

990 ^U

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made publications.

2019
Open to Public

		il of the Tre venue Servi			► Go to w	ww.lrs.gov/F	om990 fo	r instructions	and the late	st info	mation.	0		uspec	tion
A	For th	he 2019	calendar	year, or tax yea					and ending				, 20		
				f organization MOI			DNA	,	0.1.0	-	D Employer ide	ntific			
В	Check if	appicable		SPORTS, C				(SOAR) PA	ark		26-121				
		ires;		Jainess as				(120111)					_		
X	7	Aga no changa		and street (or P C	box if mail	is not delivered	to street add	(resa)	Room/suite		E Telephone nu	mber			
	⊣ ¨	al return		DAVID EDW							(210) 49	3 – 2	811		
\vdash	-1	i returni		own, state or provi			eina nostal c	ode	<u> </u>	-	(210) 43	<u> </u>	.011		
┢		ninaled ended		ANTONIO, T	-		orgin poolar o				G Gross receipt	. «	1.8	839	,063.
-	retu Appi			nd address of princ			N HART	MAN			H(a) is this a gro			Yes	X No
ــــ	pen	ding		DAVID EDW	•				33 T	ム	subordinate	17		Yes	
_	Toy o	xempt sta								-	H(b) Are all subore		fist (see mstr		No
; —	Webs			SO1(c)(3)	501(c) (nsert no)	4947(a)(1)	lot low		1			ucalons	
		 _				T	1 100		1		H(c) Group exam			1-11-	TX
		of organi		Corporation	Trust	Association	Other	<u> </u>	L Year	of forma	lion 2007 M	State	or legal do	micile	
	art i		mmary					MORCA	NIC NONE	DDT 8	ND OWNE	MAN	NCEC.		
	1			the organization							ND OWNS,	MAN	AGLS		
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emance				ER 25 ACRE											
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32	3			g members of th								3	-		8.
Se	4			pendent voting m		-						4			8.
ر نقو	5			individuals empl				′, line 2a)				5			0.
٦ غُوّ	6	Total n	umber of	volunteers (estim ousiness revenue	rate if nece	ssary)	· · · Int	amal Bail		: • •		6			151.
≨ ~	7a	Total u	inrelated t	business revenue	from Part	VIII, column (C), line 12'	Coinal Leve	aune Seu	/ICO.		7a			<u>0.</u>
<u> </u>	b	Net un	related bu	ısınəss taxable ıı	ncome from	1 Form 990-T	, line 39 🐪			ISB.		7Ь			0.
	_							31	8,()		Prior Year	, 		ent Ye	
9	8	Contrib	outions an	id grants (Part VI	li, line 1h) ,			1 1100 100	$\sim 10^{10}$		37,106,92				651.
Revenue	9	Program service revenue (Part VIII, line 2g) NOV 2 3.7020									1,513,01	-			751.
Re.	10	investr	ment incor	me (Part VIII, col	umn (A), lii	nes 3, 4, and	7d)	<i>.</i>	J		11,08				919.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e), Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) Ling(2)n. U.T.									743,53				
	12	Total re	evenue - a	add lines 8 throu	gh 11 (mu:	st equal Part \	VIII, column	(A)LIMECZ)	<u> 1. U.T</u>		39,374,55	-			
	13			ar amounts paid	•					<u> </u>		0.	3,	132,	885.
	14	Benefit	ts paid to	or for members (Part IX, col	umn (A), line	4)			<u> </u>		0.	<u> </u>		
S	15			ompensation, em						<u></u>	1,625,50				0.
Expenses	16 a	Profess	sional fun	draising fees (Pai	rt IX, colum	n (A), line 11	e) , .			<u> </u>	2,72	5.		10,	847.
8	b	Total fu	undraising	expenses (Part I	IX, column	(D), line 25)	>	12,182	•	ļ					
-	17	Other 6	expenses	(Part IX, column	(A), lines 1	1a-11d, 11f-2	(46)				2,592,66				243.
	18	Total e	xpenses .	Add lines 13-17	(must equa	al Part IX, colu	ımn (A), lın	e 25)			4,220,89				975.
- 50	19	Revenu	ue less ex	penses Subtract	line 18 fro	m line 12			<u></u>	+	35,153,66				367.
Assets or d'Balances										Begin	ning of Current Y			of Year	
Ssel	20			t X, line 16) . , .						<u></u>	66,835,74				593.
	21			ert X, line 26)						ļ	336,77				252.
2.5				nd balances. Sub	otract line 2	1 from line 20) <u>/</u> .		<u></u>	<u> </u>	66,498,97	4.	/6,	88/,	341.
	rt II ,		nature B												
Und	er pe	naities of act. and c	perjury, i c	declare that I have eclaration of prepar	examined to fer (other the	hip felom, incl conficer) is be	uding accon	npanying schedi formation of whi	ules and states ich preparer ha	ments, a s anv kr	nd to the best of lowledge	my k	nowledge i	and be	ilef It is
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01	٠	-		BARTMAN		_/		PRESID	ENT/TREA	SURE	K				
			<u> </u>	name and title											
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Prep		N. A		RLIN		VV44_	<u> </u>	\sim	, , , , , ,	3,20	3011 Unipidy.		P0066		8
	Only	Firm's r		BDO USA LL							Frms EIN ▶ 1				
		Firm's 8	address 🕨	9901 IH-10	, SUITI	E 500 SA	N ANTO	NIO, TX 7	8230		Phone no 2	10-	342-80	00	

JSA

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For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

PAGE 2

X Yes

Form 990 (2018)

	n 990 (2019	9)			Page Z
Pa		Statement of Program Service			[v]
_			response or note to any line in this Part	: III	x
	•	scribe the organization's mission	NAGES AND MAINTAINS THE SP	בכדאו אבברכ	
			IT HAS OVER 25 ACRES DEDI		
			WITH MENTAL AND PHYSICAL		
		CHEDULE O)	WITH THE TAND THE COLUMN		
<u> </u>		· · · · · · · · · · · · · · · · · · ·	icant program services during the ye	ar which were not listed on	the
•	prior For	m 990 or 990-EZ?		ar willow word hat hotal on	Yes X No
	If "Yes." o	lescribe these new services on S	chedule O		
3			or make significant changes in h	now it conducts, any prog	ram
	services?				
		lescribe these changes on Sched			
4	expenses	the organization's program set Section 501(c)(3) and 501(c)(expenses, and revenue, if any, for	vice accomplishments for each of i 4) organizations are required to rep each program service reported	ts three largest program se ort the amount of grants a	ervices, as measured by and allocations to others
4a	(Code ⁻) (Expenses \$ 7.5	74,701 including grants of \$) (Revenue \$	1,386,751)
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	SPECIA	L-NEEDS INDIVIDUALS OF	ALL AGES IN MIND AND BUIL	T FOR	
			ASSES OVER 25 ACRES IN NOR		
			QUARRY. SINCE IT OPENED		
			MATELY A MILLION GUESTS F	ROM ALL 50	
	STATES	AND 65 OTHER COUNTRIES	S. SEE SCHEDULE O.		
					
4 h	(Code) (Expenses \$	including grants of \$) (Revenue \$	
70	_ =) (Εφείίδες ψ	The locating grants of ϕ) (Nevende #	/
					
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4C	(Code _) (Expenses \$	including grants of \$) (Revenue \$)
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4d	-	ogram services (Describe on Sche	•	·	
	(Expense			e \$)	
40	Total pro	aram service evnences	7 574 701		

ABDGI MRD

Par	t IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		Х
7	"Yes," complete Schedule D, Part I	-		
7		7		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
_	complete Schedule D, Part III	8		
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			v
	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			.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
þ	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		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		Į	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	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	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
_	Complete Conedular, Fand Fand III 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		

Part	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		X
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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
C		24c		
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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?		ı	.,
	in roof complete concerns of the state of th	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
•	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
٠	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	Did the organization receive more than \$25,000 in horr-cash contributions? In 763, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30		30		Х
24	conservation contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			х
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		.,	
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		Х
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			
	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			
	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 in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38		Х
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and]		
•	reportable gaming (gambling) winnings to prize winners?	1c	х	
ISA			000	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•	- Catalonia Royal and San Cata		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.	ŀ	1	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
2.	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			$\overline{}$
4 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
h	If "Yes," enter the name of the foreign country			
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Ì	_	1
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			_
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			'
	and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			·
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		├──
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	.		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		├──
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		\vdash
10	Section 501(c)(7) organizations. Enter			:
	Third do not copied contributions molecule of the contribution of			;
44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	- 1		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			٠ ١
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them)	: _		'
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			,
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			'
С	Enter the amount of reserves on hand			ļ .
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X_
	if "Yes," see instructions and file Form 4720, Schedule N			- ,
16	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		000	10040

Form 9	90 (2019)			Page 6
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be	low, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule			
•	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	8		{
	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O	1.	1	
b	Enter the number of voting members included on line 1a, above, who are independent	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	th -	. _ ~	L i
	any other officer, director, trustee, or key employee?		X	l
3	Did the organization delegate control over management duties customarily performed by or under the dire			
-	supervision of officers, directors, trustees, or key employees to a management company or other person?			Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo			
	one or more members of the governing body?			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) membe			
_	stockholders, or persons other than the governing body?		1	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken duri			
•	the year by the following	· 9		
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?		X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9	1	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		e)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapte			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1401	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	مما	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			,
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi	, _		
_	rise to conflicts?	12t	, X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			
·	describe in Schedule O how this was done	" 12c	, X	
13	Did the organization have a written whistleblower policy?		Х	
14	Did the organization have a written document retention and destruction policy?		Х	1
15	Did the process for determining compensation of the following persons include a review and approval			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official		1	x
a b	Other officers or key employees of the organization	· -	$\overline{}$	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	.	1	,
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	_{nt}		
104	with a taxable entity during the year?		, [x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard t			;
	organization's exempt status with respect to such arrangements?			1 1
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	n T (Sc	ction i	501(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	0-1 (36	Ction :	301(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
40				l··
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflicted fractions and statements available to the public during the terminal statements.	a or inte	rest	policy,
20	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 recon morander 5223 DAVID EDWARDS DR SAN ANTONIO, TX 78233 210-495-5888	oras 🟲		
JSA		For	n 990	(2019)
9E1042	2 000	. 31		(/-/

	-
Dana	

Form	aan	(2019)	

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								_
•	Check if Schedule	0 0	contains a r	esponse or n	ote to any line	e 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 instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

X Check this box if neither the organization in	or any related	orga	nıza	tion	cor	npen	sate	ed any current offic	er, director, or trus	stee
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unle: er an	Pos heck ss pe	rson	than or the both or the both or the employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GORDON V HARTMAN	12.00									
PRESIDENT/TREASURER	0.	x		x				0.	0.	0.
(2) MARGARET M HARTMAN	5.00						<u> </u>			
SECRETARY	1.00	X		X		<u> </u>	ļ	0.	0.	0.
(3) JOE MCKINNEY	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(4) DR MARIAN SOKOL	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(5) JOSUE ROBLES JR	3.00									
DIRECTOR	0.	Х	l				<u> </u>	0.	0.	0.
(6) JAMES T. HILL	3.00									
DIRECTOR	0.	X						0.	0.	0.
(7)MARK W. ROENIGK	3.00									
DIRECTOR	0.	X			l			0.	0.	0.
(8) HERIBERTO GUERRA JR	3.00									
DIRECTOR	0.	X						0.	0.	0.
(9)										
(10)										
(11)		-			-		<u> </u>			
(12)										
(13)		-	_							
(14)										

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontinue	d)
' (A) Name and title	(B) Average hours per week (list any hours for	(do n	not ch unles	Pos neck ss pe	c) ition more rson irect	e than or is both or/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizat	ble on from d ions	Est ame o comp	(F) imated ount of ither ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	m the nization related nizations
					<u></u>							
1b Sub-total	ection A ,						* * *	0.		0. 0.		0. 0.
2 Total number of individuals (including but not reportable compensation from the organization		hose 0.		d a	bov	e) who	o re	eceived more than	\$100,000	of	· · ·	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes No
4 For any individual listed on line 1a, is the enganization and related organizations graindividual	eater than	1 \$15	0,0	007	P 11	"Yes	ì, "	complete Schedu	le J for s	such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satı	on '	fron	n any	un	related organizati				X
Section B. Independent Contractors	, ,		-									
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated i compensati	ndepe on for	the	ent e ca	con	tracto dar ye	rs t ar e	that received more ending with or with	than \$100 hin the orga	,000 d Inizatio	of on's tax	
(A) Name and business add	dress							(B) Description of se	ervices	((C) Compens	ation
ATTACHMENT 1		_					$\frac{1}{2}$					
							-					
2. Table sumber of independent contractors (iii	المسلمان		حرا ا	- 40	٠, ١,	- 4000		inted shove) who	bewees	- "		
2 Total number of independent contractors (iii more than \$100,000 in compensation from the				nite			se i	isted above) who	received			

Part VIII Statement of Revenue

		Check if Schedule O contains a	respor	ise or note to an	y 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
ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b					1 .
۵ξ	С	Fundraising events	1c					i
r A	d	Related organizations	1d					
ច្ចទី	e	Government grants (contributions)	1e					i
S.Y.	f	All other contributions, gifts, grants,	"					'
ë ë	•	and similar amounts not included above .	1f	15,346,651				
ĒĒ	_			13,340,031				1
늘	g	Noncash contributions included in lines 1a-1f	4	112,078.				
a C					15,346,651	,		
	- !!	Total. Add lines 1a-1f	<u></u>	Business Code	13,340,031			
ģ.		SERVICE REVENUE			22 261	22 261		
ž.	2 a			713990	22,261	22,261		
Ser	b	ADMISSIONS		713990	1,199,525	1,199,525		
E P	С	RENTAL REVENUE		713990	223,430	223,430		ļ
Re	d	TOURNAMENTS		713990	1,535	1,535		
Program Service Revenue	е							
<u>Ф</u>	f	All other program service revenue					· · · · · · · · · · · · · · · · · · ·	
	<u>g</u>	Total. Add lines 2a-2f	<u></u>		1,446,751			
	3	Investment income (including divid	lends,	interest, and	ĺ			1
		other similar amounts)		•	300,919			300,919
	4	Income from investment of tax-exemp		•	0			
	5	Royalties			0			
		(ı) Re	al	(II) Personal				1
	6a	Gross rents 6a						
	b	Less rental expenses 6b			ĺ			[
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)		<u> ▶</u>	0			
	7a	Gross amount from (i) Secu		(ii) Other		ŀ		
		sales of assets						
		other than inventory 7a						
ā	b	Less cost or other basis						
i a		and sales expenses 7b						
Revenue	С	Gain or (loss) 7c						,
er R	d	Net gain or (loss)			0			
듄	8a	Gross income from fundraising	r					
Õ		events (not including \$						1
		of contributions reported on line						'
		1c) See Part IV, line 18	1 -	733,920				ı
	b	Less direct expenses		162,171				
	c	Net income or (loss) from fundraising	-		571,749		-	571,749.
	9a	Gross income from gaming						
	Ja	activities See Part IV, line 19	,	o				1
	ь	Less direct expenses		0				1
	C	Net income or (loss) from gaming act		-	0			
							·	<u>† </u>
	10a	Gross sales of inventory, less returns and allowances	1	402,611				1
	L			297,550				-
	b	Less cost of goods sold Net income or (loss) from sales of inver	·		105,061	105,061		
<u> </u>	Ť	The state of the s		Business Code	103,031	105,001		
Miscellaneous Revenue		SUB-CONTRACTOR REVENUE		900099	2,490	2,490		
ne nuc	11a	MISCELLANEOUS REVENUE		900099	605,721	605,721	_	
ella Ve	b	TOODDE TOO TO THOS		300033	003,721	003,721	- 	
Re	C	All other revenue		- 				
Ξ	d	All other revenue			608,211			
	12	Total revenue See instructions				2 160 022		972 662
JŞA	12	Total revenue. See instructions	· · · ·	· · · · · • •	18,379,342	2,160,023		872,668

Page **10**

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 . . (D) Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 3,132,885 3,132,885. and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic 0 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 0 0 5 Compensation of current officers, directors, 0. 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) 0 Ō. 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits Ō. 11 Fees for services (nonemployees) 2,280,000. 2,280,000. a Management 10,778. 9 10,769. 11,702. 14,075. 2,373. 0. 10,847. 10,847. e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column 1,335. 46,679. 48,014 (A) amount, list line 11g expenses on Schedule O). 2,088. 130,335. 128,247. 50,076. 60,011.

110,087.

653,942.

20,108.

1,300,949.

103,298.

19,268.

11,638.

170

0.

7,856.

7,990,975.

136,725.

0. 0.

0.

0.

0.

0.

405,048.

15,216.

1,261,921.

103,298.

19,268.

11,160.

7,856.

7,574,701.

154.

110,511.

248,894

4,892.

39,028.

26,214.

404,092.

478.

16.

16

17

20

14 Information technology.......

Payments of travel or entertainment expenses

for any federal, state, or local public officials

19 Conferences, conventions, and meetings

Payments to affiliates.

22 Depreciation, depletion, and amortization

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)

aOTHER PROGRAM EXPENSE bOPERATING EXPENSES

cTRAINING/HIRING EXPENSE

dMEALS AND ENTERTAINMENT

25 Total functional expenses Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) . . .

e All other expenses

12,182.

Form 990 (2019) Part X ' Balance Sheet

2 Sawings and temporary cash investments. 3 Piedges and grants receivable, net. 4 Accounts receivable, net. 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. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(8). 7 Notes and loans receivable, net. 8 Inventiories for sale or use. 8 Inventiories for sale or use. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part V of Schedule D. 11 Investments - publicity traded securities. 12 Investments - publicity traded securities. 13 Investments - program-related See Part IV, line 11. 14 Intangible assets. 15 Other assets See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Unsecured notes and loans payable to unrelated third parties. 22 Unsecured notes and loans payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liability complete Part IV of Schedule D. 26 Total fläbilities. Add lines 17 through 25. 27 Organizations that follow FASB ASC 958, check here 28 Secured mortgages and notes payables to unrelated third parties. 29 Complete lines 27 28, 32, and 33. 20 Captal attock or irrust principal, or current funds. 30 Pad-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Collar liabilities. And bines 17 through 25. 33 Collar liabilities. And the not follower ASB ASC 958, check here and complete lines			(A) Beginning of year		(B) End of year
3 Pledges and grants receivable, net	1	Cash - non-interest-bearing	1,480,166.	1	1,682,996.
3 Piedges and grants receivable, net	2	Savings and temporary cash investments	12,108,098.	2	18,361,465.
Accounts receivable, net. 15, 430. 4 183	3	· · · · · · · · · · · · · · · · · · ·	24,352,334.	3	26,349,276
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	4		15,430.	4	183,070
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	· · · · · · · · · · · · · · · · · · ·			
Controlled entity or family member of any of these persons.	•		•		
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0. 6 6			0.	5	0
Notes and loans receivable, net 0. 6	6	· · · · · · · · · · · · · · · · · · ·			
7 Notes and loans receivable, net 0 - 7	•			6	
9 Prepaid expenses and deferred charges 59,812 9 53 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 14,276,465 28,766,818 10c 30,450, 10b Less accumulated depreciation 10b 14,276,465 28,766,818 10c 30,450, 11 Investments - publicity traded securities 0 11 0 12 11 12 Investments - other securities 0 13 14 11 10 12 11 15 15 15 15 15 15	7	The state of the s	<u> </u>		0
9 Prepaid expenses and deferred charges 69,812 9 63 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 14,276,465 28,766,818 10c 30,450, 11 Investments - publicity traded securities 10b 14,276,465 28,766,818 10c 30,450, 12 Investments - other securities 0 11 0 12 13 14 15 16 16 16 16 16 16 16			38.420		38,176
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D					63,176
b Less accumulated depreciation		· · · · · · · · · · · · · · · · · · ·		-	00/1/0
b Less accumulated depreciation	IVa				
Investments - publicly traded securities 0 . 11			28 766 818	40-	30,450,434.
12 Investments - other securities See Part IV, line 11.		Total decimental depresentation of the contract of the contrac			0
Investments - program-related See Part IV, line 11,		· •			0
14 Intangible assets 0 14 15 16 16 17 15 16 16					
15 Other assets See Part IV, line 11		· · · · · · · · · · · · · · · · · · ·			0
Total assets. Add lines 1 through 15 (must equal line 33) 66,835,749. 16 77,128, 17 16 16 16 16 18 17 16 18 16 18 19 16 18 19 16 18 19 16 18 19 16 18 19 16 18 19 16 18 19 16 18 19 18 19 19 19 19 19					
17		r			
18 Grants payable	 				
Deferred revenue. 229,785. 19 211. Tax-exempt bond liabilities. 0. 20 Escrow or custodial account liability Complete Part IV of Schedule D. 0. 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 0. 22 Unsecured notes and loans payable to unrelated third parties 0. 23 Unsecured notes and loans payable to unrelated third parties. 25, 482. 24 12 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. 0. 25 Total liabilities. Add lines 17 through 25. 336, 775. 26 241. Organizations that follow FASB ASC 958, check here ▶ 3 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. 30, 783, 527. 27 32, 409, 32 44, 477. Organizations that do not follow FASB ASC 958, check here ▶ 3 Particular of the part	1				16,558
Tax-exempt bond liabilities. 1 Escrow or custodial account liability Complete Part IV of Schedule D. 2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 2 Secured mortgages and notes payable to unrelated third parties. 2 Unsecured notes and loans payable to unrelated third parties. 2 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. 2 Total liabilities. Add lines 17 through 25. 3 Total liabilities. Add lines 17 through 25. 3 Net assets without donor restrictions. 3 Net assets without donor restrictions. 3 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 2 Capital stock or trust principal, or current funds 3 Paid-in or capital surplus, or land, building, or equipment fund. 3 Retained earnings, endowment, accumulated income, or other funds. 3 Total net assets or fund balances. 3 Capital stocks of fund balances. 3 Capital stocks or fund balances.	1	Grants payable			0
21 Escrow or custodial account liability Complete Part IV of Schedule D	1	Deferred revenue			211,813
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		· · · · · · · · · · · · · · · · · · ·			0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	1		0.	21	0
Unsecured notes and loans payable to unrelated third parties	ខ្ល 22				
Unsecured notes and loans payable to unrelated third parties	[trustee, key employee, creator or founder, substantial contributor, or 35%	_		_
24 Unsecured notes and loans payable to unrelated third parties	를	controlled entity or family member of any of these persons			0
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	23 ا	Secured mortgages and notes payable to unrelated third parties		23	0
parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	24	Unsecured notes and loans payable to unrelated third parties	25,482.	24	12,881
of Schedule D	25				
Total flabilities. Add lines 17 through 25		parties, and other liabilities not included on lines 17-24) Complete Part X			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		of Schedule D		25	0
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	26	Total liabilities. Add lines 17 through 25	336,775.	26	241,252
27 Net assets without donor restrictions. 30,783,527. 27 32,409 28 Net assets with donor restrictions. 35,715,447. 28 44,477 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. □ 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund. 30 31 Retained earnings, endowment, accumulated income, or other funds. 31 32 Total net assets or fund balances. 66,498,974. 32 76,887,					
28 Net assets with donor restrictions	27	Net assets without donor restrictions	30,783,527.	27	32,409,766.
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	28	Net assets with donor restrictions	35,715,447.	28	44,477,575
29 Capital stock or trust principal, or current funds		Organizations that do not follow FASB ASC 958, check here ▶			
30 Paid-in or capital surplus, or land, building, or equipment fund	29	· · · · · · · · · · · · · · · · · · ·			
31 Retained earnings, endowment, accumulated income, or other funds	30				
32 Total net assets or fund balances	31				
out 15tal fiet assets of fullu balances	32		66-498-974		76,887,341.
[33 Total liabilities and net assets/fund balances	32	Total liabilities and net assets/fund balances	66,835,749.	\rightarrow	77,128,593.

Form 990 (2019)

За

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

		•			WONDERLAND				Employer identif	ication number
FK	A:	SPORTS,	OUTDOOR	& R	ECREATION (S	OAR) PARK			26-12196	40
Pa	rt I	Reaso	n for Public	c Cha	rity Status (All	organizations must	complet	e this pa	art) See instructions	S
The	org		•			it is (For lines 1 throu	_		•	1
1	$oxed{oxed}$	A church,	convention	of ch	urches, or associ	ation of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	ᆫ	i				i). (Attach Schedule E				())
3	<u> </u>	1	=		•	organization described				\bigcup
4		•		-	•	conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A))(iii). Enter the
			name, city,							
5		•				a college or univers	ity owne	d or ope	erated by a governme	ental unit described in
_					Complete Part II)					
6	\	1				ernmental unit describe				
7	X				•	•	upport tr	om a go	vernmental unit or tr	om the general public
		1)(1)(A)(vi). (Comp		- 011			
8	_		•		•	(b)(1)(A)(vi). (Complet				land arent college
9		_			-	ped in section 170(b)(_
			=	-lanu-	grant college of a	igriculture (see instruc	dons) E	nter the	name, city, and state o	i the college of
10		university		norma	Illy rocewes (1) m	nore than 331/3 % of its	Support	from co	ntributions members	hin fees and gross
		receipts f	rom activitie	es rela	ited to its exempt	functions - subject to	certain e	exception	is, and (2) no more tha	ın 331/3% of its
		support fr	rom gross in	nvestm	nent income and i	unrelated businéss tax 1975 See section 50 9	cable inco	ome (les:	s section 511 tax) from	businesses
11			-			lusively to test for pub				
12	Г									carry out the purposes
										See section 509(a)(3).
			•	•	• • •	describes the type of s			,	
а		\neg			=	d, supervised, or cont				
					= "	regularly appoint or e	-		=	• • • • • • • • • • • • • • • • • • • •
	_		-			ete Part IV, Sections A				
b		Type II.	A supportin	ng org	anization supervi	sed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control	or manager	ment c	of the supporting	organization vested in	the sam	e persor	ns that control or mar	nage the supported
	_	organiza	ation(s) You	ı must	t complete Part I	V, Sections A and C.				
C		Type III	functionally	y inte	grated. A support	ting organization oper	ated in c	onnectio	n with, and functiona	lly integrated with,
	_	_ its supp	orted organ	ıızatıor	n(s) (see instructio	ns) You must comple	ete Part I	V, Section	ons A, D, and E.	
d	L			-	•	pporting organization	•			· · ·
					-	anızatıon generally mu	-			d an attentiveness
	Г		-		•	omplete Part IV, Sec				
е	L			_		a written determinati				II, Type III
£	r.					ctionally integrated sur				
'	En Dr	iter the nun	nber of supp	portec	organizations	oorted organization(s)		• • • •		• • • • • • • • • • • • • • • • • • • •
<u> </u>			orted organization		(ii) EIN	(III) Type of organization	(ly) is the	organization	(v) Amount of monetary	(vi) Amount of
	,,,,,	dillo oi suppi	orted organizatio	5 (1)	(11) 2.11	(described on lines 1-10		ur governing	support (see	other support (see
						above (see instructions))	Yes	No No	instructions)	instructions)
		., ., .,				1	163	140		
(A)										
—						-	1			<u> </u>
(B)										
<u> </u>						<u> </u>	—			
(C)										
/D)										
(D) —~							<u> </u>			
— (E)										
·-, 							<u> </u>	ļ		
Tota	al l									
,	-				1		1	1		1

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

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,656,201	6,571,377	2,764,545	37,106,921	15,346,651	71,445,695
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	9,656,201.	6,571,377	2,764,545	37,106,921	15,346,651	71,445,695
5	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)						25,131,347
6	Public support. Subtract line 5 from line 4		,				46,314,348
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	9,656,201	6,571,377.	2,764,545	37,106,921	15,346,651	71,445,695
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	243,050	182,168	5,341	11,083	300,919	742,561
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH. 1	27,448	4,820	10,548	14,041	608,212	665,069
11	Total support. Add lines 7 through 10	-					72,853,325
12	Gross receipts from related activities, etc. (s	•				12	12,242,629
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	id, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup					ı	63.57%
14	Public support percentage for 2019 (li						67.07%
15	Public support percentage from 2018						
16a	33 1/3 % support test - 2019. If the org						
	box and stop here. The organization q						
Ð	33 1/3 % support test - 2018. If the org						1
470	this box and stop here. The organization	•		-			
174	10%-facts-and-circumstances test - 2 10% or more, and if the organization	-					
	-						
b	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Explain in Part VI how the organization supported organization Private foundation. If the organization						▶ □
	instructions			<u>.</u>			<u>▶ </u>

Sched	dule A (Form 990 or 990-EZ) 2019						Page 3
	**Support Schedule for Orga (Complete only if you check If the organization fails to qu	ed the box on	ine 10 of Par	t I or if the orga	anization faile	d to qualify un	/
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				/
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	/(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						<i>X</i>
2	Gross receipts from admissions, merchandise					/	
	sold or services performed, or facilities					/	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					/	1
	unrelated trade or business under section 513 .					/	
4	Tax revenues levied for the						
	organization's benefit and either paid to					ď	
	or expended on its behalf			_			<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				/	<u> </u>	
6	Total. Add lines 1 through 5				_/		
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				/		
Б	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					ļ	
8	Public support. (Subtract line 7c from						
	line 6)	L	<u> </u>			<u> </u>	
	tion B. Total Support	r	1	/		T	1 .5 =
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	ļ	/				
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses		/				
	acquired after June 30, 1975		/				
	Add lines 10a and 10b		4				
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.				-		<u> </u>
12	Other income Do not include gain or loss from the sale of capital assets						
40	(Explain in Part VI)	//					
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years If the Form 990 is organization, check this box and stop here						
Sec	tion C. Computation of Public/Sup	port Percenta	ige				
15	Public support percentage for 2019 (line 8					15	%
16	Public support percentage from 2018 Scho	edule A, Part III, Iır	ne 15			16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (li	ine 10c. column ((f) divided by line	13. column (f))		17	%

19a 331/3% support tests, 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and Inne 18 is not more/than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1	-	\
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	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 (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		-
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	-50	1	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		}	ŀ
	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.	6		
7		-	1	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
10 a	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 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	40.		-

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Part	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 in (b) and (c)		•	
	below, the governing body of a supported organization?	11a		├
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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		
Secti	ion C. Type II Supporting Organizations		l	
<u> </u>	ion of 13po it outplotting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		1
Sect	ion D. All Type III Supporting Organizations			
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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		1
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see)
_	Actuation Tools Anguage (a) and (b) halous		Yes	No
2 a	Activities Test <i>Answer (a)</i> and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	-	-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		u .
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 Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	is	
1. Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 (expla	n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sectio	ns A through E
Section 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	1 1		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			1
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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		•	
factors (explain in detail in Part VI)			- 1
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 1-1/2% 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 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		, -	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting	g organization (see
instructions)	. •	· · · · ·	- ·

Schedule A (Form 990 or 990-EZ) 2019

Part		Supporting Organizat	ions (continued)	,
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	···		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	,		
2	Underdistributions, if any, for years prior to 2019		-	
	(reasonable cause required - explain in Part VI) See			
	instructions			!
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			1
4	Distributions for 2019 from			,
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			<u>'</u> ,
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carry over to 2020. Add lines 3j		·	1
	and 4c			
8	Breakdown of line 7			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			1

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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

					ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCOM	E				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS	27,448	4,820	10,548	14,041	608,212	665,069
MISCELLANEOUS	27,440	4,620	10,546	14,041	000,212	003,003
TOTALS	27,448	4,820,	10,548.	14,041.	608,212.	665,069.

SCHEDULE D (Form 990)

Denartment of the Treasury

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.

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

Internal Revenue Service Go to www.irs

Name of the organization MORGAN'S WONDERLAND

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection
Employer Identification number

OMB No 1545-0047

26-1219640 FKA: SPORTS, OUTDOOR & RECREATION (SOAR) PARK Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) , . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Vec Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

	dule D (Form 990) 2019									age ∠
Pa	rt III ' Organizations Maintaini	ng Collections of	Art, Histo	rical Treas	ures, or	Other Sim	ilar Assets (d	continue	ed)	
3 ·	Using the organization's acquisition	on, accession, and	other record	ds, check a	iny of the	following t	that make sigi	nificant i	use o	of its
	collection items (check all that app	ly)								
а	Public exhibition		d 🗌] Loan or e	exchange	program				
b	Scholarly research		е 🗀	Other						
С	Preservation for future gene	rations	<u></u>	· –						
4	Provide a description of the organ	nization's collections	s and expla	in how the	y further	the organiz	ation's exemp	t purpos	e in	Part
	XIII		•		•	-				
5	During the year, did the organization	on solicit or receive o	donations o	f art. historic	cal treasu	ires, or other	sımılar			
	assets to be sold to raise funds rath							Yes		No
Pa	rt IV Escrow and Custodial A		•			-				
	Complete if the organiza		es" on Forr	n 990, Par	t IV, line	9, or repor	ted an amou	nt on Fo	rm	
	990, Part X, line 21				·	•				
1a	Is the organization an agent, truste	e, custodian or oth	er intermed	ary for con	tributions	or other ass	ets not		_	
	included on Form 990, Part X?			-				Yes		No
b	If "Yes," explain the arrangement i						_			-
	,		•	•			Amount			
С	Beginning balance				1c					
d	Additions during the year									
	Distributions during the year					_				
f	Ending balance				1f					
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for esc	row or cu	istodial acco	unt liability?	Yes		No
	If "Yes," explain the arrangement i								$\cdot \square$] _
Pa	rt V Endowment Funds.							,		
	Complete if the organiza	ation answered "Yo	es" on For	m 990, Pai	rt IV, line	10				
		(a) Current year	(b) Prio	r year	(c) Two yea	rs back (d)	Three years back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains,							-		
-	and losses					1				
d	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses				,					
2	Provide the estimated percentage		end balance	e (line 1a co	olumn (a))	held as				
a				· ((=//					
b	Permanent endowment >	%	_							
С	Term endowment ▶	%								
	The percentages on lines 2a, 2b, a	and 2c should equal	100%							
3 a	Are there endowment funds not in	the possession of t	he organiza	ition that are	e held an	d administer	ed for the	_		
	organization by								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations				. .			3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as require	ed on Sched	ule R?			3b		
4	Describe in Part XIII the intended i		ation's endo	wment funds	3					
Pa	rt VI Land, Buildings, and Equ	uipment.	'aall an Ear	000 Da	معدا لللفس	. 110 500	Corm 000 D	art V Iva	o 10	1
	Complete if the organiz Description of property		r other basis	(b) Costoro		(c) Accumul		d) Book va		<u>. </u>
	Dascription of property	(inve	stment)	othe (er)	depreciation				
1 a	Land		405,904.		9,367.					271.
b	Buildings			32,12	0,661.	5,739,	420	17,8	44,1	196.
С	Leasehold improvements									
d	Equipment			-	7,628.	8,081,				528.
	Other			<u> </u>	3,339.	455,				339.
Tota	il. Add lines 1a through 1e (Column	ı (d) must equal For	m 990, Part	X, column (B), line 10	Oc),	▶	30,4	50,4	134.

Part VII'	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line	 : 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financia	al derivatives			
	held equity interests			
	, , , , , , , , , , , , , , , , , , , ,	-		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col (B) line 12) . 🕨			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11c See Form 990, Part X, line	13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)	·			
(5)				
(6)				
(7)				
(8)				
(9)	······································			
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d See Form 990, Part X, line	: 15
	(a) De	scription	(b) Book	value
(1)				
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)		· · · · · · · · · · · · · · · · · · ·		
(5) (6)	-			
(7)				
(8)				
	ımn (b) must equal Form 990, Part X, col (B) i	Ine 15)		
Part X	Other Liabilities.			
		d "Yes" on Form 990), Part IV, line 11e or 11f See Form 990, Part	X ,
1.	(a) Descrit	otion of liability	(b) Book	value
	al income taxes	· · · · · · · · · · · · · · · · · · ·		
(2)		·		
(3)				
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)			
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that reports the text of the footnote has been provided in Part XIII	

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Schedul	e D (Form 990) 2019		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n. 	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	Į	
С	Recoveries of prior year grants	<u> </u>	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	-	
b	Other (Describe in Part XIII)		
_	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ırn.	
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		
а	Donated services and use of facilities	1 1	
b	Prior year adjustments		
C	Other losses	-	
d	Other (Describe in Part XIII)	- 1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	- ₄₅	
	Add lines 4a and 4b		
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		Part X, line
		· · · ·	
			<u></u>
			-

Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

Open to Public Department of the Treasury ► Go to www.irs gov/Form990 for instructions and the latest information Inspection Internal Revenue Service Employer identification number Name of the organization MORGAN'S WONDERLAND FKA: SPORTS, OUTDOOR & RECREATION (SOAR) PARK 26-1219640 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV. line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations е Solicitation of government grants f b Internet and email solicitations Special fundraising events Phone solicitations С d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vI) Amount paid to (III) Did fundraiser have (Iv) Gross receipts (or retained by) (i) Name and address of individual (or retained by) (II) Activity custody or control of from activity fundraiser listed in or entity (fundraiser)

contributions?

No

Yes

8						
9				-		
10						
Total				. ▶		
3	List all states in which the organiza registration or licensing	ition is registered o	r licensed to	solicit contribu	tions or has been r	notified it is exempt from
		· · · · · · · · · · · · · · · · · · ·			·	
			······································			
	· · · · · · · · · · · · · · · · · · ·					
				·		

OMB No 1545-0047

organization

col (I)

Page 2

	\(\frac{1}{2} \)		
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line	e 18,	or reported
•	more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lir	nes 1	and 6b. List
	events with gross receipts greater than \$5,000		

		events with gross receipts gre	· · · · · · · · · · · · · · · · · · ·			1
			(a) Event #1 GALA	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
9			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	904,500.			904,500
Ľ.	2	Less [.] Contributions				
		Gross income (line 1 minus line 2)				904,500
	4					
		Cash prizes				
	5	Noncash prizes				
euses	6	Rent/facility costs	1,900.			1,900
Direct Expenses	7	Food and beverages	50,000.			50,000
Oirect	8	Entertainment	3,500.			3,500
	9	Other direct expenses	92,500.			92,500
	40	Direct expense summary Add lin	os 4 through 0 in goliu	mn (d)		147,900
	11	Net income summary Subtract li	ne 10 from line 3. colu	ımn (d)		756,600
Pa	rt l	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "\	es" on Form 990,	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
zxper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes%	
	7	Direct expense summary Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary Su	ubtract line 7 from line	1, column (d)		
9 a b		Enter the state(s) in which the org Is the organization licensed to con If "No," explain	duct gaming activities	in each of these stat		. Yes No
10 a		Were any of the organization's gaming				. Yes No

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SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047	2019	Open to Public

► Attach to Form 990.

Inspection Employer identification number 26-1219640 ► Go to www.irs.gov/Form990 for the latest information. FKA: SPORTS, OUTDOOR & RECREATION (SOAR) PARK General Information on Grants and Assistance MORGAN'S WONDERLAND Department of the Treasury Internal Revenue Service Name of the organization

Parti

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ubstantiate th	e amount of the	grants or assistar	າce, the grantees'	eligibility for the grants		
the selection criteria used to award the grants or assistance?	s or assistanc	e					X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for mon	toring the use o	of grant funds in the	United States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	omestic Orç	Janizations an	d Domestic Gov	ernments. Com	plete if the organiza	ation answered "Ye	s" on Form 990,
Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	nat received	more than \$5,	000 Part II can b	e duplicated if a	idditional space is n	pepee	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MORGAN'S WONDERLAND CAMP		_					
1202 W BITTERS STE 1200	82-5435075	501 (C) (3)		2, 725, 435	воок	LAND	LAND FOR THE CAMP
(2) THE GORDON HARTMAN FAMILY FOUNDATION							
1202 W BITTERS BLDG 1	20-3537281	501 (C) (3)	407,450				UNRESTRICTED CONTRIB
(3)	,						
(4)							
(5)							
(6)							
(7)							
(8)							
(6)							
(10)							

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Enter total number of other organizations listed in the line 1 table.

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Schedule I (Form 990) (2019)

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11

(12)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
₆						
4						
ro.						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b), and any o	ther additional

FORM 990, SCHEDULE I, LINE 2

THE FUNDS ARE DISTRIBUTED AS A STRAIGHT AMOUNT PER AGREEMENT.

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

FKA: SPORTS, OUTDOOR & RECREATION (SOAR) PARK

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MORGAN'S WONDERLAND

Employer identification number

26-1219640

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of d noncash contrib	leterminin	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes				<u> </u>		
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory				ļ		
20	Drugs and medical supplies				ļ		
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens				ļ		
′24	Archeological artifacts			110 070	-		
25	Other ►(AUCTION ITEMS)	X		112,078.	FMV		
26	Other ►()						
27	Other ►()						
28	Other ►(
29	Number of Forms 8283 received						
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	gement	29	174	
						Yes	No
30a	During the year, did the organizat						
	28, that it must hold for at least t						X
	to be used for exempt purposes for		olding period?		3	<u>ua</u>	 ^ ,
	If "Yes," describe the arrangement						
31	Does the organization have a			-			X
	contributions?					31	+^
32a	Does the organization hire or use		•	•		.22	l x
	contributions?	• • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	· · · · · · -3	12a	 ^ ,
	If "Yes," describe in Part II		nakuma (a) far a tuma af) is shocked		'
33	If the organization didn't report an describe in Part II	amount in (column (c) for a type of pro	perty for which column (a) is checked,		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Porm 990) 2019

Page 2



Part II • Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART 1, LINE 25B

THE AMOUNT REPRESENTS THE NUMBER OF ITEMS DONATED.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Internal Revenue Service

Inspection

OMB No 1545-0047

Name of the organization

MORGAN'S WONDERLAND

FKA: SPORTS, OUTDOOR & RECREATION (SOAR) PARK

26-1219640

Employer identification number

FORM 990, PART I, LINE 1

DEDICATED TO OUTDOOR RECREATION FOR PEOPLE WITH MENTAL AND PHYSICAL DISABILITIES AND GIVES THESE INDIVIDUALS THE OPPORTUNITY TO SAFELY ENJOY THE FUN OF THE OUTDOORS THAT MOST PEOPLE TAKE FOR GRANTED.

FORM 990, PART III, LINE 1

AND GIVES THESE INDIVIDUALS THE OPPORTUNITY TO SAFELY ENJOY THE FUN OF THE OUTDOORS THAT MOST PEOPLE TAKE FOR GRANTED.

FORM 990, PART III, LINE 4A

THIS BARRIER-FREE OASIS OF FUN, JOY, EXPLORATION AND ADVENTURE INCLUDES MORE THAN 25 ATTRACTIONS THAT INCLUDE:

FOUR WHEELCHAIR-ACCESSIBLE RIDES INCLUDING A NEW FERRIS WHEEL; AN 8-ACRE CATCH-AND-RELEASE FISHING LAKE, ALONG WITH A FISHING DOCK EQUIPPED WITH WATER CANNONS AND REMOTE-CONTROLLED BOATS; A WALK-AND-ROLL PATHWAY AROUND THE LAKE WITH REST AREAS EN ROUTE; AN AMPHITHEATER FOR MUSICAL, DANCE, PUPPET AND OTHER PERFORMANCES; A SPECIAL-EVENT CENTER THAT CAN ACCOMMODATE UP TO 500 GUESTS FOR LUNCHES AND DINNERS AS WELL AS BASKETBALL, VOLLEYBALL AND INDOOR SOCCER; PLAYSCAPES WITH A VARIETY OF COLORFUL ELEMENTS AND SWINGS (INCLUDING WHEELCHAIR SWINGS); A VILLAGE CONTAINING A GROCERY, TV STUDIO, AUTO FIX-IT SHOP AND OTHER STOREFRONTS DESIGNED TO STIMULATE THE VARIOUS SENSES; A SPACIOUS, SHADED PICNIC AREA AND COVERED LAKESIDE PAVILIONS FOR GATHERINGS AND PARTIES;

MORGAN'S WONDERLAND

FKA: SPORTS, OUTDOOR & RECREATION (SOAR) PARK

Employer identification number 26-1219640

SPECIALLY-DESIGNED, CLIMATE-CONTROLLED, ADA-ACCESSIBLE RESTROOMS; VENDING AND CONCESSIONS OUTLETS; GIFT SHOP; BRAILLE SIGNAGE; 3-D PARK MODEL; SERVICE-ANIMAL REST AREA; VIA METROPOLITAN TRANSIT (BUS) STATION; AND WATER MISTERS FOR GUEST COMFORT ON WARM DAYS.

WHILE OTHER THEME PARKS ACCOMMODATE PEOPLE WITH DISABILITIES AND SPECIAL NEEDS, MORGAN'S WONDERLAND WAS CREATED WITH INCLUSION FOREMOST IN MIND. INSTEAD OF BUILDING A PARK AND THEN MAKING ACCOMMODATIONS FOR INDIVIDUALS WITH SPECIAL NEEDS, THE MORGAN'S WONDERLAND TEAM BEGAN BY IDENTIFYING WHAT OBSTACLES AND BARRIERS EXIST WITHIN THE SPECIAL-NEEDS COMMUNITY AND THEN DESIGNED THE PARK TO HELP SPECIAL-NEEDS INDIVIDUALS OVERCOME THOSE CHALLENGES AND HAVE FUN WITHOUT LIMITATIONS.

IN SPRING 2017, MORGAN'S WONDERLAND UNVEILED A MAJOR ADDITION - MORGAN'S INSPIRATION ISLAND, THE WORLD'S FIRST ULTRA-ACCESSIBLE SPLASH PARK THAT INCLUDES FIVE TROPICALLY-THEMED, INTERACTIVE SPLASH PADS AND A WHEELCHAIR-ACCESSIBLE WATER RIDE ON A FOUR-ACRE SITE ADJACENT TO MORGAN'S WONDERLAND. THUS, GUESTS WILL BE ABLE TO ENJOY SPLASHY, BARRIER-FREE FUN IN THE SOUTH TEXAS SUN.

FORM 990, PART VI, SECTION A, LINE 2 GORDON V HARTMAN (PRESIDENT/TREASURER) AND MARGARET M HARTMAN (SECRETARY) HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11 A COPY OF THE 990 WAS PROVIDED TO THE BOARD FOR THEIR REVIEW BEFORE Name of the organization MORGAN'S WONDERLAND FKA: SPORTS, OUTDOOR & RECREATION (SOAR) PARK Employer identification number 26-1219640

FILING.

FORM 990, PART VI, SECTION B, LINE 12C EACH BOARD MEMBER ANNUALLY SIGNS A STATEMENT THAT THEY HAVE RECEIVED, READ, UNDERSTOOD AND AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY. ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST MUST BE DISCLOSED. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THERE IS, AN INDEPENDENT PERSON(S) IS APPOINTED TO INVESTIGATE ALTERNATIVES TO THE CONFLICTING TRANSACTION OR ARRANGEMENT. THE BOARD, EXCLUDING THE INTERESTED PERSON(S), EXERCISES DUE DILIGENCE TO DETERMINE IF THE ALTERNATIVES ARE MORE ADVANTAGEOUS TO THE ORGANIZATION. IF NOT, THEN THE DISINTERESTED BOARD DIRECTORS WILL DETERMINE IF THE CONFLICT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IF THERE IS A FAILURE TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST, THE DISINTERESTED BOARD MEMBERS WILL INFORM THE MEMBER AND GIVE THEM THE OPPORTUNITY TO EXPLAIN THE OVERSIGHT. IF, AFTER ALL INFORMATION HAS BEEN GATHERED, THE BOARD DETERMINES THAT THE MEMBER HAS FAILED TO DISCLOSE THE ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT WILL TAKE THE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. THE ABOVE, WITH NAMES OF INTERESTED PERSON(S) AND THOSE WHO WERE PRESENT, SITUATIONS AND DISCUSSIONS ARE RECORDED IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST.

Page 2

Name of the organization MORGAN'S WONDERLAND

FKA: SPORTS, OUTDOOR & RECREATION (SOAR) PARK

Employer identification number 26-1219640

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

KFW ENGINEERS

3421 PEASANOS PKWY STE 200 SAN ANTONIO, TX 78231

ENGINEERING

479,949.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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20**19** Open to Public

OMB No 1545-0047

Employer Identification number Inspection

▼ Go 1

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

FKA: SPORTS, OUTDOOR & RECREATION (SOAR) PARK

MORGAN'S WONDERLAND

Name of the organization Department of the Treasury

Partl

26-1219640

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II Ξ (2) (4) (2) 3 (9)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?) 12(b)(13) olled ty?
						Yes	Š
(1) THE GORDON HARTMAN FAMILY FOUNDATION 20-3537281							
1202 W BITTERS, BLDG 1, STE 12 SAN ANTONIO, TX 78216	CHARITABLE	TX	501(C)(3)	PF	N/A		×
(2) THE MULTI-ASSISTANCE CENTER AT MORGAN'S 83-1978281							
1202 W BITTERS SUITE 1200 SAN ANTONIO, TX 78216	CHARITABLE	TX	501(C)(3)	10	N/A		×
(3) MORGAN'S WONDERLAND CAMP 82-5435075							
1202 W. BITTERS SUITE 1200 SAN ANTONIO, TX 78216	CHARITABLE	TX	501(C)(3)	10	N/A		×
(4) MORGAN'S WONDERLAND MGMT COMPANY 83-2545204							
5223 DAVID EDWARDS DRIVE SAN ANTONIO, TX 78233	CHARITABLE	TX	501(C)(3)	12B	N/A		×
(5) MULTI-ASSISTANCE CENTER MANAGEMENT COMPA 89-3912708							
1202 W BITTERS STE 1200 SAN ANTONIO, TX 78216	CHARITABLE	TX	509 (A) (3)	12B	N/A		×
(6) MORGAN'S WONDERLAND INCLUSION FOUNDATION 84-5124052							
1202 W BITTERS STE 1200 SAN ANTONIO, TX 78216	CHARITABLE	XT	501 (C) (3)	07	N/A		×
(7) MORGAN'S WONDERLAND CAMP MANAGEMENT COMP 84-5108928							
1202 W. BITTERS STE 1200 SAN ANTONIO, TX 78216	CHARITABLE	TX	509(A)(3)	12B	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	30.				Schedule R (Form 990) 2019	(Form 99	0) 2019

ror raperwork Reduction Act Notice, see the instructions for Form 990.

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Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Usproporiemab albeatons?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
							2 2			
\Box										
\Box										
<u> </u>										
late had	ed Organizations I one or more rel	s Taxable lated orga	e as a Corporati anizations treate	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	plete if the orga η or trust during	nization answer the tax year	ed "Yes	on Form 990,	Part IV	
					-		!	,	L	 - -

(g) (h) Section Share of Percentage Section end-of-year assets ownership controlled entity?	Yes No						
(g) Share of end-of-year assets							
(f) Share of total income							
(e) Type of entity (C corp. S corp. or trust)							
(d) Direct controlling entity							
(c) Legal domicale (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of related organization							***************************************
	(1)	(2)	(3)	(4)	(5)	(9)	(7)

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. Page 3

Schedule R (Form 990) 2019

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ated organizations liste	ed in Parts II-IV?	-	- 1
a Receipt of (i) interest. (ii) annuities. (iii) rovalities or (iv) rent from a controlled entity.			1a X	
Gift, grant, or capital contribution to related organization(s)			1b X	, ,
			1c X	ı
			1d ×	ı
	•		1e ×	
				~ -
f Dividends from related organization(s)			1f X	
_			1g X	
			th ×	ı
Exhance of accosts with related organization(c)		•	× :-	
i Lease of facilities equinoment or other assets to related organization(s)			x	1
		· · · · · · · · · · · · · · · · · · ·		ı
k Lease of facilities, equipment, or other assets from related organization(s)			1k ×	
			× =	ı
m Performance of services or membership or fundraising solicitations by related organization(s).			# -	ı
			To X	ı
Sharing of paid employees with related organization(s)			10 ×	1.
	•			1
p. Reimbursement baid to related organization(s) for expenses.			1p ×	
	•	•	1q	1. 1
			1	ı
r Other transfer of cash or property to related organization(s)	•		1r ×	. 1
			× 1s	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including cover	this line, including covered relationships and transaction thresholds	action thresholds	
(a)	(q)	(၁)	(p)	ı
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	1
(1) MORGAN'S WONDERLAND MANAGEMENT COMPANY	ı	2,280,000.	COST	- 1
(2) MORGAN'S WONDERLAND CAMP	В	2,694,018.	COST	
(3)				
(4)				
(5)				ı
(9)				1
JSA		Sci	Schedule R (Form 990) 2019	lσ
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) (e) (f) (f) (f) (f) (e) (f) (f) (f) (f) (f) (g) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant A income (related, unrelated, excluded from tax under company of the company of	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)					•					
(2)						•				
(3)	-									
(4)										
(c)	1									
(9)										
(1)										
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form 424

Secretary of State P O Box 13697 Austin, TX 78711-3697 FAX. 512/463-5709

Filing Fee: See instructions



Certificate of Amendment

Filed in the Office of the Secretary of State of Texas Filing #: 800876063 10/14/2020 Document #: 1001855950003 Image Generated Electronically for Web Filing

Entity Information
The filing entity is a Domestic Nonprofit Corporation
The name of the filing entity is Sports, Outdoor And Recreation (Soar) Park
The file number issued to the filing entity by the secretary of state is: 800876063
Amendment to Name
The amendment changes the formation document of the filing entity to change the article or provision that names the entity. The article or provision is amended to read as follows.
The name of the filing entity is:
Morgan's Wonderland
A letter of consent, if applicable, is attached
Statement of Approval
The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity
Effectiveness of Filing
✓A This document becomes effective when the document is filed by the secretary of state
B This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is.
Execution
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument
Date October 14, 2020 Gordon Hartman
Signature of authorized person

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