	Royalties.	24.726	20 574	11 051	011
16	Occupancy.	34,736.	22,574.	11,951.	211.
17	Travel	36.	30.	6.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	437.	301.	134.	2.
20	Interest	244.		244.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,575.	10,420.	5,635.	520.
23	Insurance	19,654.	6,519.	13,071.	64.
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.)				
á	Program Supplies	1,414.	1,414.		
ŀ	Dues, Licenses & Fees	1,126.	699.	175.	252.
	Staff Apparel	1,063.	1,063.		
	Equipment Rental & Repair	668.	668.		
	All other expenses.	1,371.	683.	685.	3.
25	Total functional expenses. Add lines 1 through 24e	406,762.	214,322.	189,135.	3,305.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		L	397,078.	1	59,597.
	2	Savings and temporary cash investments			4,066.	2	4,076.
	3	Pledges and grants receivable, net			847.	3	
	4	Accounts receivable, net			9,216.	4	5,830.
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er offic contrib	er, director, outor, or 35%		5	
	_	Loans and other receivables from other disqualified per		-		3	
	6	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		7			
Ø	8	Inventories for sale or use		<u> </u>	4,899.	8	7,308.
Assets	9	Prepaid expenses and deferred charges			16,568.	9	8,978.
As			1 1	h h	10,300.		0,910.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
		Less: accumulated depreciation.		18,569.	7,133.	10 c	3,675.
	11	Investments — publicly traded securities		L	26,170.	11	29,704.
	12	Investments — other securities. See Part IV, line 11.		<u>-</u>		12	
	13	Investments – program-related. See Part IV, line 11.			24 522	13	1.6.41.0
	14	Intangible assets	34,533.	14	16,417.		
	15	Other assets. See Part IV, line 11			6,379.	15	3,908.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		506,889.	16	139,493.
	17	Accounts payable and accrued expenses			38,813.	17	2,389.
	18	Grants payable			,	18	,
	19	Deferred revenue	381,842.	19	15,913.		
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, di itor, or	rector, trustee, 35%		22	
	23	Secured mortgages and notes payable to unrelated th		-		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	41,838.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	41,000.
	26	Total liabilities. Add lines 17 through 25			420,655.	26	60,140.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	.	X			
a	27	Net assets without donor restrictions			13,938.	27	2,726.
ä	28	Net assets with donor restrictions		<u></u>	72,296.	28	76,627.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her	e ►			
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipm	capital surplus, or land, building, or equipment fund				
SS	31	Retained earnings, endowment, accumulated income,	or oth	er funds		31	
it A	32	Total net assets or fund balances			86,234.	32	79,353.
Š	33	Total liabilities and net assets/fund balances			506,889.	33	139,493.
RΔ	Λ		TEEA01	11L 10/07/20			Form 990 (2020)

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	97,1	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	06,7	62.
3	Revenue less expenses. Subtract line 2 from line 1	3		-9,6	526.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		86,2	234.
5	Net unrealized gains (losses) on investments.	5		2,7	45.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		79,3	353.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
-				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
	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 separal basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	c 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?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 10/19/20		Form	990 ((2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public Inspection

iaiiic o	ı uıe	organization					Employer identific	ation numb	er	
Sch	oc.	lhouse of Wonder					56-167047	2		
Part	Ι	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instru	ctions.		
		nization is not a private found	lation because it is: (F	or lines 1 through 12,	check or	nly one I	box.)			
1		A church, convention of church	es, or association of ch	nurches described in sect	ion 170(b)(1)(A)(i).			
2	П	A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ	.)				
3		A hospital or a cooperative h	ospital service organi	zation described in sec	tion 170)(b)(1)(A	۸)(iii).			
4	H	A medical research organizat	•					Inter the	hospital's	
	ш	name, city, and state:	, ,							
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colleg	ge or university owned	or opera	ited by a	a governmental unit de	scribed i	n	
6	П	A federal, state, or local gove	•	ntal unit described in s	ection 1	70(b)(1))(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described		A)(vi). (Complete Part I	l.)					
9		An agricultural research organiz	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	oniunctio	on with a land-grant colle	eae		
	ш	or university or a non-land-gran								
		university:								
10		An organization that normally from activities related to its e investment income and unrel June 30, 1975. See section 5	y receives (1) more the exempt functions, sub- lated business taxable	nan 33-1/3% of its supp ject to certain exception income (less section !	ns; and	(2) no m	nore than 33-1/3% of it	s suppor	t from gross	
11		An organization organized ar		•	ty. See	section	n 509(a)(4).			
12		An organization organized ar	nd operated exclusive	ly for the benefit of, to	perform	the fund	ctions of, or to carry ou	it the pui	poses of one	
		or more publicly supported or lines 12a through 12d that de	escribes the type of su	upporting organization a	and com	plete lin	nes 12e, 12f, and 12g.			
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o	rganizati tees of t	ion(s), typically by giving the supporting organization	g the suppon. You r	oorted nust	
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in							
С		Type III functionally integrated. organization(s) (see instruction	A supporting organizat	ion operated in connection	n with, ar	nd functio	onally integrated with, its	supporte	d	
d		Type III non-functionally integrated. The o	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s t and an attentiveness) that is r	not nent (see	
е		instructions). You must comp Check this box if the organization	plete Part IV, Section	s A and D, and Part V.				•		
	Fn	integrated, or Type III non-futer the number of supported of	nctionally integrated s	supporting organization					lionally	
		ovide the following information	•							
		me of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi)	Amount of other	
,	,		、 ,	(déscribed on lines 1-10 above (see instructions))		ion listed overning	support (see instructions)	suppor	(see instructions)	
					Yes	No				
A)										
<u>~,</u>										
B)										
C)										
D)										
E)										
	_									

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.)

Sec	tion A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	45,943.	56,282.	74,860.	71,432.	195,035.	443,552.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
	Total. Add lines 1 through 3 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)	45,943.	56,282.	74,860.	71,432.	195,035.	443,552.			
6	Public support. Subtract line 5 from line 4						394,357.			
Sec	tion B. Total Support						3317337:			
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	45,943.	56,282.	74,860.	71,432.	195,035.	443,552.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	598.	1,104.	1,398.	1,648.	574.	5,322.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		=,====	=,::::	=, 0 200	2.20	0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI			1,831.			1,831.			
11	Total support. Add lines 7 through 10						450,705.			
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	3,407,631.			
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fit	fth tax year as a s	section 501(c)(3)	▶			
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage			1 1				
	Public support percentage for 20 Public support percentage from 2						87.50 % 77.41 %			
	33-1/3% support test-2020. If the	he organization di	d not check the bo	ox on line 13, and	I line 14 is 33-1/3	······································	this box			
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this be	ox and stop here	Explain in Part `	VI how			
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-ar d-circumstances' t	nd-circumstances est. The organiza	test, check this be tion qualifies as a	ox and stop here publicly supporte	Explain in Part 'ed organization	VI how the▶			
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions ►			

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	213 110100 201011,	produce to improve i	art m.,			
	dar year (or fiscal year beginning in) >	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		T		1	ı	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)(3)) ▶ <u> </u>
	tion C. Computation of Pul					Т	
	Public support percentage for 20	•	•				
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17	Investment income percentage for	·	• •	-			%
18	Investment income percentage fr						%
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	on ▶ ∐
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported org	anization •

Part IV Supporting Organizations

(Complete only if you checked a box in 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

	·· · · · · · · · · · · · · · · · · · ·		Yes	No
1	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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	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.	3c		
4a	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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.	4b		
С	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) purposes.	4c		
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).	5a		
b	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in 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.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	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.).	10b		

Pa	art IV Supporting Organizations (continued)	-	-	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
		11b		
	, , , , , , , , , , , , , , , , , , , ,	11c		
Sec	ction B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
'	or 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		
Sec	ction C. Type II Supporting Organizations	•	•	
			Yes	No
1	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).	1		
Sad	ction D. All Type III Supporting Organizations	-		
360	Ction B. All Type III Supporting Organizations		Yes	No
1	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		
2	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		
3	By reason of the relationship described in 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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstru	ctions	;).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	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.	2a		
	b Did the activities described in 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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	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 .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	ov. 20, 1970 (explain ir t complete Sections A	Part VI). See through E.
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting org	ganization

Schedule A (Form 990 or 990-EZ) 2020

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ((continued)
Section I	O – Distributions	

Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details 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 organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
BΛΛ		Schodulo A (Eo	rm 990 or 990-F7) 2020

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Schedule A (Form 990 or 990-EZ) 2020

56-1670472

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source		2020		2019		2018	2017	 2016
Rebates Received					ė	1,831.		
repares received					Ų	1,051.		
	Total	\$ 0	. \$	0.	\$	1,831.	\$ 0.	\$ 0.

Schedule B

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

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

	e of Wonder	56-1670472
Organization ty	oe (check one):	
Filers of:	Section:	
Form 990 or 99	-EZ \overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
	nization is covered by the General Rule or a Special Rule . stion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and	I a Special Rule. See instructions.
General Rule		
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions erty) from any one contributor. Complete Parts I and II. See instructions for determining a co	
Special Rules		
under receiv	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part ed from any one contributor, during the year, total contributions of the greater of (1) \$5090, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	II, line 13, 16a, or 16b, and that
during purpo	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious, charitable, ses, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'Neutor name and address), II, and III.	scientific, literary, or educational
during \$1,00 charit	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such If this box is checked, enter here the total contributions that were received during the lible, etc., purpose. Don't complete any of the parts unless the General Rule applies to ived <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the second se	contributions totaled more than year for an exclusively religious, this organization because
Caution: An orç	anization that isn't covered by the General Rule and/or the Special Rules doesn't file So	chedule B (Form 990, 990-EZ, or

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

990-PF), but it must answer 'No' on Part IV, line 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 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
Schoolhouse of Wonder	56-1670472
	-

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>132,712.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Schoolhouse of Wonder

56-1670472

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
	·	 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·	 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·	 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·	 \$	

Schoolhouse of Wonder Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

Employer identification number

	,			
56_	16	70	172	

	or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the total (Enter this information once. Se	l of <i>exclusive</i>	ely religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Town of some learning and disco	(e) Transfer of gift		Parada da Araba da A
	Transferee's name, addres	·	Кеіа	tionship of transferor to transferee
			-	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift	t	
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
		. – – – – – – – – – –		
			-	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
No. from Part I	(b) i dipose oi giit	(c) 0 3c of gift		(a) Description of now gift is neith
		(e) Transfer of gift	ŀ	
	Transferee's name, addres	-		tionship of transferor to transferee
				·
(a)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transference name adding	(e) Transfer of gift		stianchin of transferor to transferor
	Transferee's name, addres	s, and ZIF + 4	кеіа	tionship of transferor to transferee
	<u> </u>			

SCHEDULE D (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Sch	noolhouse of Wonder			56-167	0472	
Par	t I Organizations Maintaining Donoi	Advised Funds or Other S	Similar Fund	s or Accounts.		
	Complete if the organization answ	*				
		(a) Donor advised fund	ds	(b) Funds and	other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the organization.	or advisors in writing that the assorganization's exclusive legal conf	ets held in dono trol?	r advised funds	Yes	No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or	for any other pu	rpose conferring _	Yes	☐ No
Par	Conservation Easements. Complete if the organization answ	vered 'Yes' on Form 990. P	art IV. line 7	_		
1	Purpose(s) of conservation easements held by			<u> </u>		
•	Preservation of land for public use (for examp	•		of a historically imp	ortant lan	d area
	Protection of natural habitat			of a certified historic		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eld a qualified conservation contribu	ition in the form o	of a conservation ease	ement on th	ne
					End of th	ie Tax Year
	Total number of conservation easements			-		
	Total acreage restricted by conservation easem					
(Number of conservation easements on a certification	ed historic structure included in (a	a)	2 c		
(Number of conservation easements included in structure listed in the National Register					
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or to	erminated by the	organization during th	ie	
4	Number of states where property subject to conser	vation easement is located >				
5	Does the organization have a written policy reg				٦.,	
	and enforcement of the conservation easement				Yes	No
6	Staff and volunteer hours devoted to monitoring, in	ispecting, handling of violations, and	d enforcing conse	ervation easements du	uring the ye	ear ear
7	Amount of expenses incurred in monitoring, inspect ►\$	cting, handling of violations, and en	forcing conservat	ion easements during	the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the require	ements of section	on 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its the organization's financial state	s revenue and exements that desc	xpense statement ar cribes the organization	nd balance on's accou	sheet, and unting for
Par	Complete if the organization answ	ctions of Art, Historical Tre vered 'Yes' on Form 990, P	asures, or O art IV, line 8	ther Similar Ass	ets.	
1 a	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education,	or research in f	ment and balance sl urtherance of public	heet works service, p	s of art, provide in
ł	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education, or res	search in furthera	nce of public service,	works of provide the	art, e
	(i) Revenue included on Form 990, Part VIII, I					
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, hi amounts required to be reported under FASB A	ASC 958 relating to these items:				_
	a Revenue included on Form 990, Part VIII, line					
ŀ	Assets included in Form 990, Part X			▶\$		

Part III Organizations Maintai	ning Collection	is of Art, Histo	orical	reasures, or	Other Similar Ass	ets (c	ontinu	ea)
3 Using the organization's acquisition items (check all that apply):	, accession, and othe	er records, check a	any of th	e following that ma	ake significant use of its	collectio	n	
a Public exhibition		d Loan	or exch	nange program				
b Scholarly research		e Other						
c Preservation for future genera	ations							
4 Provide a description of the organiz Part XIII.	ation's collections ar	nd explain how the	y further	r the organization's	s exempt purpose in			
5 During the year, did the organizat to be sold to raise funds rather the	an to be maintaine	d as part of the o	rganiza	ation's collection?		Yes		No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements amount on Forn	. Complete if the property of	the org line 2	ganization ans 21.	swered 'Yes' on Fo	rm 990), Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or o	ther intermediary	for con	tributions or othe	r assets not included	Yes	F	No
b If 'Yes,' explain the arrangement							L	
c Beginning balance					1.0	Amount	<u> </u>	
d Additions during the year								
e Distributions during the year								
f Ending balance								
2a Did the organization include an a						Yes		No
b If 'Yes,' explain the arrangement								
		·		·				
Part V Endowment Funds. C		7						
	(a) Current year	(b) Prior yea		(c) Two years back			our years	
1 a Beginning of year balance	26,170	. 22,4	140.	24,331	1. 21,535		20,	267.
b Contributions								
c Net investment earnings, gains, and losses	3,817	. 4,0	030.	-1,591	3,096		1,	568.
d Grants or scholarships	,	<u> </u>		<u>, </u>	,			
e Other expenditures for facilities and programs					0			
f Administrative expenses	283	. 3	300.	300	300			300.
g End of year balance	29,704	. 26,1	170.	22,440	24,331		21,	535.
2 Provide the estimated percentage								
a Board designated or quasi-endowne	ent ►	%						
b Permanent endowment ►	70.00 8							
c Term endowment ► 30).00 [%]							
The percentages on lines 2a, 2b, ar	nd 2c should equal 1	00%.						
3 a Are there endowment funds not in the organization by:	he possession of the	organization that	are held	I and administered	for the	Γ	Yes	No
(i) Unrelated organizations						3a(i)	X	
(ii) Related organizations						3a(ii)		Х
b If 'Yes' on line 3a(ii), are the rela						. 3b		
4 Describe in Part XIII the intended	•	•						
Part VI Land, Buildings, and I				200 141	<u> </u>			
Complete if the organi		d 'Yes' on For	m 990	, Part IV, line	11a. See Form 99	0, Par	t X, Iir	ne 10.
Description of property	(a) Co	est or other basis investment)	(b)	Cost or other asis (other)	(c) Accumulated depreciation	(d) E	Book va	lue
1 a Land		-						
b Buildings								
c Leasehold improvements								
d Equipment				22,244.	18,569.		3,	,675.
e Other.		000 5 131		(D) /: 10 \				
Total. Add lines 1a through 1e. (Colum	n (a) must equal F	orm 990, Part X,	column	(B), line 10c.)		ulo D (E		<u>, 675.</u>

(a) Description of security or category (including name of security)	(b) Book value	i e	valuation: Cost or end-	990, Part X, Iine 12 of-year market value
(1) Financial derivatives	1 ' '	(-)	-	,
(2) Closely held equity interests				
(3) Other				
<u>- </u>				
(A) (B) (C) (D)				
(D)				
 (E)				
 (F)				
 (H)				
 (l)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •	-			
Part VIII Investments - Program Related.		N/A		
Complete if the organization answered				
(a) Description of investment	(b) Book value	(c) Method of value	uation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
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(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶				
(9) (10)	N/A	D, Part IV, line 1	1d. See Form 9	990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De	N/A), Part IV, line 1	1d. See Form S	990, Part X, line 15 (b) Book value
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(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. 1.	N/Ad 'Yes' on Form 990 scription	D, Part IV, line 1		(b) Book value
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Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Ret	urn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
D. IVII D. W. C. A. W. LEY MICH.		
Part XII Reconciliation of Expenses per Audited Financial Statemer		leturn. N/A
Complete if the organization answered 'Yes' on Form 990, P		leturn. N/A
	art IV, line 12a.	Peturn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2a 2b	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments.	2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses	2a 2b 2c 2d	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a	1
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	1 2e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2a	1 2e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1
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Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses Of Endowment Fund

The intended use of income produced from Endowment funds is to further the programs and mission of Schoolhouse of Wonder.

BAA Schedule D (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Schoolhouse of Wonder

56-1670472

Form 990, Part III, Line 3 - Ceased Conducting or Significant Changes To Services

COVID-19 prevented any in-person programming after March 13,2020. After that, all programs were canceled for the remainder of 2020, with the exception of one online leadership training program in June 2020.

Form 990, Part VI, Line 11b - Form 990 Review Process

Prior to filing, the Form 990 will be reviewed by the Executive Director, and then distributed to the Executive Committee and the full board for review.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Conflict of Interest policy is monitored by the Board Chairperson and reviewed and signed at the beginning of each fiscal year by all staff and board members with significant decision-making authority. It is each signator's obligation to disclose any potential conflict as soon as it is known or reasonably should be known. An individual with a conflict shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict of interest.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The process for determining executive compensation includes review and approval by independent persons, review of comparability data, and contemporaneous substantiation of the deliberation and decision.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The three most recent Form 990s (including financial information), the Bylaws, Articles of Incorporation, Form 1023 Application for Exemption, and Conflict of Interest policy are provided to the public upon request.