# Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

, 20

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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.

, 2021, and ending

В	Check if	applicable:	С							D Employ	er identifi	ication number	
	Add	dress change	Schoolhous					56-	16704	72			
	Na	me change	3520 Kanga				E Telepho						
	Init	ial return	Durham, NC	2771	5					919	-477-	2116	
	Fina	ol return/terminated	100							717	7//	2110	
	HAm	nended return								G Commun		707	
	HAD	plication pending	F Name and addre	ss of princ	ipal officer:				H(a) Is the	G Gross re s a group return		adim at a a 2	980.
	ш .		Same As C		Dall	iel Paul	Mosca			Il subordinates		. H'*	
ī	Tax-e	exempt status:	X 501(c)(3)	501(c)		sert no.) 4	047(0)(1) 05	F27	If "No	," attach a list.	See instr	ructions. Yes	No
J			ww.schoolho			Control of the Contro	947(a)(1) or	527	-		9727 1278		
K		of organization:	19.0	Trust			1.			exemption nu			
Pa		Summa		Trust	Association	Other >	L Yea	ar of format	tion: 198	39 M/s	tate of leg	gal domicile: NC	
-	100000000000000000000000000000000000000			ion's mi	ssion or most s	ignificant sati	ilian C. I						
		curious	ibe the organizat	dent	kide three	agnificant activ	ities: Scho	olnou	se of	Wonder	crea	tes kind,	
Ce		2411040	, and confi	denc.	vias ciiro	ugn natur	e-based	_outac	or_ad	venture	s <u>.</u>		
Ë													
OVe	2	Check this b	oox F if the	organiza	tion discontinue	ed its operation	ns or dispos	ed of mo	ore than	25% of its			
Ğ	3	radifiber of v	oung members of	the go	vernina body (F	art VI. line 1a	)			1	2	:15.	0
S	4	number of i	naepenaent votin	g memb	ers of the gove	rning body (Pa	art VI. line 1	b)		Array III	4		
įį	5	Total number	er of individuals e	employed	d in calendar ye	ear 2021 (Part	V. line 2a).		CONTRACTOR CONTRACTOR	NAME OF THE PROPERTY OF THE PR	5		53
ई	0	rotal numbe	er of volunteers (	estimate	if necessary).						6		<del>- 33</del>
4	/a	Not uprolete	ted business rev	enue fro	m Part VIII, col	umn (C), line	12				7a	)	0.
_	-	ivet unrelate	ed business taxat	ole incor	ne from Form 9	190-1, Part I, II	ne 11				7b		0.
	8	Contribution	s and arente (De	V/III I	: 1h\		1.0			Prior Year		Current Ye	ar
90	9	Program so	ns and grants (Pa	ort VIII, I	ine in)					195,0			017.
Ven	10	Investment	rvice revenue (Part VII	colum	n (A) lines 3 /			• • • • • • •		200,0			100.
Re	11	Other reven	nue (Part VIII, col	umn (A)	lines 5 6d 8	e, and 70)	116)	• • • • • • •			69.	1,	729.
	12	Total reven	ue – add lines 8	through	11 (must equa	l Part VIII. coli	ımn (A) line	12\			73.	706	628.
										397,1	36.	796	,474.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)								ALGORIAN TO THE PARTY OF THE PA		-		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)							The state of the s	272	450	F1.6		
563									2,2,202.			<u>,516.</u>	
e G	1							22000	1000 AVE	SS48(48/09/28)	2002780.0		
E	thoras .		aising expenses		•	(		726	The second secon			The second secon	色制器
	17		nses (Part IX, co							134,5	500.	126	,343.
	18		nses. Add lines 1.							406,	762.	585	,859.
_	19	Revenue le	ss expenses. Su	otract lin	ie 18 from line	12				-9,	626.	210	,615.
8	20	Total accet	a (Dart V. Lina 16						Begin	ning of Curre	nt Year	End of Ye	ar
	20		s (Part X, line 16							139,			,944.
*	2		ties (Part X, line							60,	140.	615	,124.
Z.	22		or fund balances	. Subtra	ct line 21 from	line 20				79,	353.	291	<u>,820.</u>
	V. Marie		ure Block										
con	der pena nplete. [	alties of perjury, Declaration of pro-	I declare that I have exeparer (other than office	amined thi er) is base	s return, including a d on all information	of which preparer	dules and stater	ments, and	to the best of	of my knowledge	e and beli	ef, it is true, correct	t, and
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Si	gn	Sign	nature (follocer				HOROCOLLANDO DE LA COLLANDO DE LA CO			Date	122		
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_		and the second	pe preparer's name		Preparer's s	ionature		Date				PTIN	
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17						Hunicutt				self-emplo	yea	PU1294565	
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DURHAM, NC 27707								110 5		Firm's EIN > 20-8021147			
M	ay the	IPS discuss								Phone no.		191119 X Yes	No
D	AA F	INO UISCUSS	this return with	MeA'	arer snown abo	ove: See instr	uctions						
6/	MA F	or Paperwor	k Reduction Act	notice,	see the separa	te instructions		50	TEEA0101L	09/22/21		Form <b>99</b>	0 (2021)

Par	Check if Schedule O contains a response or note to any line in this Part III	X
1		<u>A</u>
٠	Schoolhouse of Wonder creates kind, curious, and confident kids	through nature-based
	outdoor adventures.	
	outdoor adventures.	
2	Did the organization undertake any significant program services during the year which were not listed on the	prior
	Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	services? X Yes No
	If "Yes," describe these changes on Schedule O. See Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.	ervices, as measured by expenses.
	and revenue, if any, for each program service reported.	ions to others, the total expenses,
4 a	<b>a</b> (Code:) (Expenses \$338,036. including grants of \$)	(Revenue \$ 539,728.)
	Camps: Award-winning, year-round outdoor day camps with areas o	
	nature exploration and naturalist skills, games, problem-solving	
	curious, and confident kids. 1,454 camp seats were filled between	<u>en June - December</u>
	<u>2021.</u>	
4 b	<b>b</b> (Code: ) (Expenses \$ including grants of \$ )	(Revenue \$
	<del></del>	
4 0	c (Code: ) (Expenses \$ including grants of \$ )	(Revenue \$
	· · · · · · · · · · · · · · · · · · ·	,
4 d	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue	\$ )
4 e	e Total program service expenses ► 338,036.	

## Form 990 (2021) 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	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	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	
ł	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
•	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	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
ł	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		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		Х
19		19		Х
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 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

## Form 990 (2021) 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
ı	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		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 8	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		Х
ļ	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? <i>If 'Yes,' complete Schedule L, Part II</i>	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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  'Yes,' complete Schedule L, Part IV	28a		Х
ı	<b>b</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 line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29		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? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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		Х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	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		
36	<b>Section 501(c)(3) organizations.</b> 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		Х
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	Х	
Pa	rt 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 -	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
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Form 990 (2021) Schoolhouse of Wonder

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

			Yes	No
28	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 53			
ı	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Χ
ı	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	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
	a If 'Yes,' enter the name of the foreign country ►	74		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Χ
	bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	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
ı	b 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).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			37
	services provided to the payor?	7 a		Х
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		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		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	a 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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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		
	bid 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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
č	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			V
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	a If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
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?	15		Х
16	If 'Yes,' see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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..... 8 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 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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 on Schedule O how this was done... See . Schedule O ...... Χ 12c 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? X a The organization's CEO, Executive Director, or top management official. See Schedule .0..... 15 a **b** Other officers or key employees of the organization..... 15 b Χ 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 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

Form 990 (2021)

### 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 the 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, 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.

BAA

Check this box if neither the organization nor any relat	ed organiz	ation	con	nper	ısate	d any	/ cu	irrent officer, direct	or, or trustee.	
				(C)	)					
(A) Name and title	(B) Average hours per	is	both dir	an c ector	officer /truste	eck moss personand a ee)		(D)  Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	<b>(F)</b> Estimated amount of other compensation from
	per week (list any hours for related organiza- tions below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related organizations
_(1) Wendy Tonker CEO	$-\frac{40}{0}$			Х				66,028.	0.	6,885.
(2) Renee Strand	2							, , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,
Board Member	0	Χ						0.	0.	0.
(3) Jennifer Costanza	2									
Board Member	0	Χ						0.	0.	0.
(4) Daniel Paul Mosca	2									
Interim Chair	0	Χ		Χ				0.	0.	0.
(5) Robin Murchison	2									
Board Member	0	Χ						0.	0.	0.
<u>(6)</u> Emily Wallace	22									
Board Member	0	Χ						0.	0.	0.
_(7) Michael Fanney	2									
Board Member	0	Χ						0.	0.	0.
_(8) Erin_Selzer	2									
Board Member	0	Χ						0.	0.	0.
_(9)_John_Offenberg	2									
Board Member	0	X						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

TEEA0107L 09/22/21

Form 990 (2021) Schoolhouse of Wonder									56-167047	2	Page 8
Part VII   Section A. Officers, Directors, Tru		Key	En			es, a	anc	d Highest Com	pensated Emp	loyees	(continued)
(A) Name and title	Average hours per week	Position (do not check more box, unless person is officer and a director eek			e than one is both an tor/trustee)		compensation from the organization	(E)  Reportable compensation from related organizations	C	<b>(F)</b> ated amount of other	
	(list any hours for related organiza - tions below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation from rganization d related anizations
<u>(15)</u>											
(16)											
(17)											
<u>(18)</u>											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Subtotal							<b>&gt;</b>	66,028.	0.		6,885.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).							<b>•</b>	0. 66,028.	0.		0. 6,885.
2 Total number of individuals (including but not limited from the organization ▶ 0							ved			pensation	
3 Did the organization list any <b>former</b> officer, direct	tor, truste	e. ke	ev ei	mplo	ovee	or h	niah	est compensated	employee		Yes No
on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of	h individu	al								3	X
the organization and related organizations greate such individual	r than \$1	50,00	)0'? 	<i>If</i> '}	/es,ˈ	com	ple	te Schedule J for		4	Х
<ul> <li>5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes</li> <li>Section B. Independent Contractors</li> </ul>	compen c,' comple	satio te So	n fro	om a dule	any <i>J foi</i>	unrel r <i>suc</i>	ate h pe	d organization or erson	individual 	5	Х
Complete this table for your five highest compens compensation from the organization. Report compensation.	sated indessation for	epend the c	dent alen	cor dar	ntrac year	tors endir	that	received more th	an \$100,000 of ganization's tax yea	r.	
Name and business addr	ess							Description of	of services	Compe	nsation
2 Total number of independent contractors (including b	out not lim	ited to	o the	ose I	isted	d abov	ve)	who received more	than		
\$100,000 of compensation from the organization	▶ 0										

		Check if Schedule O contains a response or note to ar	ny 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	1 a b c d e f	Federated campaigns 1 a  Membership dues 1 b  Fundraising events 1 c  Related organizations 1 d  Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above				
Con	h	Total. Add lines 1a-1f	255,017.			
		Business Code	233,017.			
venu	2 a	Camps, other program fees 611600	561,422.	561,422.		
Re	b	Camp scholarships awarded 611600	-22,322.	-22,322.		
vice	C					
Program Service Revenue	a					
Iran	f	All other program service revenue				
rog			539,100.			
	3	Investment income (including dividends, interest, and other similar amounts)	2,009.			2,009.
	5	Royalties	>			
		(i) Real (ii) Personal	_			
		Gross rents				
		Less: rental expenses 6b  Rental income or (loss) 6c	-			
		Net rental income or (loss)	•			
		Gross amount from (i) Securities (ii) Other				
	/ a	sales of assets	_			
	b	other than inventory Less: cost or other basis	<u>-</u>			
		and sales expenses 7b 1,119.				
		Gain or (loss)				
		Net gain or (loss)	-280.			-280.
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
the		Less: direct expenses 8b				
δ		Net income or (loss) from fundraising events				
		Gross income from gaming activities. See Part IV, line 19				
		Net income or (loss) from gaming activities	-			
		Gross sales of inventory, less				
		returns and allowances	<u> </u>			
		Less: cost of goods sold 10b 387.				
	С	Net income or (loss) from sales of inventory  Business Code	628.	628.		
sno ;	11 a					
scellaneous Revenue	b	<del></del>				
	c					
ISC Re	d	All other revenue				
Σ	е	Total. Add lines 11a-11d	-			
	12	Total revenue. See instructions	796,474.	539.728.	0.	1.729.

## Form 990 (2021) Schoolhouse of Wonder Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a r				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		·		
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 5	Benefits paid to or for members	76,243.	0.	76,243.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	70,243.	0.	0.	0.
7	Other salaries and wages	340,545.	269,763.	70,547.	235.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	340, 343.	203, 103.	70,547.	233.
9	Other employee benefits	7,607.	2,785.	4,795.	27.
10	Payroll taxes	35,121.	23,114.	11,987.	20.
11	Fees for services (nonemployees):		,	==/****	
a	Management				
	Legal	268.		268.	
	: Accounting	23,394.		23,394.	
	Lobbying	25,574.		23,374.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	316.		316.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A), amount, list line 11g expenses on Schedule O.)	14,003.	455.	13,548.	
12	Advertising and promotion	1,275.	1,245.	30.	
13	Office expenses	31,313.	2,641.	28,670.	2.
14	Information technology	11,550.	9,079.	2,465.	6.
15	Royalties				
16	Occupancy	9,435.	8,860.	574.	1.
17	Travel	-23.	-21.	-2.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	34.	34.		
20	Interest	1,526.		1,526.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,757.	11,908.	3,413.	436.
23	Insurance	6,671.	-1,704.	8,376.	-1.
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.)				
ā	Eguipment Rental & Repair	4,173.	4,096.	77.	
	Program Supplies	3,825.	3,825.		
	Staff Apparel	1,811.	1,811.		
	Bad Debt Expense	600.		600.	
	All other expenses	415.	145.	270.	
25	Total functional expenses. Add lines 1 through 24e	585,859.	338,036.	247,097.	726.
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 line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			59,597.	1	759,223.
	2	Savings and temporary cash investments		4,076.	2	4,083.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			5,830.	4	87,499.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	r, director, utor, or 35%		-		
			h		5		
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
ts	8	Inventories for sale or use			7,308.	8	6,507.
Assets	9	Prepaid expenses and deferred charges			8,978.	9	8,956.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	21,125.			
		Less: accumulated depreciation.		20,369.	3,675.	10 c	756.
	11	Investments – publicly traded securities			29,704.	11	32,722.
	12	Investments – other securities. See Part IV, line 11			23,7011	12	02,722.
	13	Investments – program-related. See Part IV, line 11.		<u> </u>		13	
	14	Intangible assets	<u> </u>	16,417.	14	3,300.	
	15	Other assets. See Part IV, line 11			3,908.	15	3,898.
	16	Total assets. Add lines 1 through 15 (must equal line	-	139,493.	16	906,944.	
	17	Accounts payable and accrued expenses		2,389.	17	33,753.	
	18	Grants payable			2,307.	18	33,733.
	19	Deferred revenue		<u> </u>	15,913.	19	414,395.
	20	Tax-exempt bond liabilities				20	,
S	21	Escrow or custodial account liability. Complete Part I	V of Sch	nedule D		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu	ficer, dire	ector, trustee,			
Lie		controlled entity or family member of any of these per		-		22	
	23	Secured mortgages and notes payable to unrelated the		<u> </u>	44 000	23	166 056
	24	Unsecured notes and loans payable to unrelated third	•		41,838.	24	166,976.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25		_	60,140.	26	615,124.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	<b>.</b> ►	X			
ala	27	Net assets without donor restrictions			2,726.	27	231,923.
I B	28	Net assets with donor restrictions			76,627.	28	59,897.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	<b>▶</b> ∐			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	nent fund	1		30	
lss.	31	Retained earnings, endowment, accumulated income,	, or other	r funds		31	
116	32	Total net assets or fund balances		L	79,353.	32	291,820.
ž	33	Total liabilities and net assets/fund balances			139,493.	33	906,944.
BA	Α		TEEA0111	L 09/22/21			Form <b>990</b> (2021)

BAA Form **990** (2021)

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	7	96,4	74.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	85,8	359.	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	10,6	515.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		79,3	353.	
5	Net unrealized gains (losses) on investments.	5		1,8	352.	
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	2	91,8		
Pa	rt XII   Financial Statements and Reporting	l l				
	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 on Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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>b</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 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	
1	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3 b			
BAA	TEEA0112L 09/22/21		Form	990 (	(2021)	

#### **SCHEDULE A** (Form 990)

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

2021

Open to Public Inspection

iaine u	ı uıe	organization					Employer identili	cauon num	Jei		
Sch	oc.	lhouse of Wonder					56-16704	72			
Part	I	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	box.)				
1		A church, convention of church	es, or association of ch	nurches described in sect	ion 170(	b)(1)(A)(	(i).				
2		A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)						
3		A hospital or a cooperative h	ospital service organi	zation described in sec	tion 170	)(b)(1)(A	۸)(iii).				
4	Н	A medical research organizat	•				• • •	Enter the	hospital's		
	ш	name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
c		section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)									
6 7	v	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described									
-	Χ	in section 170(b)(1)(A)(vi). (	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general pi	ublic desc	ribed		
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)						
9		An agricultural research organiz	zation described in <b>sec</b>	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant col	lege			
		or university or a non-land-gran	nt college of agriculture	(see instructions). Enter	the nam	ne, city,	and state of the college	or			
		university:									
10		An organization that normally from activities related to its einvestment income and unrel June 30, 1975. See section 5	exempt functions, sub lated business taxable	ject to certain exception in income (less section s	ns; and	(2) no n	nore than 33-1/3% of i	ts suppo	rt 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 o	ut the pu	rposes of one		
		or more publicly supported or lines 12a through 12d that de	rganizations described	d in <b>section 509(a)(1)</b> d	r <b>sectio</b>	n 509(a	)(2). See section 509(	<b>a)(3).</b> Ch	eck the box on		
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 or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organization.	ig the sup tion. <b>You</b> i	ported <b>must</b>		
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	ation supervised or co								
С		Type III functionally integrated. organization(s) (see instruction	A supporting organizat	ion operated in connection	n with, ar	nd function	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( t and an attentiveness	s) that is requiren	not nent (see		
е	П	instructions). You must comp Check this box if the organization	•		he IRS t	hat it is	a Tyne I Tyne II Tyn	e III func	tionally		
	En	integrated, or Type III non-fulter the number of supported of	nctionally integrated s	supporting organization				c iii iuiic	tionany		
		ovide the following information	3								
		me of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi)	Amount of other		
Ì	•	5	.,	(déscribed on lines 1-10 above (see instructions))		ion listed overning	support (see instructions)	suppor	t (see instructions)		
					Yes	No					
						.,,0					
A)											
B)											
<b>C</b> \											
C)											
D)											
_											
E)											
Fa.4-1											

### 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.)

Section A. Public Support								
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	56,282.	74,860.	71,432.	195,035.	255,017.	652,626.	
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)	56,282.	74,860.	71,432.	195,035.	255,017.	652,626.	
6	Public support. Subtract line 5 from line 4						30,337.	
Sec	tion B. Total Support						022/203.	
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total	
7	Amounts from line 4	56,282.	74,860.	71,432.	195,035.	255,017.	652,626.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,104.	1,398.	1,648.	574.	1,183.	5,907.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	=,====	=,000	2,000	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.	
	Total support. Add lines 7 through 10						660,364.	
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	3,260,026.	
	First 5 years. If the Form 990 is organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·	third, fourth, or fi	fth tax year as a s	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pub Public support percentage for 20	olic Support Po	ercentage	- 11 - al-man (6)		14	04.02.0/	
							94.23 % 87.50 %	
	Public support percentage from 2020 Schedule A, Part II, line 14							
b	b 33-1/3% support test—2020. 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	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	Explain in Part \	√I how	
	<b>10%-facts-and-circumstances te</b> or more, and if the organization rorganization meets the facts-and	meets the facts-ar -circumstances te	nd-circumstances st. The organizati	test, check this b on qualifies as a	ox and <b>stop here</b> publicly supported	Explain in Part \ d organization	/I how the►	
18	Private foundation. If the organiz	zation did not ched	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	Sto Hotod bolow, p	produce comprete r	<u></u>				
	lar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2517	(3) 2010	(4) = 1.0	(4) 2525	(0) 2021	(y rotar	
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							
	<b>Total.</b> 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							
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(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 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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is a organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)		
	tion C. Computation of Pul							
	Public support percentage for 20	•	•				%	
	Public support percentage from 2					16	%	
	tion D. Computation of Inv							
	3.	<u>.</u>		-			90	
18	Investment income percentage fr	rom <b>2020</b> Schedu	le A, Part III, line	17		18	%	
	<b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	າ ▶ 📗	
	o 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶							

### 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	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 <b>Part VI</b> 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 <b>Part VI</b> , 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	5a		
b	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			
c	organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<i>3.</i>		
	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 <b>Part VI.</b>	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).	7		
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).	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))?	0-		
b	If 'Yes,' provide detail in <b>Part VI</b> .  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 <b>Part VI</b> .	9a 9b		
c	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 <b>Part VI.</b>	9с		
0a	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		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

Pai	<u>t IV</u>	Supporting Organizations (continued)			
11	Has t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	Ū	overning body of a supported organization?	11a		
		mily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion	B. Type I Supporting Organizations		Yes	No
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1	res	NO
2	Did the that of the benefit	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such controlled the supported organization(s) that operated, supervised, or controlled the corting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees such of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Sec	tion I	D. All Type III Supporting Organizations			
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion I	E. Type III Functionally Integrated Supporting Organizations	•		
i	a	k 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.  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	instru	ıctions	s).
2	Activi	ities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
á	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
ŀ	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or soft the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
á	Did the each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
ŀ	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

56-1670472

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain in	Part VI). <b>See</b> through E.
Sec	tion 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	tion 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		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
C	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	tion 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	<b>Distributable Amount.</b> 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 integrated (see instructions).	grated	Type III supporting org	anization

Schedule A (Form 990) 2021 BAA

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue	ed)	
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 <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

	10					
2. Emb d'amount d'history mis 5 amount						
Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021				
		Excess Underdistributions				

BAA Schedule A (Form 990) 2021

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		2021	2020	2019	2018	2017
Rebates Received	[otal \$	0	<u>\$</u> 0	<u>\$</u> 0	\$ 1,831. \$ 1,831	\$ 0
_	ιοτα <u>ι</u> <u>γ</u>	0.	<u>γ</u> 0.	<del>y</del> 0.	<del>y</del> 1,051.	<del>y</del> 0.

#### Schedule B (Form 990)

PUBLIC DISCLOSURE COPY

Schedule of Contributors

OMB No.	1545-0047

2021

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.

Employer identification number Name of the organization Schoolhouse of Wonder 56-1670472 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (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 exclusively 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 exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

totaling \$5,000 or more during the year .....

Schedule B (Form 990) (2021)

1 Employer identification number

Schoolhouse of Wonder 56-1670472

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$243,510.	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 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.)

1 1 Pa

Schoolhouse of Wonder

56-1670472

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional	space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
(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
<b>_</b>		- ] - ]\$\$	
BAA	TEEA0703L 10/06/21	Schedule	B (Form 990) (2021)

Name of organization Schoolhouse of Wonder Employer identification number

56-1670472

Part III	<b>Exclusively</b> religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations occupations of \$1,000 or less for the year. Use duplicate copies of Part III if additional states and the second states of the year.	ne year from any one contribution plating Part III, enter the total of (Enter this information once. See	i <b>tor.</b> Complet of <i>exclusive</i>	e columns (a) through (e) and 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					
		(e) Transfer of gift				
	Transferee's name, addres	Relationship 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				
	Transferee's name, addres	s, and ZIP + 4	Rela	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		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	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  Transferee's name, address, and ZIP + 4			t Relationship of transferor to transferee		

#### **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

Schoolhouse of Wonder

Employer identification number

				56-1670472
Par	t   Organizations Maintaining Donor	Advised Funds or Other Si	milar Funds or Acc	ounts.
	Complete if the organization answe	red 'Yes' on Form 990, Pa	rt IV, line 6.	
		(a) Donor advised funds	<b>(b)</b> F	unds and other accounts
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's	advisors in writing that the asset ganization's exclusive legal contro	s held in donor advised	funds Yes No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or fo	r anv other purpose con	ferring
Par	t II Conservation Easements.			
. u.	Complete if the organization answer	ered 'Yes' on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that ap	ply).	
	Preservation of land for public use (for example	, recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certif	ied historic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contributi	on in the form of a conser	vation easement on the
	last day of the tax year.	·		
				leld at the End of the Tax Year
	a Total number of conservation easements			
	Total acreage restricted by conservation easeme			
(	Number of conservation easements on a certified	I historic structure included in (a)	2c	
(	Number of conservation easements included in ( structure listed in the National Register			
3	Number of conservation easements modified, transfetax year ►	erred, released, extinguished, or ter	minated by the organization	n during the
4	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regard and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and	enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecti ►\$	ng, handling of violations, and enfo	rcing conservation easeme	ents during the year
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirer	ments of section 170(h)(4	1)(B)(i) 
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to t conservation easements.	he organization's financial staten	nents that describes the	organization's accounting for
Par	t III Organizations Maintaining Collect	ions of Art, Historical Trea	sures, or Other Sin	nilar Assets.
	Complete if the organization answer	ered 'Yes' on Form 990, Pa	rt IV, line 8.	
1 a	a If the organization elected, as permitted under Fa historical treasures, or other similar assets held the Part XIII the text of the footnote to its financial st	for public exhibition, education, o	r research in furtherance	balance sheet works of art, of public service, provide in
ł	If the organization elected, as permitted under FA historical treasures, or other similar assets held for proceeding amounts relating to these items:	public exhibition, education, or rese	arch in furtherance of publ	ic service, provide the
	(i) Revenue included on Form 990, Part VIII, lin			
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, hist amounts required to be reported under FASB AS	orical treasures, or other similar as C 958 relating to these items:	sets for financial gain, pro	vide the following
á	Revenue included on Form 990, Part VIII, line 1.			▶\$

**b** Assets included in Form 990, Part X.....

Part III   Organizations Maintai	ining Collection	is of Art, Histo	orical	Treasures, or	Other	Similar Ass	ets (c	ontınu	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	er records, check a	any of t	he following that m	ake signi	ficant use of its	collectio	n	
a Public exhibition		<b>d</b> Loan	or exc	hange program					
<b>b</b> Scholarly research		e Other							
c Preservation for future gener	ations								
4 Provide a description of the organiz Part XIII.	ation's collections ar	nd explain how the	y furthe	er the organization'	s exempt	purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintaine	d as part of the o	rganiz	ation's collection?			Yes		No
Escrow and Custodia line 9, or reported an	I Arrangements amount on Forn	. Complete if a 990, Part X,	the or line :	rganization an 21.	swered	'Yes' on Fo	rm 99	J, Par	t IV,
1 a Is the organization an agent, trus	tee, custodian or o	ther intermediary	for co	ntributions or othe	er assets	not included	<b>-</b>	F	٦
on Form 990, Part X? <b>b</b> If 'Yes,' explain the arrangement							Yes	L	No
<b>b</b> ii fes, explain the arrangement	III Part Alli allu coi	ripiete trie ioliowi	ng tab	ile.		T	Amoun	+	
<b>c</b> Beginning balance					1c		Amoun	L	
<b>d</b> Additions during the year					_				
e Distributions during the year									
f Ending balance									
2a Did the organization include an a							Yes		No
<b>b</b> If 'Yes,' explain the arrangement						-		<u> </u>	۱۵
<b>2</b>								_	_
Part V Endowment Funds. C	omplete if the o	rganization ar	nswer	red 'Yes' on Fo	orm 990	). Part IV. lir	ne 10.		
<u> </u>	(a) Current year	(b) Prior yea		(c) Two years back		Three years back		Four years	s back
1 a Beginning of year balance	29,704	. 26,1	L70.	22,44	0.	24,331.		21,	535.
<b>b</b> Contributions		·		·		•			
<b>c</b> Net investment earnings, gains,									
and losses	3,324	. 3,8	317.	4,03	0.	-1,591.		3,	096.
<b>d</b> Grants or scholarships									
e Other expenditures for facilities and programs						0 .			
<b>f</b> Administrative expenses	316	. 2	283.	30	0.	300.	,		300.
<b>g</b> End of year balance	32,712	. 29,7	704.	26,17	0.	22,440.		24,	331.
2 Provide the estimated percentage	e of the current yea	r end balance (lir	ne 1g,	column (a)) held a	as:				
a Board designated or quasi-endowm		% %							
<b>b</b> Permanent endowment ►	64.00 %								
	5.00 %								
The percentages on lines 2a, 2b, ar	nd 2c should equal 10	00%.							
<b>3a</b> Are there endowment funds not in to organization by:	he possession of the	organization that	are hel	d and administered	d for the		Ī	Yes	No
(i) Unrelated organizations							3a(i)	X	
(ii) Related organizations							3a(ii)	- 21	X
<b>b</b> If 'Yes' on line 3a(ii), are the rela							3b		
4 Describe in Part XIII the intended	-	•							
Part VI Land, Buildings, and									
Complete if the organi		d 'Yes' on For	m 990	0, Part IV, line	11a. S	See Form 99	0, Par	t X, lir	ne 10.
Description of property	<b>(a)</b> Co	st or other basis investment)	(b)	Cost or other casis (other)	(c) A	ccumulated preciation		Book va	
<b>1 a</b> Land		,		. /					
<b>b</b> Buildings									
c Leasehold improvements									
<b>d</b> Equipment				21,125.		20,369.			756.
<b>e</b> Other				, - •		, ,			
Total. Add lines 1a through 1e. (Column	nn (d) must equal Fo	orm 990, Part X,	columi	n (B), line 10c.)					756.
DAA						Cabad	ulo D (E	OHEN DOL	

Part VII Investments			N/A	
			, Part IV, line 11b. See Form 9	
(a) Description of security or	category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives				
.,	rests			
(A) (B)				
(B)				
(C)				
(D) (E)				
(E)				
(F)				
(G)				
(H)				
(l)				
	m 990, Part X, column (B) line 12.) 🕨			
Part VIII Investments	s — Program Related.	'Vac' on Form 000	N/A ), Part IV, line 11c. See Form 9	000 Dort V line 12
	of investment	(b) Book value	(c) Method of valuation: Cost or end	
	or investment	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	rm 990, Part X, column (B) line 13.) 🕨			
		N/A	, Part IV, line 11d. See Form 9	
Complete if			), Part IV, line 11d. See Form 9	990, Part X, line 15
/1)	(a) Des	scription		(b) Book value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
		3) line 15.)	······································	
Part X Other Liabil	I <b>tles.</b> organization answered 'Ves' on F	orm 990 Part IV line 11	e or 11f. See Form 990, Part X, line 25	
1.		iption of liability	0 01 111. 000 1 01111 030, 1 dre X, 1110 23	(b) Book value
(1) Federal income taxes		1		(,,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
(11)				
	rm 990 Part X column (R) line 25 )		<b>.</b>	
	rm 990, Part X, column (B) line 25.)		nancial statements that reports the organization's	S liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With F	Revenue per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii	ne 12a.	
1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
B 17/1 B 11/1 (E A 11/1 LE) 1 10/1 1 14/11		
Part XII Reconciliation of Expenses per Audited Financial Statements With		
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii		
	ne 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, li	ne 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, li  1 Total expenses and losses per audited financial statements	ne 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii  1 Total expenses and losses per audited financial statements	ne 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii  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  2 b	ne 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii  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.  2 Donated Services and Use of facilities.  2 Donated Services and Use of facilities.	ne 12a 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii  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.).  2 d	ne 12a	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii  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.	ne 12a	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii  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.  4 a	ne 12a	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii  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.  4 a  b Other (Describe in Part XIII.).  4 b	ne 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii  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.  4 Ab Other (Describe in Part XIII.)  c Add lines 4a and 4b	2e 3	
Complete if the organization answered 'Yes' on Form 990, Part IV, Ii  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.  4 a  b Other (Describe in Part XIII.).  4 b	2e 3	

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, 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) 2021

#### 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.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Schoolhouse of Wonder

Employer identification number

56-1670472

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

Due to the ongoing effects of COVID-19, we did not operate our field trip or leadership programs this year, and our camps operated at about 50% of their typical capacity.

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

Prior to filing, the Form 990 will be reviewed by the Chief Executive Officer, and then distributed to 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.