Department of the Treasury

Internal Revenue Service

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

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

**Open to Public** Inspection

OMB No. 1545-0047

For the 2024 calendar year, or tax year beginning , 2024, and ending , 20 WONDER WOOD RANCH Check if applicable: C Name of organization D Employer identification number Address change Doing business as 81-2269799 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 8100 WILD HORSE RD (831) 578-2743 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Salinas, CA 93907-9223 329.088 X No Application pending Name and address of principal officer: H(a) Is this a group return for subordinates? H(b) Are all subordinates included? Yes X 501(c)(3) 4947(a)(1) or 527 Tax-exempt status: ) (insert no.) If "No," attach a list. See instructions Website: N/A H(c) Group exemption number X Corporation Form of organization: Trust Association L Year of formation: 2016 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: WONDER WOOD RANCH USES EQUINE THERAPY TO PROVIDE HOPE AND HEALING TO TRAUMA IMPACTED YOUTH IN MONTEREY COUNTY HELPPING THEM TO FIND Activities & Governance PURPOSE AND BECOME POSITIVE CONTRIBUTORS TO THEIR COMMUNITY 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) 4 0 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 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) 329,088 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 329,088 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 49,750 0 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 276,254 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 326,004 19 Revenue less expenses. Subtract line 18 from line 12 3,084 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 131,217 134,301 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 from line 20 131.217 134.301 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 MARLO SCHALESKY Sign Signature of officer Date Here MARLO SCHALESKY, EXECUTIVE DIRECTOR Type or print name and title Preparer's name Preparer's signature Check Paid Karel French 07-30-2025 self-employed P00708725 Preparer Firm's name Pinnacle Tax Service Inc Firm's EIN **Use Only** Firm's address 1766 N Main Street Phone no Salinas CA 93906 831-444-8550

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

X No

Yes

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
0	complete Schedule D, Part III	8		X
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		**
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		32
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	VI S	X
••	VII, VIII, IX, or X, as applicable.			
а		(COLUMN )		
·	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
c				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
c				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		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 IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
46	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?	_		
00-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	1,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41		X

4) WONDER WOOD RANCH
Checklist of Required Schedules (continued) Part IV

			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		<u>x</u>
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			
240	employees? If "Yes," complete Schedule J	23		X
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	04-		
b	, 3	24a		X
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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	240		_
	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	200		_
	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<del></del>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	2-		
	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		x
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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
J#	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	,		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		_X_
~	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		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	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				
	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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		11.5	
	reportable gaming (gambling) winnings to prize winners?	1c		x

Form 990 (2024) WONDER WOOD RANCH 81-2269799 Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No.

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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)?	4a		X
b	If "Yes," enter the name of the foreign country		1.3	
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		Mar.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ua	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?	6a		7.
b		va		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		317
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
u	and services provided to the payor?	7a		v
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		10.41	A
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	100000	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • • • •	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		- F	
	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.	MVE I	1,341	TEST I
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
0	Section 501(c)(7) organizations. Enter:			11 42
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	MI		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		200	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	WE'S	8 74 A	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	3		
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.4=		
l4a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b  5	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	excess parachute payment(s) during the year?	15		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	10	=14113	X
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.	17	NE 15 (	_
7	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		
	If "Yes," complete Form 6069.			

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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year ...... 1a 1a 9 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. 1b b 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 X 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? x 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 X 6 Did the organization have members or stockholders? X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a x Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • 12b b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 Did the organization have a written whistleblower policy? 13 X 14 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b 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 16a 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed California 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 X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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.

MARLO SCHALESKY (831) 578-2743, 8100 WILD HORSE RD, Salinas, CA 93907-9223

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UIIII	220	120241	

# 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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average	,				han one		Reportable	Reportable	Estimated amount
	hours		box, unless person is both an officer and a director/trustee)					compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or ind	ins	Office	Ee	em Hig	Former	1099-MISC/ 1099-NEC)	1099-MISC/	organization and
	related	Individual trustee or director	Institutional trustee	cer	Key employee	hest	mer		1099-NEC)	related organizations
	organizations	lor tr	onal		ploy	W COM				
	below dotted line)	stee	trust		8	pens				
	dolled line)		9			Highest compensated employee				
(4)										
(1)MARLO SCHALESKY	60.00									
EXECUTIVE DIRECTOR	F 00			X				0	0	0
_(2)MICHELE O'BRIEN PRESIDENT	5.00			x				0		
(3) 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1.00							U	0	0
TREASURER	- T - OO -			x				0	0	0
(4)RICHARD PATE	3.00	-						U	0	0
SECRETARY	- 2 - 00			x				0	o	0
(5) RIGOBERTO HERNANDEZ	2.00							0	0	0
DIRECTOR	2:00-			x				0	0	0
(6) ANTHONY SANTACURZ	1.00							-		
DIRECTOR				x				0	0	0
(7) LESA RUBALCAVA	1.00									
DIRECTOR				x				0	0	0
(8) DAISY HERNANDEZ	1.00									
DIRECTOR				x				0	0	0
(9) JEAN_WADDY	1.00									
DIRECTOR				х				0	0	00
(10)										
(11)										
(12)										
(13)										
(14)										

Part	990 (2024) WONDER WOOD RANGE VII   Section A. Officers, Directors,		Kev E	Emi	olov	/ee	s. an	d H	lighest Comp	81-2269 ensated Emplo			age 8 inued
						(C)						•	
	(A) Name and title	(B) Average hours per week	Average box, unless person is both an hours officer and a director/trustee) compensation						(E) Reportable compensation from related	(F) Estimated amount of other compensation		•	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the anization d organi:	
15)_													
16)													
17)													
l <u>8</u> )													
19)													
20)													
21)													
22)													
23)													
24)													
25)													
1b c	Subtotal	ction A .						-					
d	Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but reportable compensation from the organiz		tnose	e iisi	.eu a	3DO	ve) wi	по ге	eceivea more ini	an \$100,000 oi			c
												Yes	No
3	Did the organization list any former officer, direct			-		-							
	employee on line 1a? If "Yes," complete Schedu										3		X
4	For any individual listed on line 1a, is the sum of organization and related organizations greater the stricture.	an \$150,000?	If "Yes	s," co	mple	ete S	Schedu	ıle J	for such				
5	individual	e compensation	on from	n any	/ unr	elate	ed orga	aniza	ation or individual		4		X
ecti	for services rendered to the organization? If "Yestion B. Independent Contractors	s, complete st	neauie	<i>3 J IC</i>	or su	спр	erson	_			5		X
1	Complete this table for your five highest or compensation from the organization. Report		-									tax ve	ar.
	(A)								(B)		(C)		
	Name and business add	ress							Description of service	es	Compens	sation	
							- 1			1			

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Total number of independent contractors (including but not limited to those	a listed above) who	

received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	ons	e or note to any lir	ne in this Part V	<del>I</del> II		
					(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	1a		The second			
40	b	Membership dues	1b	179,626				
ants	C	Fundraising events	1c	955				
2 0	d	Related organizations	1d	, , ,				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e					
aje Tiga	f	All other contributions, gifts, grants,						
Sir		and similar amounts not included above	1f	148,507				
but the	a	Noncash contributions included in		140,507			5.5	
E O	"	lines 1a-1f	1g	\$				
ဒီ င်	h			1	329,088			
	<u> </u>	Total. Add into ta 11 11 11 11 11	•	Business Code	329,000			
ø.	2a			Business code				
Ş	ь							
Program Service Revenue	C							
E A	d							
gra Re	l e							
2	f	All other program service revenue	-					
ш.	l .	Total. Add lines 2a-2f				Samuel Samuel		
	3 4 5	Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond Royalties	rest, a	and 				
		(i) Real		(ii) Personal				
	6a	Gross rents 6a		(1)				
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c		}				
				(ii) Other	10-10-5-12-319			
	/a	Gross amount from (i) Securities sales of assets		(II) Other				
		other than inventory 7a						
	h	Less: cost or other basis						
<u>a</u>	"	and sales expenses 7b						
evenue		Gain or (loss) 7c						
ě		Net gain or (loss)						
¥	1	Gross income from fundraising						
Other Re	Oa	•						
0		events (not including \$ 955						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising events	Ė					New Street, St
	9a	Gross income from gaming						
	١.	activities. See Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activities	÷					
	10a	Gross sales of inventory, less	4.0					
		returns and allowances	10a					
	l	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory	• •					
S				Business Code			SAMMA DATES	
no n	11a							
llar ent	b		-					
e v Se v	C C	All - G						
Miscellanous Revenue		All other revenue					40-11-22	
		Total. Add lines 11a-11d				Kins en		LE LES LINES LE
	12	Total revenue. See instructions			329,088	0	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 n	note to any line in this	s Part IX		<u>x</u>
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, 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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	45,012	45,012		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,738	4,738		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	180		180	
С	Accounting	1,129		1,129	
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.)	64,526	64,526		
12	Advertising and promotion				
13	Office expenses	34,695	34,443	252	
14	Information technology [	373		373	
15	Royalties				
16	Occupancy				
17	Travel	3,451	3,451		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	204		204	
20	Interest	1,780		1,780	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	14,511	14,511		
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	FEED & SUPPLEMENTS	35,669	35,669		
b	RENT/LEASE	95,096	70,000	25,096	
С	REPAIRS AND MAINTENANCE	19,480	19,480		
d	SCHOLARSHIPS	3,850	3,850		
е	All other expenses	1,310		1,310	
25	Total functional expenses. Add lines 1 through 24e	326,004	295,680	30,324	0
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)	I		1	

### Balance Sheet Part X

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	131,217	1	134,301
	2	Savings and temporary cash investments	151,217	2	134,301
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			To Visit Williams
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
40	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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)	131,217	16	134,301
	17	Accounts payable and accrued expenses		17	201,002
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
lan l	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
밀		Organizations that do not follow FASB ASC 958, check here			
<u></u>		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Asi	31	Retained earnings, endowment, accumulated income, or other funds	131,217	31	134,301
Net Assets or Fund Balances	32	Total net assets or fund balances	131,217	32	134,301
_	33	Total liabilities and net assets/fund balances	131,217	33	134,301
EEA					Form 990 (2024)

Form	n 990 (2024) WONDER WOOD RANCH	31-226979	9	Pa	age 1
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		329,	088
2	Total expenses (must equal Part IX, column (A), line 25)	2		326,	004
3	Revenue less expenses. Subtract line 2 from line 1	3		3,	084
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		131,	217
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		134,	301
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X 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?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				3 95
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	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				95
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		
	If the organization changed either its oversight process or selection process during the tax year, explain on		100		17 3
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

EEA

### 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number WONDER WOOD RANCH 81-2269799 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box,) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						1,,
	membership fees received. (Do not			1			
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by				A STATE OF THE STATE OF		
	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)						
6	Public support. Subtract line 5 from line 4 .						0
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4						
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	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the org	anization's firs	t, second, third,	fourth, or fifth	tax year as a s	ection 501(c)(3	3)
	organization, check this box and stop here						жж П
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2024 (line 6	, column (f), di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2023 Sch	edule A, Part II	l, line 14			15	%
16a	33 1/3% support test - 2024. If the organize	ation did not cl	heck the box on	line 13, and lir	ne 14 is 33 1/39	% or more, che	ck this
	box and stop here. The organization qualit	fies as a public	ly supported or	ganization .			
b	33 1/3% support test - 2023. If the organize	ation did not cl	heck a box on li	ine 13 or 16a, a	and line 15 is 33	3 1/3% or more	, check
	this box and stop here. The organization q	ualifies as a pu	iblicly supporte	d organization			
17a	10%-facts-and-circumstances test - 2024	4. If the organiz	ation did not ch	neck a box on li	ne 13, 16a, or	16b, and line 14	4 is
	10% or more, and if the organization meets	the facts-and-	circumstances	test, check this	box and stop	here. Explain i	n
	Part VI how the organization meets the fac	cts-and-circum	stances test. T	he organizatio	n qualifies as a	publicly suppo	orted
	organization						
b	10%-facts-and-circumstances test - 2023	3. If the organiz	ation did not ch	neck a box on li	ne 13, 16a, 16l	o, or 17a, and li	ine
	15 is 10% or more, and if the organization r	neets the facts	-and-circumsta	nces test, chec	k this box and	stop here. Ex	olain
	in Part VI how the organization meets the						
	organization			_	•		•
18	Private foundation. If the organization did	not check a bo	x on line 13, 16	sa, 16b, 17a, or	17b, check this	s box and see	
	instructions	<u> </u>	<u> </u>	<u></u> .	<u> </u>	<u> </u>	

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees		1	, ,	- 1811	1,	
	received. (Do not include any "unusual grants.")	79,998	58,491	39,657	78,350	149,462	405,958
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3		17,550	71,385	50,999	102,090	179,626	421,650
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	97,548	129,876	90,656	180,440	329,088	827,608
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	14,000	5,400				19,400
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	14,000	5,400	0	0	0	19,400
8	Public support. (Subtract line 7c from	11,000	3,400				13,400
_	line 6.)						000 200
Secti	on B. Total Support						808,208
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	97,548	129,876				
10a	Gross income from interest, dividends,	91,548	129,876	90,656	180,440	329,088	827,608
iva							
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	97,548	129,876	90,656	180,440	329,088	827,608
14	First 5 years. If the Form 990 is for the orga					ection 501(c)(3)	
	organization, check this box and stop here						
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8,	column (f), div	vided by line 13	3, column (f))		15	97.66 %
16	Public support percentage from 2023 Sche		-			16	96.68 %
	Section D. Computation of Investment Income Percentage						
17	nvestment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f))   17   0 %						
18	Investment income percentage from 2023 S		• • •			18	0 %
19a	, <u> </u>	ests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line					
b	33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						
20	i ilvate iouliuation. Il the organization tild	TIOL GIECK a DO.	A OH IIII 14, 19	a, or rab, chec	וווא אטע פוונו א	200 HI2H UCHOUS	· · · 📙

Voc No

### 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

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

1		Yes	No
	1		
	2		
	3a		
	3b		
)	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
$\perp$	10b		
dul	e A (Fo	rm 990	) 2024

Schedule A (Form 990) 2024 WONDER WOOD RANCH 81-2269799 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? 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 A family member of a person described on line 11a above? 11b A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI 2 how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. *Complete line 3 below.* C The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

3a

3b

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations	
1	lacksquare Check here if the organization satisfied the Integral Part Test as a qualifying t			
	instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Section	s A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Secti	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		18
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		The state of the s
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly inte	egrated Type III support	ting organization
	(and instructions)	•	5 71 111	

EEA Schedule A (Form 990) 2024

d Excess from 2023e Excess from 2024

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	d)		
Secti	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish e	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 purpo	oses of supported organi	zations	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					
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2024 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	(i)		(ii) Underdistributions Pre-2024		(iii) Distributable Amount for 2024	
1_	Distributable amount for 2024 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2024					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2024					
а	From 2019					
b	From 2020					
С	From 2021					
d	From 2022					
е	From 2023					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2024 distributable amount			100		
i	Carryover from 2019 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2024 from					
	Section D, line 7: \$			25		
а	Applied to underdistributions of prior years					
b	Applied to 2024 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in			10		
	Part VI. See instructions.					
7	Excess distributions carryover to 2025. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2020					
b	Excess from 2021			0		
С	Excess from 2022					

### **SCHEDULE 0** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on

Supplemental Information to Form 990 or 990-EZ

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization	Employer identification number							
WONDER WOOD RANCH	81-2269799							
01. Form 990 governing body review (Part VI, line 11)								
AVAILABLE UPON REQUEST								
02. Conflict of interest policy compliance (Part VI, line 12c)								
ALL PARTIES REQUIRED TO REVIEW AND SIGN CONFLICT OF INTEREST POLICY.								
03. Governing documents, etc., available to public (Part VI, line 19)								
DOCUMENTS AVAILABLE UPON REQUEST								
04. List of other fees for services expenses (Part IX, line 11g)								
EDUCATION AND TRAINING EXPENSES								