## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

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

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service 2022, and ending , 20 For the 2022 calendar year, or tax year beginning Check if applicable: D Employer identification number Address change Schoolhouse of Wonder 56-1670472 3520 Kangaroo Drive #61777 Telephone number Name change Durham, NC 27715 919-477-2116 Initial return Final return/terminated **G** Gross receipts \$ Amended return 1.104. **F** Name and address of principal officer: H(a) Is this a group return for subordinates Application pending Yes Robin Murchison **H(b)** Are all subordinates included? If "No," attach a list. See instructions. No Same As C Above Yes 4947(a)(1) or Tax-exempt status: X 501(c)(3) (insert no.) 501(c) ( Website: www.schoolhouseofwonder.org H(c) Group exemption number Form of organization: L Year of formation: 1989 M State of legal domicile: NC X Corporation Trust Association Summary Briefly describe the organization's mission or most significant activities: Schoolhouse of Wonder creates kind, curious, and confident kids through nature-based outdoor adventures. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 7 5 69 Total number of volunteers (estimate if necessary)..... 6 8 Total unrelated business revenue from Part VIII, column (C), line 12 ..... **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 255,017 24,542. 539,100 059,402. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 1,729 3,921. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 628 9,844. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 796,474 097,709 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4) ..... 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 459,516 803,084 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 126,343 174,094 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 585,859. 977,178. Revenue less expenses. Subtract line 18 from line 12..... 210,615 120,531 **Beginning of Current Year End of Year** 20  $9\overline{06,944}$ 635,303. 21 Total liabilities (Part X, line 26)..... 615,124. 228,397 22 Net assets or fund balances. Subtract line 21 from line 20.... 291,820 406,906 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Signature of officer Date Wendy Tonker
Type or print name and title Here CEO Print/Type preparer's name Preparer's signature P00480286 Paid Mig Murphy Sistrom Mig Murphy Sistrom self-employed Preparer Firm's name MIG MURPHY SISTROM, CPA, Use Only Firm's address 2216 Whitley Dr Firm's EIN 20-8021147 (919) 419-1119 DURHAM, NC 27707 May the IRS discuss this return with the preparer shown above? See instructions ... Yes Nο

Par	
1	Check if Schedule O contains a response or note to any line in this Part III
ı	Schoolhouse of Wonder creates kind, curious, and confident kids through nature-based
	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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?    Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	and revenue, if any, for each program service reported.
Лa	(Code: ) (Expenses \$ 778,331. including grants of \$ ) (Revenue \$ 1,038,845.)
<del>-r</del> a	Camps: Award-winning, year-round outdoor day camps with areas of focus that include
	nature exploration and naturalist skills, games, problem-solving, and mentoring kind,
	curious, and confident kids. 3,434 camp seats were filled between January-December
	2022
4b	(Code: ) (Expenses \$ 35,663. including grants of \$ ) (Revenue \$ 55,074.)
	Leadership Development: Opportunities for 13-17 year olds to discover their own
	leadership style and practice necessary leadership skills in our award-winning
	outdoor day camps. Skill building occurs through the creation of individualized
	goals, personal development plans, real time feedback, and a weekly coaching session
	with senior staff to assess individual progress. During 2022, we had 284 week-long
	training experiences for 13-15 year olds, and 26 employment opportunities for 16-17
	year olds.
4 -	(Code) \(\(\text{Curence}\) \(\text{Curence}\) \(\text{Curence}\) \(\text{Curence}\) \(\text{Curence}\)
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 813, 994.

# Form 990 (2022) Schoolhouse of Wonder Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	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		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 (2022) 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? If "Yes," complete Schedule J.	23		Х
	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I.</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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	 T		No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7,	
D A A	(gambling) winnings to prize winners?	1c	X	2000

# Form 990 (2022) Schoolhouse of Wonder Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ					
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule Q</i>	3b							
4a	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)?	<b>4</b> a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?								
	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
	7 Organizations that may receive deductible contributions under section 170(c).								
	<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?								
	If "Yes," indicate the number of Forms 8282 filed during the year			37					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
·	as required?	<b>7</b> g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring									
organization have excess business holdings at any time during the year?									
9 Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:								
	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 10b Section 501(c)(12) organizations. Enter:								
	Cycon important from more house or phoreholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources								
b	against amounts due or received from them.).								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand	4.4		37					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	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?  If "Yes," see the instructions and file Form 4720, Schedule N.	15		Х					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
If "Yes," complete Form 4720, Schedule O.									
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would									
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
BAA	TEEA0105L 09/01/22	Form	990 (	2022)					

Form 990 (2022) Schoolhouse of Wonder 56-1670472 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a 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..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 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?.... 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? a The organization's CEO, Executive Director, or top management official.. See. Schedule. 0....... X 15a **b** Other officers or key employees of the organization..... 15b 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?.... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

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

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	ed any	/ cu	rrent officer, direct	or, or trustee.	
				(C)	)					
(A) Name and title	(B) Average hours per	is	s both	n an c	ot che unles officer /truste			(D)  Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Wendy Tonker	40									
CEO	0			Χ				74,220.	0.	7,841.
(2) Renee Strnad Treasurer	2	Х		Х				0.	0.	0.
(3) Jen Costanza	2									
Secretary	0	Χ		Χ				0.	0.	0.
(4) Daniel Paul Mosca	2									
Fmr Board Chair	0	Χ						0.	0.	0.
(5) Robin Murchison	2									
Board Chair	0	Χ		Χ				0.	0.	0.
(6) Emily Wallace	2									
Board Member	0	X						0.	0.	0.
(7) Mickey Fanney	2									
Board Member	0	Χ						0.	0.	0.
(8) Erin Selzler	2									
Board Member	0	Χ						0.	0.	0.
(9) John Offenberg	2									
Board Member	0	Χ						0.	0.	0.
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

	The Occusion A. Officers, Directors, Tra		127				,				-,	(00	,
	(A) Name and title	Average hours per week	offic	er ar	ess pe nd a o	sition more erson directo	than is bott or/trus	h an tee)	(D)  Reportable compensation from the organization (W-2/1099-	(E)  Reportable compensation from related organizations (W-2/1099-	C	(F) ated amount of other insation f	
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	rganizati d related anization	on
(15)							ď						
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b S	ubtotal								74,220.	0.		7,8	41.
сТ	otal from continuation sheets to Part VII, Section	on A							0.	0.			0.
d T	otal (add lines 1b and 1c)								74,220.	0.		7,8	41.
	otal number of individuals (including but not limited om the organization	to those li	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	1	
3 [	old the organization list any <b>former</b> officer, direct	tor truste	e ke	V er	mnle	ovee	or l	hiah	lest compensated	employee		Yes	No
0	n line 1a? If "Yes,"complete Schedule J for such	n individua	al								. 3		X
S	or any individual listed on line 1a, is the sum of ne organization and related organizations greate uch individual										. 4		X
	oid any person listed on line 1a receive or accrued or services rendered to the organization? If "Yes on B. Independent Contractors	e compens s," comple	satio ete S	n fro cheo	om a dule	any <i>J f</i> c	unrel or suc	late ch p	d organization or person	individual	. 5		Х
1 (	complete this table for your five highest compens ompensation from the organization. Report compens	sated inde	pend the ca	dent	cor dar	ntrac vear	tors endi	that	t received more th	an \$100,000 of ganization's tax year			
	(A) (B)								(( Compe	<b>)</b> nsatio	n		
								_					
	otal number of independent contractors (including b 100,000 of compensation from the organization	ut not limi 0	ted to	o tho	se I	isted	abo	ve)	who received more	than			

		Check if Schedule O contains a	response or note to any	/ line in this Part VI	II		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ifts, Grants, ir Amounts	1a b c d	Membership dues	1a   1b   1c   1d				
Contributions, Gifts, Grants, and Other Similar Amounts	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1e 24,542.				
Co	h	Total. Add lines 1a-1f		24,542.			
ne			Business Code				
ven	2a	Camps, other program fees	611600	1,077,639.	1,077,639.		
Re	b	Camp scholarships awarded	611600	-18,237.	-18,237.		
Program Service Revenue	q C		_				
n Se	u e						
Jran	f	All other program service revenue					
Pro	g	<b>-</b>		1,059,402.			
	3	Investment income (including dividen-	ds, interest, and				
	_	other similar amounts)		4,104.			4,104.
	4 5	Income from investment of tax-exe Royalties	·				
	J	(i) Real					
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securiti	es (ii) Other				
		sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses <b>7b</b>	183.				
	c	Gain or (loss) 7c	-183.				
		Net gain or (loss)		-183.			-183.
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).	-				
rВ	_	See Part IV, line 18	8a				
the		Less: direct expenses	8b				
0		Net income or (loss) from fundraisi Gross income from gaming activities.	ing events				
		See Part IV, line 19	9a				
		Less: direct expenses	9b				
		Net income or (loss) from gaming a	activities				
		Gross sales of inventory, less returns and allowances	10a 16,280. 10b 6,691.				
		Net income or (loss) from sales of		9,589.	9,589.		
S			Business Code				
scellaneous Revenue	11a	<u>Credit Card Rewards</u>	900099	255.			255.
scellaneo Revenue	b		_				
ee See	C	All other revenue					
Z T		<b>Total.</b> Add lines 11a-11d		255.			
		Total revenue. See instructions		1,097,709.	1.068.991.	0.	4,176.

Form 990 (2022) Schoolhouse of Wonder 56
Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX.								
	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	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	91,679.	68,748.	22,324.	607.				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages	621,073.	578,978.	41,392.	703.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	021,073.	370,970.	41,332.	703.				
9	Other employee benefits	37,879.	31,373.	6,481.	25.				
10	Payroll taxes	52,453.	47,745.	4,614.	94.				
11	Fees for services (nonemployees):								
а	Management								
b	Legal	59.		59.					
c	Accounting	45,298.		45,298.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees	304.		304.					
g	Other. (If line 11g amount exceeds 10% of line 25, column	6,267.	6,267.						
12	(A), amount, list line 11g expenses on Schedule 0.)	15,980.	15,477.	497.	6.				
13	Office expenses	23,428.	5,247.	18,177.	4.				
14	Information technology	20,285.	19,088.	1,183.	14.				
15	Royalties.	20/203.	13,000.	1,100.					
16	Occupancy	6,744.	6,304.	435.	5.				
17	Travel	60.	60.	100.	<u> </u>				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	5,044.	4,579.	465.					
20	Interest	-196.	·	-196.					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	3,057.	3,119.	-65.	3.				
23	Insurance	25,525.	9,325.	16,192.	8.				
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.)								
а	Program Supplies	9,395.	9,133.	262.					
b	Equipment Rental & Repair	5,451.	5,451.						
C	Staff Apparel	2,626.	2,626.						
d	Staff Training & Development	1,693.		1,693.					
•	All other expenses	3,074.	474.	2,600.					
25	Total functional expenses. Add lines 1 through 24e	977,178.	813,994.	161,715.	1,469.				
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 in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			759,223.	1	2,123.
	2	Savings and temporary cash investments			4,083.	2	559,493.
	3	Pledges and grants receivable, net				3	2,500.
	4	Accounts receivable, net			87,499.	4	5,082.
	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		5			
	_			h h		3	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
S	8	Inventories for sale or use		<u> </u>	6,507.	8	7,464.
Assets	9	Prepaid expenses and deferred charges		<u> </u>	8,956.	9	21,714.
As		•	Ī	1	0,930.	,	21, /14.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	25,390.			
		Less: accumulated depreciation.		= - /	756.	10c	5,052.
	11	Investments – publicly traded securities		2070001	32,722.	11	27,722.
	12	Investments – other securities. See Part IV, line 11			02//221	12	2.7.223
	13	Investments – program-related. See Part IV, line 11.	<u></u>		13		
	14	Intangible assets	3,300.	14	1,650.		
	15	Other assets. See Part IV, line 11		3,898.	15	2,503.	
	16	Total assets. Add lines 1 through 15 (must equal line		906,944.	16	635,303.	
					00.750		50.100
	17 18	Accounts payable and accrued expenses		33,753.	17 18	52,123.	
	19	Deferred revenue			414,395.	19	31,995.
	20	Tax-exempt bond liabilities			414,393.	20	31,993.
S	21	Escrow or custodial account liability. Complete Part I		<u></u>		21	
itie	22			<u> </u>			
Liabilities		Loans and other payables to any current or former off key employee, creator or founder, substantial contributions of the contribution of the contr	itor, c	or 35%		22	
Ĭ	22	controlled entity or family member of any of these per		<u> </u>		22	
	23 24	Secured mortgages and notes payable to unrelated the Unsecured notes and loans payable to unrelated third		<u></u>	166,976.	24	144,279.
	25	· -	•		100,976.		144,279.
		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		L-	615,124.	26	228,397.
ses		Organizations that follow FASB ASC 958, check here	<b>:</b>	X			
anc	27	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			231,923.	27	260 070
3al	27 28	Net assets with donor restrictions		<u> </u>	59,897.	28	369,879. 37,027.
d	20	Organizations that do not follow FASB ASC 958, che			59,691.	20	31,021.
Net Assets or Fund Balance		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds				29	
žet	30	Paid-in or capital surplus, or land, building, or equipment		<u> </u>		30	
ASS	31	Retained earnings, endowment, accumulated income,		<u></u>		31	
et.	32	Total net assets or fund balances		L	291,820.	32	406,906.
	33	Total liabilities and net assets/fund balances			906,944.	33	635,303.
BA	Α		ILLAU	1111L U9/U1/22			Form <b>990</b> (2022)

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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	1,0	97,7	709.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	77,1	L78.			
3	Revenue less expenses. Subtract line 2 from line 1	3	1	20,5	531.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	91,8	320.			
5	Net unrealized gains (losses) on investments.	5		-5,4	145.			
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	4	06,9	906.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				П			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a						
ı	b Were the organization's financial statements audited by an independent accountant?		2b		Χ			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, 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?	.,	2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?				Х			
I	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
BAA				990	(2022)			

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

# **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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022

Open to Public Inspection

		e organization					Employer identifi	
		lhouse of Wonder	de Claba (All a		1		56-16704	
Par		Reason for Public Cha						ictions.
	orga	inization is not a private found	•	-		-	•	
1	_	A church, convention of church				D)(1)(A)(	1).	
2	_	A school described in section				0/1 \/4 \/4		
3	_	A hospital or a cooperative h	,				• • •	
4		A medical research organization name, city, and state:	tion operated in conju	unction with a nospital c	iescribe	a in <b>sec</b>	:tion 170(b)(1)(A)(iii).	Enter the hospital's
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ated by a	a governmental unit d	escribed in
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).	
7	X	An organization that normally r in <b>section 170(b)(1)(A)(vi).</b> ((	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general p	ublic described
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)			
9		An agricultural research organia	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant col	lege
	<u> </u>	or university or a non-land-gran	nt college of agriculture	e (see instructions). Enter	the nan	ne, city, a	and state of the college	or 
10		An organization that normally from activities related to its investment income and unrel June 30, 1975. See section 5	xempt functions, sub ated business taxable	ject to certain exception e income (less section !	ns; and	(2) no m	nore than 33-1/3% of	its support from gross
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).	
12		An organization organized ar or more publicly supported or lines 12a through 12d that de	rganizations describe	d in section 509(a)(1)	r <b>sectio</b>	n 509(a	)(2). See section 509(	(a)(3). Check the box on
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise	d. or controlled by its sup	ported o	rganizati	ion(s), typically by givir	na the supported
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	ation supervised or coorganization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or ation(s). <b>You</b>
С		Type III functionally integrated. organization(s) (see instruction	A supporting organizations) You must com	tion operated in connection	n with, ar	nd function	onally integrated with, its	s supported
d		Type III non-functionally integrated. The oinstructions). You must comp	rated. A supporting org	panization operated in cor must satisfy a distribut	nection	with its s	supported organization( and an attentiveness	s) that is not requirement (see
е		Check this box if the organization integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS t	hat it is	a Type I, Type II, Typ	pe III functionally
f	Er	nter the number of supported of						
g	Pr	ovide the following information	n about the supported	d organization(s).				<u>-</u>
	( <b>i)</b> Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(D)								
(B)								
(C)								
(D)								
<u>(E)</u>								
T.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.)

Sec	Section A. Public Support										
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	74,860.	71,432.	195,035.	255,017.	24,542.	620,886.				
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.				
	<b>Total.</b> 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)	74,860.	71,432.	195,035.	255,017.	24,542.	620,886. 15,266.				
6	Public support. Subtract line 5 from line 4						605,620.				
Sec	tion B. Total Support	•	•		•	•	,				
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total				
7	Amounts from line 4	74,860.	71,432.	195,035.	255,017.	24,542.	620,886.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,398.	1,648.	574.	1,183.	4,104.	8,907.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,333.	2, 3 2 3 3	0.10	2,2331	2,2021	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.				255.	2,086.				
	Total support. Add lines 7 through 10						631,879.				
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	3,649,346.				
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organizatio stop here	n's first, second,	third, fourth, or fit	fth tax year as a s	section 501(c)(3)					
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage			1 - 1					
	Public support percentage for 20 Public support percentage from 2						95.84 % 94.23 %				
	33-1/3% support test—2022. If the and stop here. The organization	ne organization di	d not check the bo	ox on line 13, and	I line 14 is 33-1/3	% or more, check	this box				
b	<b>33-1/3% support test—2021.</b> If th and <b>stop here.</b> The organization	e organization did	not check a box	on line 13 or 16a	, and line 15 is 33	8-1/3% or more, ch	neck this box				
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	neets the facts-ar	nd-circumstances	test, check this be	ox and stop here	. Éxplain in Part \	/I how				
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-ar -circumstances te	nd-circumstances st. The organizati	test, check this boon 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 inst	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 te	sts listed below, I	please complete F	Part II.)				
Sec	tion A. Public Support							
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 202	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include		, ,					- 17
2	any "unusual grants.")							
	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							
c	Add lines 7a and 7b							
	<b>Public support.</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 202	2	(f) Total
9	Amounts from line 6		, ,	•				
10a	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.)							
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul	stop here	<u></u>					
	Public support percentage for 20	• •		ne 13 column (f)	)		15	%
		•			•			
	Public support percentage from 2						16	%
	tion D. Computation of Inv				<i>(C:</i>	1	4= 1	
	Investment income percentage for	•		-			17	%
	Investment income percentage fr					Ų.	18	%
	<b>33-1/3% support tests—2022.</b> If t is not more than 33-1/3%, check <b>33-1/3% support tests—2021.</b> If t	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organi	zation	
2	line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> The	e organization qu	ualifies as a public	ly supported	l organiz	ation
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	4. 19a. or 19b. o	check this box and	see instruct	ions	

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
2-	Did the experiencian have a comparted experiencian decayined in paction EQ1(a)(A) (F) as (C)2 If II/(a) II approximation 26			
	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.	3с		
<b>4</b> a	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		
5а	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 accomplished (such as by amendment to the organizing document).	5a		
	accomplished (such as by amendment to the organizing document).	Ju		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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))? If "Yes," provide detail in <b>Part VI.</b>	9a		
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>	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 Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990) 2022

Pa	rt IV	Supporting Organizations (continued)				
11	Has	the organization accepted a gift or contribution from any of the following persons?		Yes	No	
		erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,				
		governing body of a supported organization?	11a			
ı	<b>b</b> A fa	mily member of a person described on line 11a above?	11b			
		% 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			
Se	ction	B. Type I Supporting Organizations		1		
1	Did i	the governing hady members of the governing hady officers eating in their official conseity or membership of an		Yes	No	
1	or m offic orga	the governing body, members of the governing body, officers acting in their official capacity, or membership of one nore 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 anization(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				
	were	e allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers ng the tax year.	1			
2	that bene	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 efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2			
Sec	ction	C. Type II Supporting Organizations		•		
				Yes	No	
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the				
	supp	porting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
Sec	ction	D. All Type III Supporting Organizations				
				Yes	No	
1	orga	the organization provide to each of its supported organizations, by the last day of the fifth month of the inization'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 inization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
	_					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
	the o	organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	voice	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e 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 nis regard.	3			
Sec	ction	E. Type III Functionally Integrated Supporting Organizations				
1	Char	ck 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.				
	믐	,				
	ᆷ	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	. ,	,.		
	с 📙	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	INSTIL	ictions	5).	
2	Activ	vities Test. Answer lines 2a and 2b below.		Yes	No	
	supp <b>org</b> a	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> **anizations and explain how these activities directly furthered their exempt purposes, how the organization was sonsive to those supported organizations, and how the organization determined that these activities constituted				
		stantially all of its activities.	2a			
	more	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				
		ions for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b			
3	Pare	ent of Supported Organizations. Answer lines 3a and 3b below.				
	<b>a</b> Did t each	the 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			
	<b>b</b> Did t	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b			

Sch	edule A (Form 990) 2022 Schoolhouse of Wonder			570472	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	<u>-</u>	
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 t complete Sections A	Part VI). <b>Se</b> through E.	e
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curro (optio	ent Year onal)
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		ent Year onal)
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			
I	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	e 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			Curren	ıt 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 inte (see instructions).	grated	Type III supporting org	janization	

BAA Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continuous)	ued)				
Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	<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 2022 from Section C, line 6	9				

10 Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	•		

BAA Schedule A (Form 990) 2022

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	 2022	 2021	 2020	 2019	 2018
Credit Card Rebates	\$ 255.				\$ 1,831.
Total	\$ 255.	\$ 0.	\$ 0.	\$ 0.	\$ 1,831.

# Schedule B (Form 990)

PUBLIC DISCLOSURE COPY Schedul

le of Contributors	
DISCLOSURE_COPY	OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Schoolhouse of Wond	der	56-1670472					
Organization type (check one	):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	nc					
	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 <b>General Rule</b> or a <b>Special Rule</b> .  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.						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions r property) from any one contributor. Complete Parts I and II. See instructions for de contributions.						
Special Rules							
regulations under sec 16b, and that receiv	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lired from any one contributor, during the year, total contributions of the greater of the on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of ( <b>1</b> ) \$5,000; or					
contributor, during the literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year							
	isn't covered by the General Rule and/or the Special Rules doesn't file Schedune 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9						

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schoolhouse of Wonder

56-1670472

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Χ **Payroll** 6,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total contributions (a) No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions (d) Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

56-1670472

Schedule B (Form 990) (2022) Name of organization Employer identification number

Schoolhouse of Wonder 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	(b)	(c)	(d)
(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
		\$	
RAA	TEEA0703L 07/22/22	Schodulo	B (Form 990) (2022)

Part III	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)\$  Use duplicate copies of Part III if additional space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	N/A						
	Transferee's name, addres	(e) Transfer of gift	elationship 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 R	ft  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				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4 R	ft  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				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4 R	Pelationship 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Sch	noolhouse of Wonder		56-1670472	
Pai			unds or Accounts.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	ò.		
	(a) Donor advised fu	nds	(b) Funds and other a	ccounts
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 advisors in writing that the as are the organization's property, subject to the organization's exclusive legal co	ssets held in do	onor advised funds	□No
6	Did the organization inform all grantees, donors, and donor advisors in writing for charitable purposes and not for the benefit of the donor or donor advisor, or	or for any other	purpose conferring	
	impermissible private benefit?		Yes	No
Pai	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7	'.		
1	Purpose(s) of conservation easements held by the organization (check all that	apply).		
	Preservation of land for public use (for example, recreation or education)	Preservati	ion of a historically important I	and area
	Protection of natural habitat	Preservati	ion of a certified historic struct	ure
	Preservation of open space	<del>_</del>		
2	Complete lines 2a through 2d if the organization held a qualified conservation contributed that year.	bution in the form		
			Held at the End of	the Tax Year
	a Total number of conservation easements			
	Total acreage restricted by conservation easements.			
	: Number of conservation easements on a certified historic structure included in		2c	
(	Number of conservation easements included in (c) acquired after July 25, 200 historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, released, extinguished, or tax year	r terminated by t	he organization during the	
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, and enforcement of the conservation easements it holds?			□No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, a		<b></b>	year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring in the context of the conte	enforcing conserv	vation easements during the yea	r
8	Does each conservation easement reported on line 2(d) above satisfy the requand section 170(h)(4)(B)(ii)?	uirements of sec	ction 170(h)(4)(B)(i)	No
9	In Part XIII, describe how the organization reports conservation easements in include, if applicable, the text of the footnote to the organization's financial statements.			
Pai	Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8	Treasures,	or Other Similar Assets.	
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in historical treasures, or other similar assets held for public exhibition, education Part XIII the text of the footnote to its financial statements that describes thes	n, or research ii	atement and balance sheet wo n furtherance of public service	rks of art, , provide in
ŀ	If the organization elected, as permitted under FASB ASC 958, to report in its historical treasures, or other similar assets held for public exhibition, education, or r following amounts relating to these items:	esearch in furthe	erance of public service, provide	of art, the
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	amounts required to be reported under FASB ASC 958 relating to these items.	:	iciai gairi, provide trie following	
	Revenue included on Form 990, Part VIII, line 1			
ŀ	Assets included in Form 990, Part X		\$	,

Part III	Organizations Main	taining Collec	tions of Art, His	storic	al Treasures,	or Other Similar A	ssets (continued)			
3 Using the items (ch	organization's acquisition eck all that apply):	, accession, and o	ther records, check a	any of t	he following that m	ake significant use of its	collection			
<b>a</b> Publi	c exhibition		<b>d</b> Loan	or exc	hange program					
<b>b</b> Scho	larly research		e Othe	r						
c Prese	ervation for future gener	ations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
<b>Part IV Escrow and Custodial Arrangements.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										
	explain the arrangement in									
,	,		,				Amount			
<b>c</b> Beginning	g balance					1c				
	during the year									
	ons during the year									
	alance									
•	rganization include an a						Yes No			
	explain the arrangemen					-				
<b>D</b> II 103,	explain the arrangement	tiiii ait XIII. One	en nere ii tile expit	anation	nas been provide	a on all Am				
Part V E	Indowment Funds.	Complete if the o	rganization answere	nd "Vec	" on Form 990 Par	rt IV line 10				
I alt V	indownicht i diids.	(a) Current year	(b) Prior ye		(c) Two years back		(e) Four years back			
1 a Reginning	g of year balance	32,72			26,170					
	ions	32,12	2. 29,	704.	20,170	22,440	. 24,331.			
<b>b</b> Continuat	10115						<del>                                     </del>			
and losse	tment earnings, gains, es	-4,69	6. 3,3	333.	3,81	7. 4,030	1,591.			
<b>d</b> Grants or	scholarships									
and progi	penditures for facilities rams					0				
<b>f</b> Administr	rative expenses	30		316.	283					
•	ear balance	27,72			29,70		. 22,440.			
2 Provide t	he estimated percentage	e of the current ye	ear end balance (lir	ne 1g,	column (a)) held a	as:				
<b>a</b> Board de	signated or quasi-endov	vment	%							
<b>b</b> Permane	nt endowment	75.00%								
<b>c</b> Term end	dowment 2.	5.00 %								
The perce	ntages on lines 2a, 2b, a	nd 2c should equal	100%.							
23 Ara thara	endowment funds not in	the necession of t	an arganization that	ara hal	d and administered	for the				
organizat		the possession of t	ie organization that	are riei	u anu aummistereu	i ioi tile	Yes No			
(i) Unrel	ated organizations						3a(i) X			
(ii) Relat	ed organizations						3a(ii) X			
` '	on line 3a(ii), are the rel						3b			
	in Part XIII the intended	-	·							
	and, Buildings, an			01101011	us. DCC Tai	C AIII				
	complete if the organizati		on Form 990, Part	: IV, lin	e 11a. See Form 99	90, Part X, line 10.				
Description of property		(a)	Cost or other basis (investment)	(b)	Cost or other casis (other)	(c) Accumulated depreciation	(d) Book value			
<b>1 a</b> Land			. 7		` '					
<b>b</b> Buildinas										
ū	d improvements									
	nt			<u> </u>	25 200	20 220	E 052			
					25,390.	20,338.	5,052.			
			Form OOD Dort V	00/1105	n (P) line 10a \					
i Utai. Aud IIne:	s 1a through 1e. <i>(Colun</i>	ııı (u) must equal	i Ullii 330, Mart X,	colurni	т ( <i>D),</i> ппе тис.)		5,052.			

Schedule D (Form 990) 2022

BAA

(a) Descrip	Complete if the organization answered "Yes" on otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	Il derivatives		
(2) Closely I	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(A) (B) (C) (D) (E)			
<u>(F)</u>			
(G)			
(H)			
(l)			
	(b) must equal Form 990, Part X, column (B) line 12.)		27./2
Part VIII	Investments — Program Related. Complete if the organization answered "Yes" on	Form 990 Part IV line	N/A 11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		. , ,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(9) (10)			
(9) (10) <b>Total</b> . <i>(Column</i>	(b) must equal Form 990, Part X, column (B) line 13.)		
(9) (10)	Other Assets.	N/F	
(9) (10) <b>Total</b> . <i>(Column</i>	Other Assets. Complete if the organization answered "Yes" on		e 11d. See Form 990, Part X, line 15.
(9) (10) <b>Total</b> . <i>(Column</i>	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) (10) Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line scription	e 11d. See Form 990, Part X, line 15.  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered "Yes" on (a) De  (a) De  (b) must equal Form 990, Part X, column (b)  Other Liabilities.	Form 990, Part IV, line scription	talld. See Form 990, Part X, line 15.  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) De  (a) De  (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1.	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on (a) Description (b) Description (c) Other Liabilities.	Form 990, Part IV, line scription	talld. See Form 990, Part X, line 15.  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Federa	Other Assets. Complete if the organization answered "Yes" on (a) De  (a) De  (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Federa (2)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on (a) Description (b) Description (c) Other Liabilities.	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Federa (2) (3)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on (a) Description (b) Description (c) Other Liabilities.	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Federa (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on (a) Description (b) Description (c) Other Liabilities.	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Federa (2) (3)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on (a) Description (b) Description (c) Other Liabilities.	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Federa (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on (a) Description (b) Description (c) Other Liabilities.	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X  1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (10) (10)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on (a) Description (b) Description (c) Other Liabilities.	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X  1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on (a) Description (b) Description (c) Other Liabilities.	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (10) (10)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on (a) Description (b) Description (c) Other Liabilities.	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered "Yes" on (a) Description (b) Description (c) Other Liabilities.	Form 990, Part IV, line scription  B) line 15.)	e 11d. See Form 990, Part X, line 15.  (b) Book value  e 11e or 11f. See Form 990, Part X, line 25.  (b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.) 2d	
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.) 4b	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	-
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	
a Donated services and use of facilities	
a Donated services and use of facilities     2 a       b Prior year adjustments     2 b	
a Donated services and use of facilities2 ab Prior year adjustments2 bc Other losses2 c	2e
a Donated services and use of facilities2 ab Prior year adjustments2 bc Other losses2 cd Other (Describe in Part XIII.)2 d	2 e 3
a Donated services and use of facilities  b Prior year adjustments.  c Other losses  c Other (Describe in Part XIII.)  e Add lines 2a through 2d.	
a Donated services and use of facilities  b Prior year adjustments.  c Other losses  c Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  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	
a Donated services and use of facilities 2 a b Prior year adjustments 2 b c Other losses 2 c d Other (Describe in Part XIII.) 2 d e Add lines 2a through 2d 2 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	3
a Donated services and use of facilities  b Prior year adjustments.  c Other losses  c Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  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	

Part XIII Supplemental Information.

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## Part V, Line 4 - Intended Uses Of Endowment Fund

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

BAA Schedule D (Form 990) 2022

### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schoolhouse of Wonder 56-1670472

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 to the Board Chairperson as soon as it is known or reasonably should be known. The Board Chairperson determines if an actual conflict exists. 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.