# Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization WONDERSCOPE, INC. D Employer identification number Address change Doing business as 48-1068613 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 433 E RED BRIDGE ROAD (816)643-6700 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return KANSAS CITY, MO 64131 3,740,347 X No Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? H(b) Are all subordinates included? X 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: WWW.WONDERSCOPE.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 1988 M State of legal domicile: Summary Part I Briefly describe the organization's mission or most significant activities: TO SPARK A LIFELONG LOVE OF LEARNING THROUGH THE UNIVERSAL AND UNITING POWER OF PLAY, WITH A VISION THAT WONDERSCOPE IS APPRECIATED AS AN Activities & Governance EDUCATIONAL RESOURCE IN OUR COMMUNITY THAT PROVIDES CHILDREN AND FAMILIES THE OPPORTUNITY TO BUILD A SOLID FOUNDATION FOR SUCCESS. 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 14 4 14 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . . . . . . 76 Total number of volunteers (estimate if necessary) 6 28 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) ....... 8 718,084 2,497,562 Revenue 1,161,069 1,214,740 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 10 22 2,111 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ...... 17,070 9,652 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,896,245 3,724,065 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ....... 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 1,302,333 1,390,448 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,335,462 1,419,434 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,637,795 2,809,882 (741,550) 914,183 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . . 13,889,616 13,446,522 21 Total liabilities (Part X, line 26) . . . . . . . . . . . . . 1,773,187 415,910 Net assets or fund balances. Subtract line 21 from line 20 12,116,429 13,030,612 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 05-27-2024 ROXANE HILL Sign Signature of officer Here ROXANE HILL, EXECUTIVE DIRECTOR Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check **Paid** Kenney D Hales CPA 05-27-2024 P00451677 Kennev D Hales CPA self-employed Preparer Firm's name Kenney D Hales CPA PC Firm's EIN 46-3196188 **Use Only** 2 Victory Drive Ste 230 D Firm's address Phone no. Liberty MO 64068 816-679-1331

May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

) (Revenue \$

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X	
	candidates for public office? If "Yes," complete Schedule C, Part L	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 Rev. Proc. 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? <i>If</i> "Yes,"			
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		^
10	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,	-10		Λ
•	VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
k	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
c	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
c	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	9			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		Х
12a				
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a b	The state of the s	144		Х
	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		x
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 I.V	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	18		х
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
<b>20</b> a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	<b>20</b> a		х
b	, , , , , , , , , , , , , , , , , , , ,	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		X

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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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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	04-		
	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	25a		
<b>h</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part.II.</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
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		x
29	Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
05-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
•	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	х	
Par				
. u.	Check if Schedule O contains a response or note to any line in this Part V			П
	, , , , , , , , , , , , , , , , , , , ,	-	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Form 990 (2023)

EEA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ...... 2a 76 2b х Did the organization have unrelated business gross income of \$1,000 or more during the year?........ 3a 3a х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O......... At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . 4a Х 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). 5a 5a Х b х С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? ...... 6a х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с х d е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . . . . . . . . . 7е х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . . . . . . . . . . 7f х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... 7<u>g</u> х g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . . . . . 7h h Х Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? ................ Sponsoring organizations maintaining donor advised funds. 9b b 10 Section 501(c)(7) organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources. (Do not net amounts due or paid to other sources 11b 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. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . . . . . . . . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 Х If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . . . . . . . х If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities 17 If "Yes," complete Form 6069.

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

Sec	ction A. Governing Body and Management			
	<u> </u>		Yes	No
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 in 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 officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NIa
100	Did the experientian have lead shorters branches or effiliates?	10a	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	IUa		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	v	
_	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha	х	
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Λ	
·	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Λ	х
14	Did the organization have a written document retention and destruction policy?	14	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Kansas, Missouri			
18	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.			
	Own website Another's website  Upon request Other (explain on Schedule 0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	STEPHANIE WHITACRE (816)643-6700, 433 E RED BRIDGE ROAD, KANSAS CITY, MO 64131			

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

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

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				(	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	,				nan one s both ar	,	Reportable	Reportable	Estimated amount
	hours	1				/trustee)		compensation	compensation	of other
	per week						from the organization (W-2/	from related organizations (W-2/	compensation from the	
	(list any hours for	악	Forme Highe: emplo Key ei Officei Institu		1099-MISC/	1099-MISC/	organization and			
	related	direc	ituti	cer	em/	hest	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	or director	Institutional trustee		Key employee	e com				
	below	rstee	trust		e	pens				
	dotted line)	_	ee			Highest compensated employee				
						Ĭ				
(1) ROXANE HILL	40.00									
EXECUTIVE DIRECTOR						х		103,994	0	0
(2) ADRIENNE HAYNES	2.00									
DIRECTOR		х						0	0	0
(3) ANGIE GRANT	2.00									
DIRECTOR		х						0	0	0
(4)BRUCE WILLIAMS	2.00									
DIRECTOR		х						0	0	0
(5) DANE STANGLER	2.00									
DIRECTOR		х						0	0	0
(6)KATRINA SMELTZER	2.00									
DIRECTOR		х						0	0	0
(7)ANDRES ALFARO	2.00									
DIRECTOR		х						0	0	0
(8) ELENA JOHNSTON	2.00									
DIRECTOR		х						0	0	0
(9) CHRISTA MOSS	2.00									
DIRECTOR		х						0	0	0
(10)MIKE_FLEMING	2.00									
DIRECTOR		х						0	0	0
(11)BRANDON BUCKLEY	2.00									
DIRECTOR		х						0	0	0
(12)JON ATLAS	2.00									
DIRECTOR		х						0	0	0
(13)SARA PREM	2.00									
SECRETARY/CHAIR ELECT		х		x				0	0	0
(14)STEPHANIE WHITACRE	2.00									
TREASURER		х		х				0	0	0
EEA										Form <b>990</b> (2023)

Part VII Section A. Officers, Directors, 1	rustees,	ney t	=mp	nio)	yee	s, and	u r	ngnest comp	ensated ⊑mpi	oyees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	, unles er and	Position neck more the ses person is at a director/  Recompliance of the ses person is at a director/  Recompliance of the ses person is at a director/		s both an /trustee)	Former	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	com fro organ	(F) ated amount of other appensation om the aization and organizations
(15)CHRISTINA_NUGENTSECRETARY	2.00	X		х		۵		0	0		0
(17)											
<u>(18)</u>											
<u>(19)</u>											
(20)											
<u>(21)</u>											
(22)											
(23)											
<u>(24)</u>											
<u>(25)</u>											
1b Subtotal	tion A							103,994 received more th	0 nan \$100,000 of		0
reportable compensation from the organiza	ation										Yes No
<ul> <li>Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu.</li> <li>For any individual listed on line 1a, is the sum of rorganization and related organizations greater the</li> </ul>	<i>ile J for such</i> eportable co	<i>individ</i> mpensa	dual . ation	and	othe	er comp	pen	sation from the		3	х
individual										4	х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Ye										5	х
1 Complete this table for your five highest co- compensation from the organization. Repo	-	-									tax year.
(A) Name and business addre	ss							(B) Description of service	es	(C) Compensa	ition
Total number of independent contractors (i received more than \$100,000 of compensation).	-					ose lis	stec	d above) who			

48-1068613

Form 990 (202	23)	WONDERSCOE
Part VIII	Statemen	t of Revenue

		Check if Schedule O contains a respon	nse or note to any	line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1	a				
	b	Membership dues		-			
nts nts	C	Fundraising events		-			
Contributions, Gifts, Grants and Other Similar Amounts	١.	Related organizations		-			
ts, ( Am	d	Government grants (contributions)					
ia gi	e		#				
Sim	f	All other contributions, gifts, grants, and similar amounts not included above					
er ic			f 2,040,721	-			
를	g	Noncash contributions included in	0				
ag	١.		g   \$				
	h	Total. Add lines 1a-1f		2,497,562			
			Business Code				
φ		ATTENDANCE	900099	1,084,505	1,084,505		
Program Service Revenue	b	SPECIAL EVENTS	900099	130,235	130,235		
	C		-				
am Seve	d		_				
Pg R	е		-				
<u>~</u>		All other program service revenue					
	g	Total. Add lines 2a-2f		1,214,740			
	3	Investment income (including dividends, interes					
		other similar amounts)		2,111	2,111		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b		-			
	1	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
venue	С	Gain or (loss) 7c					
	d	Net gain or (loss)					
Other Re	8a	Gross income from fundraising					
₹		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	Ва				
	b		8b				
	С	Net income or (loss) from fundraising events					
		Gross income from gaming					
		• •	9a				
	b		9b				
		Not in come on (local) from morning and initial					
		Gross sales of inventory, less					
	·va		0a 25,914				
	b		0b 16,282				
	1			9,632	9,632		
			Business Code	2,032	5,032		
Ø	11a	OTHER	900099	20	20		
Miscellanous Revenue	b						
scellano Revenue	C						
sce Re	_	All other revenue	-				
Ξ		<b>Total.</b> Add lines 11a-11d		20			
		Total revenue. See instructions		3,724,065	1,226,503	0	0

### 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

	Check if Schedule O contains a response or note to any line in this Part IX											
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)							
8b, 9	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	103,994	83,155	10,420	10,419							
6	Compensation not included above to disqualified	-	·	,	<u> </u>							
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	1,113,018	951,307	74,769	86,942							
8	Pension plan accruals and contributions (include	,	•	,								
	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits	74,054	62,946	5,184	5,924							
10	Payroll taxes	99,382	84,475	6,957	7,950							
11	Fees for services (nonemployees):	22,222	0.7,210		.,,,,,							
а	Management											
b	Legal				_							
С	Accounting	40,369	28,258	8,074	4,037							
d	Lobbying	.,	•	.,	•							
е	Professional fundraising services. See Part IV, line 17				_							
f	Investment management fees				_							
g	Other. (If line 11g amount exceeds 10% of line 25, column											
•	(A), amount, list line 11g expenses on Schedule O.)											
12	Advertising and promotion	24,522			24,522							
13	Office expenses	22,595	9,037	2,260	11,298							
14	Information technology	7,303	6,290	69	944							
15	Royalties	-										
16	Occupancy	113,168	96,193	7,922	9,053							
17	Travel	8,697	4,348	4,349								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest	91,222	77,539	6,385	7,298							
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	501,122	459,003	37,799	4,320							
23	Insurance	38,333	32,583	2,683	3,067							
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	MAINTENANCE AND REPAIRS	158,078	134,367	11,065	12,646							
b	DEVELOPMENT	70,974	17,743	3,549	49,682							
С	MUSEUM	56,899	56,899									
d	EXHIBITS	56,185	56,185									
е	All other expenses	229,967	110,220	49,232	70,515							
25	Total functional expenses. Add lines 1 through 24e	2,809,882	2,270,548	230,717	308,617							
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)											

Part X Balance Sheet

		Check if Schedule O contains a response or note	to ar	ny line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			200,396	1	239,447
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			45,800	4	101,750
	5	Loans and other receivables from any current or former of	fficer,	director,			
		trustee, key employee, creator or founder, substantial conf	tribute	or, or 35%			
		controlled entity or family member of any of these persons	s			5	
	6	Loans and other receivables from other disqualified perso	ns (a	s defined			
		under section 4958(f)(1)), and persons described in section	on 49	58(c)(3)(B)		6	
	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			8,233	9	11,609
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,748,217			
	b	Less: accumulated depreciation	10b	1,654,501	13,635,187	10c	13,093,716
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 33	3) .		13,889,616	16	13,446,522
	17	Accounts payable and accrued expenses			120,789	17	71,413
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of		21			
တ္သ	22	Loans and other payables to any current or former officer					
Liabilities		trustee, key employee, creator or founder, substantial conf					
japi		controlled entity or family member of any of these persons	S			22	
-	23	Secured mortgages and notes payable to unrelated third	parti	es	1,652,398	23	344,497
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables to	relat	ed third			
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			1,773,187	26	415,910
		Organizations that follow FASB ASC 958, check here	X				
S		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions			11,649,111	27	12,721,484
sala	28	Net assets with donor restrictions		<u></u>	467,318	28	309,128
힏		Organizations that do not follow FASB ASC 958, chec	k he	re 📙			
ᆵ		and complete lines 29 through 33.					
ō	29					29	
sets	30	Paid-in or capital surplus, or land, building, or equipment f				30	
Ass	31	Retained earnings, endowment, accumulated income, or		F		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		<b>⊢</b>	12,116,429	32	13,030,612
_	33	Total liabilities and net assets/fund balances			13,889,616	33	13,446,522

Form	990 (2023) WONDERSCOPE, INC. 48	3-1068613		Pa	age <b>1</b> 2
Par	t 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		724,	065
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	809,	882
3	Revenue less expenses. Subtract line 2 from line 1	3		914,	183
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,	116,	429
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	13,	030,	612
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\dots \dots$		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? $\dots \dots \dots \dots$		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	▼ Separate basis   □ Consolidated basis   □ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

EEA

Form **990** (2023)

### **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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection

NON	DER	SCOPE, INC.					48-106861	3		
Pa	rt I	Reason for Public Cha	rity Status. (Al	I organizations mus	st comple	ete this p	art.) See instruction	ons.		
The	orga	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check of	only one bo	ox.)				
1		A church, convention of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)				
2		A school described in section 170	(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	0).)					
3		A hospital or a cooperative hospital	l service organizat	ion described in section	170(b)(1)	(A)(iii).				
4	П	A medical research organization of	perated in conjunct	tion with a hospital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(iii). Enter the			
		hospital's name, city, and state:	•	•						
5	П	An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in			
		section 170(b)(1)(A)(iv). (Comple	=	,		3 -				
6	П	A federal, state, or local governme	•	Lunit described in <b>section</b>	on 170(b)(	1)(A)(v).				
7	Н	An organization that normally recei	· ·		` ' '	,, ,, ,	rom the general public			
-		described in section 170(b)(1)(A)(	•		, 0 1 0 1 1 1 1 1 0 1 1		om the general passe			
8	П	A community trust described in <b>se</b>								
9	H	An agricultural research organizati			nerated in	conjunctio	n with a land-grant coll	909		
3	ш	or university or a non-land-grant co				-	=	cgc		
		university:	nege of agriculture	(See mandenons). Lines	trie riarrie,	city, and s	late of the college of			
10	Y	An organization that normally recei	vos (1) moro than 3	22 1/20/, of its support fro	m contribu	itions mon	phorehin food, and groot			
10	Δ	receipts from activities related to its						5		
		support from gross investment inco	me and unrelated b	ousiness taxable income	(less sect	ion 511 tax	) from businesses			
		acquired by the organization after					11			
11	님	An organization organized and ope	•				•			
12	Ш	An organization organized and ope							1	
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check									
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
•	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the									
		supporting organization. You r	-							
	0	Type II. A supporting organiza	•				. , , ,	-		
		control or management of the s		·	persons tha	at control o	r manage the supporte	d		
		organization(s). You must cor	•							
•	0	☐ Type III functionally integrate		•				with,		
		its supported organization(s) (s	•	•						
•	d	☐ Type III non-functionally inte						` '		
		that is not functionally integrate	•	• •			ent and an attentivenes	S		
		requirement (see instructions).	-							
•	9	Check this box if the organization					I, Type II, Type III			
		functionally integrated, or Type	III non-functionally	integrated supporting of	rganizatior	1.				
1		Enter the number of supported organ								
	g F	Provide the following information abo	ut the supported or	ganization(s).			I			
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	, ,	rganization ur governing	(v) Amount of monetary		Amount of	
				above (see instructions))	docum	-	support (see instructions)		support (see structions)	
						1				
					Yes	No				
A)										
B)										
C)										
•										
D)										
E)										
· Fota										

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Schedule A (Form 990) 2023 WONDERSCOPE, INC. 48-1068613 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . **Total.** Add lines 1 through 3 . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .... Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 Amounts from line 4 . . . . . . . . . . 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...... 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . 11 **Total support.** Add lines 7 through 10 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . . 15 Public support percentage from 2022 Schedule A, Part II, line 14 .......... 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,441,351	5,217,283	3,064,176	718,084	2,497,562	14,938,456
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	437,025	241,793	953.047	1,161,069	1 214 740	4,007,674
3	Gross receipts from activities that are not an	1377023	211,755	3337017	1,101,003	1,211,710	1,007,071
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	3,878,376	5,459,076	4,017,223	1,879,153	3,712,302	18,946,130
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						18,946,130
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	3,878,376	5,459,076	4,017,223	1,879,153	3,712,302	18,946,130
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	2,691	289	7	22	2,111	5,120
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	2,691	289	7	22	2,111	5,120
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	277	7,275	29,660	17,070	9,652	63,934
13	Total support. (Add lines 9, 10c, 11,		,,_,			.,	33,233
-	and 12.)	3 - 881 - 344	5.466.640	4.046.890	1.896.245	3.724.065	19,015,184
14	First 5 years. If the Form 990 is for the o		•	•		•	•
	organization, check this box and <b>stop he</b> l	•			•		· · · ·
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2023 (line 8			13 column (f))		15	99.64 %
16	Public support percentage from 2022 Sch		-			16	99.63 %
	on D. Computation of Investment In						<u> </u>
<u> 17</u>	Investment income percentage for 2023 (			ov line 13. colu	mn (f))	17	0.00 %
18	Investment income percentage from 2022			-		18	0.00 %
19a	33 1/3% support tests - 2023. If the orga						
·Ju	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2022. If the organizat		-	-			
	line 18 is not more than 33 1/3%, check this bo						
20	<b>Private foundation.</b> If the organization di	-	-			-	
		on ook a	JII III I I T,	, ,		555 111511 40	·····

Schedule A (Form 990) 2023 WONDERSCOPE, INC. Page 4 48-1068613

#### 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

ecti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	NO
•	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If</i> "Yes," <i>answer</i>			
ou	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	- Ou		
~	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.5		
·	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
<b>7</b> 4	"Yes," and if you checked 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	τα		
D	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		
С	Did the organization support any foreign supported organization that does not have an IRS determination	7.0		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
Ju	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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- Ou		
~	designated in the organization's organizing document?	5b		
С	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</i> "Yes," <i>provide detail in</i> <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? 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		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	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		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
2 1 -	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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>			
2	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ne)
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	11130	actio	113).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruc	tions)		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 WONDERSCOPE, INC. 48-1068613 Page 6

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	yanız	alions	
1	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	-		
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Secti	ons A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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			
Ū	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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	- 0		(P) Current Veer
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		egrated Type III suppor	ting organization

Schedule A (Form 990) 2023

(see instructions).

Schedule A (Form 990) 2023 WONDERSCOPE, INC.	48-106	8613	Page <b>7</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continued)	_	
Section D - Distributions		Curren	t Year
A Approvate would be assumed assuminations to accomplish assumed assumed	4		

Sect	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023 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.)

### Schedule B (Form 990)

### Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization **Employer identification number** WONDERSCOPE, INC. 48-1068613 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

48-1068613

WONDERSCOPE, INC. 48-1068613 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person x SUNDERLAND FOUNDATION 1 **Payroll** Noncash 5700 W 112TH ST STE 320 26,971 (Complete Part II for OVERLAND PARK KS 66211 noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person 2 HUDSON FAMILY FOUNDATION **Payroll** Noncash 35,000 300 N DEAN RD (Complete Part II for AUBURN AL 36830 noncash contributions.) (a) (c) (d) (b) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution 3 CONSTANCE M COOPER CHARITABLE FOUND Person x **Pavroll** Noncash 10,000 13220 METCALF AVE SUITE 100 (Complete Part II for OVERLAND PARK KS 66213 noncash contributions.) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person x 4 V & H CHARITABLE FOUNDATION **Pavroll** Noncash PO BOX 26128 15,000 (Complete Part II for OVERLAND PARK KS 66225 noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 5 **EVERGY Payroll** 10,000 Noncash 1200 MAIN ST (Complete Part II for KANSAS CITY MO 64111 noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person x 6 FEIST CHARITABLE FOUNDATION **Payroll** Noncash PO BOX 419248 8,000 (Complete Part II for

KANSAS CITY MO 64141

noncash contributions.)

Name of organization

Employer identification number

WONDERSCOPE, INC. 48-1068613 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 7 SHUMAKER FAMILY FOUNDATION x **Payroll** 6,000 Noncash 7301 MISSION RD 144 (Complete Part II for PRAIRIE VILLAGE KS 66208 noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person 8 REGNIER FAMILY FOUNDATION **Payroll** Noncash 8100 E UNION AVE 88,302 (Complete Part II for DENVER CO 80237 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 POGO PASS Person x **Pavroll** Noncash 5,000 55 N MERCHANT ST 800 (Complete Part II for AMERICAN FORK UT 84003 noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person 10 HEARTLAND FINANCIAL USA **Pavroll** Noncash 1398 CENTRAL AVENUE 6,000 (Complete Part II for DUBUQUE IA 52001 noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person x 11 HULSTON FAMILY FOUNDATION **Payroll** 7,500 Noncash 1600 GENESSEE SUITE 318 (Complete Part II for KANSAS CITY MO 64102 noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person x 12 KINCAID FAMILY FOUNDATION **Payroll** Noncash PO BOX 393 20,000 (Complete Part II for LOS GATOS CA 95031 noncash contributions.)

Name of organization
WONDERSCOPE, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	LYNNE AND OWEN BUCKLEY FOUNDATION  400 W 49TH TERRACE 2184  KANSAS CITY MO 64112	\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14	MAV HOLDINGS LLC  1028 N KINGSHIGHWAY ST  CAPE GIRARDEAU MO 63701	\$5,792	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	NIAGARA BOTTLING  4000 E 149TH ST  KANSAS CITY MO 64147	\$7,500	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>	THE KANSAS CITY ROYALS FOUNDATION  ONE ROYAL WAY  KANSAS CITY MO 64129	\$10,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_17	SALLY E STANTON  14402 MARTY ST  OVERLAND PARK KS 66223	\$5,000	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_18_	W J BRACE CHARITABLE TRUST  4801 PEIFER LANE  CHAMPAIGN IL 61822	\$10,000	Person x Payroll  Noncash (Complete Part II for noncash contributions.)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name o	f the organization			Employer identification number
WOND	ERSCOPE, INC.			48-1068613
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other S	Similar Funds or Ac	counts
	Complete if the organization answered "Yes" of	n Form 990, Part	IV, line 6.	
		(a) Dono	r advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the asse	ts held in donor advised	1
	funds are the organization's property, subject to the organiza	tion's exclusive lega	al control?	
6	Did the organization inform all grantees, donors, and donor a			
	only for charitable purposes and not for the benefit of the dor	or or donor advisor,	or for any other purpos	е
	conferring impermissible private benefit?			
Par				
	Complete if the organization answered "Yes" of	n Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recreation	n or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	ntribution in the form of	a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ucture included on li	ne 2a	2c
d	Number of conservation easements included on line 2c, acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguishe	d, or terminated by the o	organization during the
	tax year		•	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	_	spection, handling of	
	violations, and enforcement of the conservation easements it	holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations	s, and enforcing conserv	vation easements during the year
		_	-	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, an	d enforcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the require	ments of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	sheet, and include, if applicable, the text of the footnote to the	organization's fina	ncial statements that des	scribes the
	organization's accounting for conservation easements			
Par	III Organizations Maintaining Collections	of Art, Historic	al Treasures, or C	Other Similar Assets
	Complete if the organization answered "Yes" of	n Form 990, Part	IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in it	s revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, educa	ation, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements tha	t describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its re	venue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in further	rance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	asures, or other sim	ilar assets for financial	gain, provide the
	following amounts required to be reported under FASB ASC	958 relating to thes	se items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

Par	t III Organizations Maintaining	Collections of	Art, Historica	I Treasures	, or Ot	her Similar Ass	sets (co	ontinu	ıed)
3	Using the organization's acquisition, access	sion, and other record	s, check any of th	e following that r	make sig	nificant use of its			-
	collection items (check all that apply):								
а	☐ Public exhibition		<b>d</b> 🗌 Loa	n or exchange p	rogram				
b	Scholarly research e Other								
С	c Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	n how they furthe	the organization	n's exem	pt purpose in Part			
	XIII.								
5	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or other	r similar				
	assets to be sold to raise funds rather than	to be maintained as p	oart of the organiz	ation's collectio	n?		☐ Yes	; <u> </u>	No
Par	t IV Escrow and Custodial Arra	•							
	Complete if the organization	answered "Yes"	on Form 990	, Part IV, line	9, or r	eported an amo	ount on	Form	1
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contribution	ns or other asse	ets not				
	included on Form 990, Part X?						Yes	; <u> </u>	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table.						
						Amo	unt		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
t	Ending balance								
2a	Did the organization include an amount on F					•	_	=	No
Par	If "Yes," explain the arrangement in Part XII <b>t V</b> Endowment Funds	II. Check here if the e	explanation has be	en provided on	Рап ХІІІ				
Гаі	Complete if the organization	answered "Ves"	on Form 990	Part IV line	10				
	Complete ii the organization	(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four	veare h	ack
1a	Beginning of year balance	(a) Current year	(b) Filol year	(c) Two years	5 Dack	(u) Tillee years back	(e) 1 oui	years be	ack
b	Contributions								
c	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cui	rent year end balance	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment%	)							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are held	l and administer	ed for the	•		Т	
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi			R?			3b		
<u>4</u>	Describe in Part XIII the intended uses of the		owment funds.						
Par	t VI Land, Buildings, and Equi		on Form 000	Dort IV line	. 110 C	Coo Form 000 F	Oort V I	ina 1	^
	Complete if the organization			•		1			U.
	Description of property	(a) Cost or other	' '	ost or other basis (other)	, ,	Accumulated epreciation	(d) Bool	value	
1a	Land	,	,		u.		1 (	000	١٥٥
la b	Buildings			1,000,000 9,937,847		765,029		00,0 .72,8	
C	Leasehold improvements			430,201		86,040		344,1	
d	Equipment			428,887		152,764		276,1	
e	Other			2,951,282		650,668		300,6	
	Add lines 1a through 1e. (Column (d) must	<u> </u>	'					93.7	

Schedule D (For	· · · · · · · · · · · · · · · · · · ·				48-	1068613	Page
Part VII	Investments - Other Securities Complete if the organization answered "Y	es" on Forr	n 990. Part	IV. line 1	1b. See Form	990. Part X	line 12
	(a) Description of security or category (including name of security)		(b) Book val		(c) Me	ethod of valuation: d-of-year market value	··- ·
(1) Financial	derivatives						
(2) Closely-he	eld equity interests	[					
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, line 12, col.(B))						
Part VIII	Investments - Program Related	–	000 D /	N / 12 4		000 B 4 V	
	Complete if the organization answered "Y	es" on Forn	n 990, Part	IV, line 1	1c. See Form	990, Part X,	line 13.
	(a) Description of investment		(b) Book val	lue	(c) Method of valuation: Cost or end-of-year market value		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, line 13, col. (B)).						
Part IX	Other Assets	–	000 D /	N / 12 4		000 5 4 14	ı. 4 <b>-</b>
	Complete if the organization answered "Y	es" on Forn	n 990, Part	IV, line 1	1d. See Form		
	(a) Descript	tion				(b) Book	value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	n (h) must squal Form 000. Port V line 15 cal. (Pl)						
Part X	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities						
ι αιι λ	Complete if the organization answered "Y line 25.	es" on Forr	n 990, Part	IV, line 1	1e or 11f. See	e Form 990, P	art X,
1.	(a) Description of liability	(b) Book va	aluo				

1.	(a) Description of liability	(b) Book value
(1) Federal inc	come taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b)	must equal Form 990, Part X, line 25 col. (B)) .	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . . .

Part	•		•	Return	
	Complete if the organization answered "Yes" on Form 990, F				
1	Total revenue, gains, and other support per audited financial statements			1	3,740,347
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	16,282		
е	Add lines 2a through 2d			2e	16,282
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,724,065
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.).			5	3,724,065
Part					
	Complete if the organization answered "Yes" on Form 990, F				
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:			•	
a	Donated services and use of facilities	2a			
_	Prior year adjustments				
b		2b			
C	Other (Describe in Port VIII.)	2c	16.000		
d	Other (Describe in Part XIII.)	2d	16,282	0-	
е	Add lines 2a through 2d			2e	16,282
3	Subtract line 2e from line 1		• • • • • • • • •	3	(16,282)
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	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	(16,282)
Part					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			art X, line	9
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	•	onal information.		
01. (	ther revenues not included on Form 990 (Part XI, line	2d)			
COST	OF GOODS SOLD WAS \$16,282.				

EEA Schedule D (Form 990) 2023

### **SCHEDULE O** (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

**Employer identification number** 

WONDERSCOPE, INC.	48-1068613
01. Members or stockholder classes and rights (Part VI, line 6)	
MEMBERS DO NOT HAVE ANY VOTING RIGHTS OR RIGHTS RELATED TO THE OPERATION	OF THE
ORGANIZATION. MEMBER BENEFITS INCLUDE EXTRA ACCESS TO THE FACILITY AT VA	
RATES.	
02. Form 990 governing body review (Part VI, line 11)	
A DRAFT COPY OF THE FORM 990 IS MADE AVAILABLE TO MANAGEMENT AND THE BOAR	RD OF DIRECTORS
BEFORE FILING.	
03. Conflict of interest policy compliance (Part VI, line 12c)	
ALL BOARD MEMBERS MUST EVALUATE ANY POTENTIAL CONFLICTS OF INTEREST BEFOR	RE SIGNING THE
CONFLICT OF INTEREST FORM EACH YEAR.	
04. CEO, executive director, top management comp (Part VI, line 15a)	
THE BOARD OF DIRECTORS DISCUSSES THE SALARY OF THE EXECUTIVE DIRECTOR AT	LENGTH AND BASES
IT ON THEIR COLLECTIVE KNOWLEDGE SO AS TO BE COMPARABLE TO SIMILAR ORGANI	ZATIONS GIVEN THE
QUALIFICATIONS OF THE INDIVIDUAL HIRED.	
05. Governing documents, etc, available to public (Part VI, line 19)	
ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.	

Name(s) as shown on return  WONDERSCOPE, INC.  FORM 990 - SCHEDULE D - PART VI - LINE 1E  INVESTMENTS - OTHER		FOR YOUR RECO		2023	PG01
FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E  INVESTMENTS - OTHER  COST/BASIS COST/BASIS BOOK OF INVESTMENT (INVESTMENT) (OTHER) DEPR VALUE EXHIBITS 0 2,951,282 650,668 2,300,61		<u> </u>	9	Tax ID Numb	er
INVESTMENTS - OTHER  DESCRIPTION COST/BASIS COST/BASIS BOOK OF INVESTMENT (INVESTMENT) (OTHER) DEPR VALUE EXHIBITS 0 2,951,282 650,668 2,300,61	NONDERSCOPE, INC.				18-1068613
OF INVESTMENT         (INVESTMENT)         (OTHER)         DEPR         VALUE           EXHIBITS         0         2,951,282         650,668         2,300,61	FORM 9			E 1E st	ATEMENT #D1E
0					BOOK
	ANIBIIS	0	2,951,262	650,668	2,300,614
	<b>COTAL</b>	0	2,951,282	650,668	2,300,614