

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990

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

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

2008

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

N

SCANNED JUN

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2008, and ending September 30 For the 2008 calendar year, or tax year beginning October 1 **20**109 C Name of organization Wildwood Child & Adult Care Food Employer Identification number Check if applicable use IRS 2202961 PORTER RUSINGS ASK Program, ☐ Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number type. See 303)730-0460 6880 S Yosemite Ct 12.0 210 Initial return Specific City or town, state or country, and ZIP + 4 □ Termination inatructions. Centennial, CO G Gross receipts \$ -0-Amended return F Name and address of principal officer. Application pending H(a) is this a group return for affiliates? Yes Jacqueline Siegfried H(b) Are all affiliates included? Yes Tax-exempt status: If "No," attach a list. (see instructions) www.wildwoodonline.org H(c) Group exemption number > Type of organization: X Corporation ☐ Trust ☐ Association ☐ Other ▶ 1976 M State of legal domicile: CO Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: To provide support serv to child care providers and to improve the nutritional habits of children Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a). 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a). . . . 24 6 ว Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Par 10 Title 12 golumn (
b Net unrelated business taxable income from Form 990-T line 34 7a **Prior Year Current Year** OS MAY 1 7 2010 Contributions and grants (Part VIII, line 1 18) 3,648,845 3,909,811 Program service revenue (Part VIII, line 2b) Investment income (Part VIII, column (A), lines (A) 287 621 37,919 27,352 11 Other revenue (Part VIII, column (A), lines 5, 6d 3,687,051 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,937,784 3,016,523 3,219,839 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . Benefits paid to or for members (Part IX, column (A), line 4) 525,457 553,447 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... 178,476 164,958 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 3,706,938 3,951,762 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). (13,978)(19,887)Revenue less expenses. Subtract line 18 from line 12 **ե Beginning of Year** End of Year Assets Baland 548,479 636,475 20 Total assets (Part X, line 16) . 629,090 560,948 Total liabilities (Part X, line 26) (12,504)Net assets or fund balances. Subtract line 21 from line 20 7.385 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, prrect, and complete. Declaration of preparer (wher than officer) is based on all information of which preparer has any knowledge. Sign May 11 2010 Here Signature of officer Date <u>Deborah Carlson Director of Finance</u> Type or print name and title Check if Date Preparer's identifying number Preparer's self-(see instructions) signature employed 🕨 🗌 Paid Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP + 4 Phone no. ▶ ( Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Cat. No. 11282Y

Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	To provide support services to child care providers and to improve the nutritional
	1 1 to C 1 t11 and the shill save softing
	······································
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	and the second of the second o
	(0.4) = \(\sigma \) \(\frac{3.371.538}{2.016.523} \(\sigma \) \(\frac{3.016.523}{2.016.523} \(\sigma \) \(\frac{3.687.051}{2.016} \(\sigma \)
4a	(Code: - ) (Expenses \$3,371,538 including grants of \$3,016,523 ) (Revenue \$3,687,051 ) During fiscal year 2009 Wildwood processed 10,007 claims for 2,722,262 meals and
	snacks-qualifying-under-USDA-guidelines.
	ondens qualifying under voin grand-in-
	······································
	***************************************
	***************************************
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	***************************************
	***************************************
4c	(Code:) (Expenses \$
	••••
	***************************************
	Other program convices (Describe in Schodule O.)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

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	X	_
2	Is the organization required to complete Schedule B, \$chedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		×
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		×
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		$\square$
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		×
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	×	×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		×
17	Did the organization report more than \$15,000 on Part IX, column (A). line 11e? If "Yes," complete Schedule G, Part I	17		×
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		×
21	Did the organization report more than \$5,000 on Part IX. column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	<b></b>	<u>×</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		×
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		×
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		×
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		×
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		×

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		<b>X</b>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28ь		×
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
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," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		×
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		×
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		×
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		×

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
h	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	· · · · · · · · · · · · · · · · · · ·	87.1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 30			
	Statements, med for the calendar year ending with or within the year covered by this return 122 122	2b	X	888
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			x
h	account)?		22.2	
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		7.X	17
	and Financial Accounts.			1 2
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	LX.
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<b>!</b>	X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	17.7		7
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	78.	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . NA	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	14.	(	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g	<u> </u>	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	1/ /		·
_	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	1	1 :	ļ
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	1 .	ľ	1
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del> -	ļ
10	Section 501(c)(7) organizations. Enter		1	17
a	initiation fees and capital contributions included on Part VIII, line 12	4,74		Ľ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- : 14	1979	1
11	Section 501(c)(12) organizations. Enter:	1	<b>[</b> **/,	[
a	Gross income from members or shareholders	-{`\$,	•	1 3
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1.50		<i>.</i>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	[	] '
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		7	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

<u> 260</u>	tion A. Governing Body and Management									
		<del>DOTAL</del>	Yes	No						
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the									
	circumstances, processes, or changes in Schedule O. See instructions.									
1a	Enter the number of voting members of the governing body									
b	Enter the number of voting members that are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×						
3	Did the organization delegate control over management duties customarily performed by or under the direct									
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		×						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		×						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		×						
6	Does the organization have members or stockholders?	6		×						
7a										
	of the governing body?	7a		×						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		×						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			3,00						
	the year by the following:		<b>*</b> **	(8) 3 A						
а	The governing body?	8a	X	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?	8b	X	L						
9a	Does the organization have local chapters, branches, or affiliates?	9a		×						
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9ь								
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х							
11	1 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O									
Sec	tion B. Policies									
			Yes	No						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give									
	rise to conflicts?	12b	X	<u> </u>						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		×						
13	Does the organization have a written whistleblower policy?	13	X							
14	Does the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	1:5	3.	<b>1</b> 26						
а	The organization's CEO, Executive Director, or top management official?	15a	ļ	×						
b	Other officers or key employees of the organization?	15b	-	<del>                                     </del>						
	Describe the process in Schedule O. (see instructions)			10						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100		Ŕ						
	with a taxable entity during the year?	16a	7.77	1						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		×						
Sec	tion C. Disclosure	<del></del>	A							
17	List the states with which a copy of this Form 990 is required to be filed ►Colorado									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)									
	available for public inspection. Indicate how you make these available. Check all that apply.		•							
	☐ Own website ☐ Another's website ☒ Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest							
	policy, and financial statements available to the public									
20	State the name, physical address, and telephone number of the person who possesses the books and rece	ords o	f the							
	organization: Director of Finance, 6880 S Yosemite Ct #210, Centennial, CO									
	303-730-0460									

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	Check this box if the organization did not compensate any officer, director, trustee, or key employee.									
(A)	(B)			((	<del></del>			(D)	(E)	(F)
Name and Title	Average	Positi	on (c	heck	(all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Kati Wagner - COB, Director	1	Х						-0-	-0-	-0-
Curtis Doss "	1	Х						-0-	-0-	-0-
Gordon Krunnfusz "	1	Х						-0-	-0-	-0-
Kim Porter "	1	Х						-0-	-0-	-0-
Mark Sherrod "	1	X						-0-	-0-	-0-
Clyde Spero "	1	Х						-0-	-0-	-0-
Jackie Siegfried " & Director of Operations	40	Х		Х	Х			66,000	-0-	-0-
Debbie Carlson Director of Finance	40			X	Х			66,000	-0-	-0-
Cheri Brown  Director of Processing	40				Х			33,000	-0-	-0-

Part VII Section A. Officers, Directors, T	rustees, Key	Emp	loye	es,	an	d Hig	hest	Compensate	Employees (co	ontinued)
(A)	(B)	 		•	C)	·		(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	a Highest compensated amployee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total						. ,	<b>&gt;</b>	165,000	-0-	-0-
2 Total number of individuals (including the organization ► none	ose in 1a) w	ho red	ceiv	ed r	mor	e tha	n \$1	100,000 in repo	ortable compen	sation from the
3 Did the organization list any former offi employee on line 1a? If "Yes," complete							loye	e, or highest of	compensated	3 X
4 For any individual listed on line 1a, is the the organization and related organization individual.										4 X
5 Did any person listed on line 1a received services rendered to the organization? It	e or accrue f "Yes," com	com plete	pen Sch	isati nedu	on ule d	from J for	any sucl		ganization for	5 X
Section B. Independent Contractors	. , ,									
1 Complete this table for your five highest compensation from the organization.	compensate	ed ind	depe	ende	ent	contr	acto	ors that receive	ed more than \$	100,000 of
(A) Name and business	address							(B) Description of	services	(C) Compensation
none							-			
							-			
							$\perp$			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Total number of independent contracto compensation from the organization ▶	rs (including -0-	those	e in	1) \	who	rece	ived	I more than \$1	00,000 in	grade a su pr

Par	t VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ributions, gifts, grants other similar amounts	1a	Federated campaigns 1a	1. 1.377. Was	7.77 <i>796649540</i>	79.00 (19.00)	
80	b	Membership dues 1b				
gifts, lar am	1	Fundraising events 1c	10 10 10 3 Julius 3			
gif	1	Related organizations 1d				
S,Ë		Government grants (contributions), 1e 3,647,095	La Majalika			
tfor or s	f	All other contributions, gifts, grants,				
章章		and similar amounts not included above 1,750			22,72,27,27,44,44	
듍	ا	Noncash contributions included in lines 1a-1f: \$				
Contributions, and other simil		Total. Add lines 1a-1f	3,648,845	\ <i>`````````\</i>		
		Business Code	100 400 100 300			
Program Service Revenue			<b>-</b>	Fara awa amahii Wali	lader le Vidial	ii aa aa aa ka aa aa ah
8	2a			<u> </u>		
EE	Ь					
3.	C					
Š	d					
Ę	е					
ję,	f	All other program service revenue .				
<u>~</u>	g	Total. Add lines 2a-2f	-0-	1. 16 2000 200	150 2 S 12 March	\$\$ \$2.50 \ 27.50 \
	3	Investment income (including dividends, interest, and				
	ł	other similar amounts)	287			287
	4	Income from investment of tax-exempt bond proceeds	-0-			
	5	Royalties	-0-			
	1	(i) Real (ii) Personal		/ / //	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	6a	Gross Rents	=			1 2 1
		Less: rental expenses	7 ,	Transfer 10	* · · · · · · · · · · · · · · · · · · ·	ar in the second
		Rental income or (loss)	† ,		10 11 11 15 15 15 15 15 15 15 15 15 15 15	in the galactic in
		Net rental income or (loss)	-0-			
					, ,	
	'a	Gross amount from sales of assets other than inventory	-{	, " (		
	Ι.		┪ ,	1 11 11		. 34 T
	b	Less cost or other basis				
		and sales expenses .	-Ī	•	, , ,	11
		Gain or (loss)	-0-	-		>
	a	Net gain or (loss)		777	.,,	, , , , , , , , , , , , , , , , , , , ,
ă	8a	Gross income from fundraising	,			11 1 1 3 14
/eu		events (not including \$	ł	· . ,	"	
è		of contributions reported on line 1c).	,		2	
ř	ļ	See Part IV, line 18 a	_	14/13	1 , 202	Start Section 18
Other Reven		Less: direct expenses b		1	, .	in the
Ò	C	Net income or (loss) from fundraising events . ▶	7 -0-			
	9a	Gross income from gaming activities		1 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12.7 .7	1 7 7 9 7
	"	See Part IV, line 19				
	b	Less: direct expenses b	7 1	1 200		1
	C	Net income or (loss) from gaming activities . >	-0-	· · · · · · · · · · · · · · · · · · ·		
	1	Gross sales of inventory, less				
		returns and allowances a 70,165		1 1 1 1 1 1 1 1	1 1 1	
	Ь	Less: cost of goods sold b 32,246	1 .		9.6	
		Net income or (loss) from sales of inventory	37,919	37,919		1
	<u> </u>	Miscellaneous Revenue Business Code	Ţ	T		<del></del>
	110	- Custiness Code		39/4	2 (3.1%)	
	11a			<del> </del>	ļ	<del> </del>
	b		<del>  -</del>	<del> </del>	ļ	<del> </del>
	C		<del> </del>	<del> </del>		
	d	All other revenue	<del> </del>	<del> </del>		<u> </u>
		Total. Add lines 11a-11d .	-0-	<u> </u>		
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	3,687,051	37,919	-0-	287
	1	9c, 10c, and 11e	-, ,	,, ,	1	

#### 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) but are not required to complete columns (B), (C), and (D).

10   10   10   10   10   10   10   10	Do	All other organizations must complete col not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
organizations in the U.S. See Part N. line 21 Grants and other assistance to individuals in the U.S. See Part N. line 22 Grants and other assistance to powerments, organizations, and ordividuals outside the U.S. See Part N. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustess, and key employees Compensation not included above, to disqualified persons described in section 4958(r)(s)(s) Possible of the person plan contributions (include section 4958(r)) and persons described in section 4958(r)(s)(s) Payroll taxes Other employee benefits Diagnament Diag	7b	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, ine 2.2  3 Grants and other assistance to governments, organizations, and midviduals outside the U.S. See Part IV, lines 15 and 16  4 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. The complex of the compensation of of the compens	1		-0-			
10   10   10   10   10   10   10   10	2	~				
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(q))(iii) and persons described in section 4958(q)(iii) and persons described in section 4958(q)(iiii) and persons described in se	2	the U.S. See Part IV, line 22	3,016,523	3,016,523		
U.S. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees to a combined expersors (as defined under section 49580f(11)) and persons described in section 49580f(11)) and persons described in section 49580f(11) and persons described in section 49580f(11) and persons described in section 49580f(11) and section 4930b amployer contributions).  7 Other salaries and wages  8 Persion plan contributions (include section 401(c)) and section 403(b) amployer contributions).  9 Other employee benefits  5 ,395  3 ,395  7 ,151  2 ,503  4 ,648  9 2,305  3 ,395  2 ,430  9 2,430  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  d Lobbying  Professional fundrasing services See Part IV, line 17 investment management fees  9 Other  10 ,070  10 ,	3					
4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualifile persons (as defined under section 4958(r)(8)(8)  7 Ofter salaries and wages  8 Persion plan contributions (include section 401(k) and section 403(k) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  12 Advertising and promotion  12 All other expenses  13 2, 706, 938  13 3, 900  165,		•				
5 Compensation of current officers, directors, trustees, and key employees compensation not included above, to disqualified persons (as defined under section 4958(R)(III) and persons described in section 4958(R)(III) and section 403(R) employer contributions (Include section 401(R) and section 403(R) and section 403	4			· · · · · · · · · · · · · · · · · · ·		
trustees, and key employees	5	•				
persons fas defined under section 4958(f)(1) and persons described in section 4958(c)3(8)  7 Other salaries and wages  8 Persion plan contributions (include section 401(k) and section 402(h) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  d Lobbying  Professional fundrasing services See Part IV, line 17  f Investment management fees  9 Other  20 Other expenses  11,381  11,381  11,381  10,070			165,000		165,000	
7 Other salaries and wages  8 Pension plan contributions (include section 401(x) and section 405(t) employer contributions).  9 Other employee benefits  10 Payroll taxes  33,911 16,799 17,112  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  d Lobbying  e Professional Indivariang services See Part IV, line 17  f Investment management fees  g Other  20 Advertising and promotion  32,864 26,291 5,573  10 Office expenses  32,864 26,291 5,573  11 Information technology  10,972 5,486 5,486  10 Occupancy  17 Travel  8 Payments of travel or entertainment expenses for any federal, state, or local public officials  10 Insurance  20 Other expenses in Indivariance  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses shemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a	6	persons (as defined under section 4958(f)(1)) and				
and section 403(b) employer contributions) 7, 151 2,503 4,648 9 Other employee benefits 6,395 3,965 2,430, 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 20 Other 21 Advertising and promotion 32,864 26,291 5,573 34,811 35,245 34,832 413 35,245 34,832 413 35,245 34,832 413 35,245 34,832 413 35,245 34,832 413 36,618 5,618 5,618 37,864 26,291 5,573 38,864 26,291 5,573 39,864 26,291 5,573 30,864 26,291 5,573 30,864 26,291 5,573 30,864 26,291 5,573 30,864 26,291 5,573 30,864 26,291 5,573 30,865 2,430 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,972 5,486 5,486 30,973 6,997 6,997 30,973 6,997 6,997 30,973 6,997 6,997 30,974 6,190 6,190 30,974 6,19	7		313,000	236,800	76,200	
9 Other employee benefits	8	, , , , , , , , , , , , , , , , , , , ,	7,151	2.503	4,648	
10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 20 Advertising and promotion 32,864 10,972 11,381 11	9	· · · · · · · · · · · · · · · · · · ·				
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 13 Office expenses 1,381 1,	_					
a Management b Legal c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 1,381						
d Lobbyng e Professonal fundrasing services See Part IV, line 17 f Investment management fees g Other 1,381 2 Advertising and promotion 32,864 26,291 3,486 10,972 5,486 5,486 11,381 1,3	а	Management				
d Lobbyng e Professonal fundrasing services See Part IV, line 17 f Investment management fees g Other 1,381 1,381 1,381 2,404 26,291 5,573 30,972 5,486 5,486 15 Royalties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 10 Interest 12 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization insurance 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a Phone 6,190 6,19			10 070		10.070	
e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 13 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Phone 6,168 4,934 1,234 b Equipment, costs c Miscellaneous 6,190 6,190 d 1 All other expenses. Add lines 1 through 241 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			10,070		10,070	
1   Neestment management fees   3   0   1,381   1,3				. 4 42		
1,381		·			*	
12 Advertising and promotion       32,864       26,291       6,573         13 Office expenses       10,972       5,486       5,486         14 Information technology       10,972       5,486       5,486         15 Royatties       46,809       23,405       23,404         17 Travel       35,245       34,832       413         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       5,618       5,618         19 Conferences, conventions, and meetings       Interest       5,618       5,618         20 Interest       2,734       2,734       2,734         21 Payments to affiliates       2,734       2,734       2,734         22 Depreciation, depletion, and amortization covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)       6,168       4,934       1,234         24 Other expenses shown on line 25 below.)       6,168       4,934       1,234         25 Light pent costs       6,1907       6,190       6,190         3 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation       3,706,938       3,371,538       335,400       -0-			1,381		1,381	
3 Office expenses   32,884   26,291   5,373     14 Information technology   10,972   5,486   5,486     15 Royalties   10,972   5,486   5,486     16 Occupancy   46,809   23,405   23,404     17 Travel   35,245   34,832   413     18 Payments of travel or entertainment expenses for any federal, state, or local public officials     19 Conferences, conventions, and meetings   5,618   5,618     10 Interest   2	_					
15	13	015			i -	
16 Occupancy   46,809   23,405   23,404     17 Travel   35,245   34,832   413     18 Payments of travel or entertainment expenses for any federal, state, or local public officials     19 Conferences, conventions, and meetings   5,618   5,618     20 Interest   Payments to affiliates   Payments to affiliates   22 Depreciation, depletion, and amortization     21 Insurance   2,734   2,734     24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)   a	14		10,9/2	5,486	3,480	
Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest  11 Payments to affiliates  12 Depreciation, depletion, and amortization  13 Insurance  14 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  10 Equipment costs  11 All other expenses  12 Travel  13 35,245  34,832  413  5,618  5,618  5,618  5,618  5,618  6,734  2,734  2,734  1,234  6,967  6,168  4,934  1,234  6,907  6,190  6,190  6,190  6,190  7 All other expenses  1 Total functional expenses. Add lines 1 through 241 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		•	46 809	23 405	23.404	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a Phone 6,168 4,934 1,234  b Equipment costs 6,907 6,907  c Miscellaneous 6,190 6,190  d					1	
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Inte						
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a Phone 6,168 4,934 1,234  b Equipment costs 6,907 6,907  c Miscellaneous 6,190 6,190  d  e  1 All other expenses. Add lines 1 through 241  25 Total functional expenses. Add lines 1 through 241  26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	10					
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a Phone 6,168 4,934 1,234  b Equipment costs 6,907 c Miscellaneous 6,190 6,190  d 6,190  d 7 All other expenses 5 Total functional expenses. Add lines 1 through 241 25 Joint Costs. Check here □ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	19	•	5,618		5,618	
21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a Phone 6,168 4,934 1,234  b Equipment costs 6,907 6,907  c Miscellaneous 6,190 6,190  d 6,190 6,190  d 7 All other expenses  25 Total functional expenses. Add lines 1 through 241  26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	20	·				
23 Insurance 2,734 2,734  24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a Phone 6,168 4,934 1,234  b Equipment costs 6,907 6,907  c Miscellaneous 6,190 6,190  d 6,190  f All other expenses  Total functional expenses. Add lines 1 through 24f 3,706,938 3,371,538 335,400 -0-  25 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	21					
Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a Phone 6,168 4,934 1,234  b Equipment costs 6,907 6,907  c Miscellaneous 6,190 6,190  d e  f All other expenses. Add lines 1 through 241  25 Total functional expenses. Add lines 1 through 241  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	22	Depreciation, depletion, and amortization.				ļ
covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a Phone 6,168 4,934 1,234  b Equipment costs 6,907 6,907  c Miscellaneous 6,190 6,190  d e  f All other expenses  Total functional expenses. Add lines 1 through 24! 3,706,938 3,371,538 335,400 -0-  26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	23	Insurance . ,	2,734	7777	2,734	· · · · · · · · · · · · · · · · · · ·
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a Phone 6,168 4,934 1,234  b Equipment costs 6,907 6,907  c Miscellaneous 6,190 6,190  d	24					
5% of total expenses shown on line 25 below.)  a Phone 6,168 4,934 1,234  b Equipment costs 6,907 6,907  c Miscellaneous 6,190 6,190  d e  f All other expenses  Total functional expenses. Add lines 1 through 241 3,706,938 3,371,538 335,400 -0-  26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		covered above. (Expenses grouped together	; .			
b Equipment costs 6,907 6,907  c Miscellaneous 6,190 6,190  d			emure 1,1	7 7 7 7		llag og magner fill det måg
b Equipment costs 6,907  c Miscellaneous 6,190  d	а	Phone	6,168	4,934		
d	b					
f All other expenses  25 Total functional expenses. Add lines 1 through 241 3,706,938 3,371,538 335,400 -0-  26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	С	Miscellaneous	6,190		6,190	
f All other expenses  25 Total functional expenses. Add lines 1 through 241 3,706,938 3,371,538 335,400 -0-  26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	_		-			<del> </del>
25 Total functional expenses. Add lines 1 through 24! 3,706,938 3,371,538 335,400 -0- 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	e •		<del></del>			
Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25	Total functional expenses. Add lines 1 through 241	3,706,938	3,371,538	335,400	-0-
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	26	Joint Costs. Check here ▶ ☐ If following				
from a combined educational campaign and fundraising solicitation		organization reported in column (B) joint costs				
		from a combined educational campaign and		[		
		rondraising solicitation	L	1	1	Form 990 (2008)

Ŀē	rt X	Balance Sheet						
			(A) Beginning of year			(B	) year	
	1	Cashnon-interest-bearing	319,375	1			3,38	
	2	Savings and temporary cash investments		2				
	3	Pledges and grants receivable, net , , , , , , , , , , , ,	273,938	3		_24]	<u>.95</u>	4
	4	Accounts receivable, net	4,855	4			1.10	)5
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5				
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6				
sts	7	Notes and loans receivable, net		7	·			
Assets	8	Inventories for sale or use	23,382	8			6,11	
⋖	9	Prepaid expenses and deferred charges	14,925	9			7,92	
	10a	Land, buildings, and equipment: cost basis 10a		3.		arin a Mann	77	<u> </u>
	b	Less: accumulated depreciation. Complete Part VI of Schedule D		10c				Ĭĸ.
	11	Laurada and tale Anadad and a		11				
1	12	Investments—publicly traded securities		12			······	
	13	Investments—program-related. See Part IV, line 11		13				
	14			14				
	15	Intangible assets		15				
	16	Other assets. See Part IV, line 11	636,475	16		54	8,4	79
	17		33,676	17			5,38	
		Accounts payable and accrued expenses	595,414	18			5,5	
	18	Grants payable	373,411	19				
	19	Deferred revenue		20				
ß	20 21	Tax-exempt bond liabilities		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		* * * :	81, 	
	23	Secured mortgages and notes payable to unrelated third parties		23			<del></del>	
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D	629,090	25		56	0,9	8/-
	26	Total liabilities. Add lines 17 through 25	<del>-</del>	26				
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	1. (c)		^ ^	٠,	,	,
Balanc	27	Unrestricted net assets		27				
	28	Temporarily restricted net assets		28				
nd	29	Permanently restricted net assets		29				
or Fund		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.				Land.	%; 4, %	17.
ţ	30	Capital stock or trust principal, or current funds		30				
ŠŠ	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
ď	32	Retained earnings, endowment, accumulated income, or other funds		32				
Net Assets	33	Total net assets or fund balances	7,385	33		(1	12,5	04)
<b>2</b>	34	Total liabilities and net assets/fund balances	101 175	34			48,4	
Pa	rt Xi	Financial Statements and Reporting		<u> </u>	•			
			····· <u>-</u>				Yes	No
1	Acc	ounting method used to prepare the Form 990:   Cash  Accrus	al Dother				· · · · · · · · · · · · · · · · · · ·	de la comp
2a		e the organization's financial statements compiled or reviewed by an in		1+2		2a	1	X
Z b		e the organization's financial statements complied or reviewed by an in-		ilf ,		2b	Х	1
		es the organization's infancial statements addited by an independent accies, to lines 2a or 2b, does the organization have a committee that assumes		 	٠			1
٠		audit, review, or compilation of its financial statements and selection of an i				2c	1	X
3=		a result of a federal award, was the organization required to undergo an						1
	the				'."'	3a	х	1
Ŀ		'es." did the organization undergo the required audit or audits?		•	•	26	x	+

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization Wildwood Child & Adult Care Food Program. Inc Employer Identification number 74: 2202961

				re dare rood r					/ 1			
Pai	rt I	Reason	for Public Ch	arity Status (All org	ganizatio	ns must	comple	ete this p	oart.) (se	<u>e instruc</u>	tions)	
The	_		•	dation because it is: (		•	_		•			
1				rches, or association			ibed in s	ection 1	70(b)(1)(A	.)(i).		
2				n 170(b)(1)(A)(ii). (Att								
3				nospital service organ								
4				tion operated in conj						170(b)(1)	(A)(iii). Ent	er the
		•	-	ate:								
5				the benefit of a collect	ge or univ	ersity ow	vned or d	perated	by a gove	mmental	unit descri	bed in
	_	section 170	( <b>b)(1)(A)(iv).</b> (Cor	nplete Part II.)								
6		A federal, sta	ate, or local gove	ernment or governme	ntal unit	described	d in secti	on 170(t	)(1)(A)(v).	•		
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
		described in	section 170(b)(	1)(A)(vi). (Complete P	art II)							
8				in section 170(b)(1)		•						
9				receives: (1) more tha								
				ed to its exempt funct								
				ent income and unre after June 30, 1975						511 tax)	trom busin	esses
	_							-	-			
10	님			nd operated exclusive								
11	L			ind operated exclusive olicly supported organ								
				olicly supported organit describes the type								ecuon
		a Type				e III-Fund						<b>W</b>
е				tify that the organizat			-	-			Type III-C	
Ç	ш			in managers and other								
			section 509(a)(2).				publicity	оорро. к	o organiz	20000	0011200 111 0	
f				a written determinati	on from	the IRS 1	that it ic	a Type I	Type II	or Type	III sunnort	ma
			check this box					a type i	, турс п,	or type	ш зарроп	<del>9</del> [7]
g		•		the organization acce	pted anv	aift or c	ontributio	n from a	nv of the			. ب
·		following per		<b>3</b>	, ,	<b>5</b>			,			
		(i) A person	who directly or	r indirectly controls, e	either aloi	ne or tog	ether wit	h person	s describ	ed in (ii)	Yes	No
			•	ning body of the supp		-					11g(i)	
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	<u> </u>
				of a person described							11g(iii)	<u> </u>
_ <u>h</u>		Provide the	following inform	ation about the organ	izations t	he organ	ization si	upports.				
(1)		e of supported	(ii) EIN	(III) Type of organization		organization		ou notify	(vi) I		(vii) Amou	
	Ų.	ganization		(described on lines 1-9 above or IRC section		sted in your document?	_	nization in of your	organizati (i) organiz		suppor	ŧ.
				(see instructions))		<del>,</del>		oort?	U.S	5.?		
					Yes	No	Yes	No	Yes	No		
		· · · · · · · · · · · · · · · · · · ·							<u> </u>			<del></del>
		<del> </del>				<del> </del>		<u> </u>				
		<del></del>			<del> </del>	· · · · · · · ·						·
Tota	al								1 :			

Par	(Complete only if you chec	anizations ( ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	O(b)(1)(A)(iv) .)	and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any *unusual grants.*)						-0-
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	4,657,972	4,395,23	4,057,672 2	3,909,811	3,648,845	20,669,532
3	The value of services or facilities furnished by a governmental unit to the organization without charge						-0-
4	Total. Add lines 1-3	4,657,972	4,395,232	4,057,672	3,909,811	3,648,845	20,669,532
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)						-0-
6	Public support. Subtract line 5 from line 4.			- <del>         -   -  </del>	***************************************		20,669,532
Sec	tion B. Total Support		<del></del>	· · · · · · · · · · · · · · · · · · ·		* <u></u>	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	4,657,972	4,395,23	24,057,672	3,909,811	3,648,845	20,669,532
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			388		287	675
9	Net income from unrelated business activities, whether or not the business is regularly carned on						-0-
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	108	(9,68	7) 26,220	27,973	37,919	82,533
11	Total support. Add lines 7 through 10 .			2.1	ž	1 2 2	20,752,740
12	Gross receipts from related activities, etc.	. (see instruction	ons)			20,75	2,740
13	First five years. If the Form 990 is for organization, check this box and stop he	ere , , ,			•	ear as a section	
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2008 (line	6, column (f) di	vided by line 1	1, column (f))		14	99.6 %
15	Public support percentage from 2007 Sc	hedule A, Part	IV-A, line 26f			15	100 %
16a	331/3 % support test 2008. If the organiand stop here. The organization qualifies						ck this box
b	331/3 % support test – 2007. If the organibox and stop here. The organization qua						check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" and circumstances test – 20 more, and if the organization meets the "facts-and-circumstances" and circumstances test – 20 more, and if the organization meets the "facts-and-circumstances" and circumstances test – 20 more, and if the organization meets the "facts-and-circumstances" and circumstances test – 20 more, and if the organization meets the "facts-and-circumstances" and circumstances test – 20 more, and if the organization meets the "facts-and-circumstances" and circumstances test – 20 more, and circumstances t	acts-and-circui	nstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "organization meets the "facts-and-circumst Private foundation. If the organization did	facts-and-circum ances" test. The	nstances" test, o organization qui	check this box alifies as a publi	and <b>stop here.</b> cly supported or	Explain in Part ganization	IV how the

20

	dule A (Form 990 or 990-EZ) 2008			74-2202	961		Page 3
	Complete only if you checket				a)(2) NA		
Sec	tion A. Public Support			<u> </u>		7- 1	
	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						I.:
8	Public support (Subtract line 7c from						
	line 6.)				<b>.</b>	,	
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 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						
С	Add lines 10a and 10b	<u> </u>		ļ			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			7.7	10 Mg 1 10		
14	First five years. If the Form 990 is for organization, check this box and stop	here .			h, or fifth tax y		
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2008 (lir	ne 8, column (f	divided by lii	ne 13, column	(f))	15	%
16	Public support percentage from 2007 5	Schedule A, P	art IV-A, line 2	7g		16	%
Sec	ction D. Computation of Investmen	nt Income P	ercentage				
17	Investment income percentage for 200	8 (line 10c, co	lumn (f) divide	d by line 13, c	column (f)) .	17	%
18	Investment income percentage from 20					18	%
19a		anization did n	ot check the b	oox on line 14,	and line 15 is a	more than 33 supported o	3½%, and line
b	331/3 % support tests – 2007. If the organ line 18 is not more than 331/3 %, check this	nization did not	check a box o	n line 14 or line	19a, and line	16 is more tha	an 33/4 %, and

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Oth	er income - line 10 - This figure represents the gross margin on sales of
cor	tinuing education materials and other business tools to assist daycare providers.
Wil	dwood Resources was previously a separate entity, but was merged into the Food Program
in	August 2006. It was previously known as a supporting organization.
*****	
	······································
	······································
•••••	

# SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the U.S.

2008 No 1545-0047	Open to Public Inspection
-------------------	---------------------------

► Attach to Form 990.

Name of the organization						Employer identification number	fication number
Wildwood Child & Adult Care Food Program, Inc.	od Program, inc.					74	2202961
Part General Information on Grants and Assistance	on Grants and	<b>Assistance</b>					
1 Does the organization maintain records to substantiate the air	in records to subsi	tantiate the amous	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, the grantees	s' eligibility for the gra	ints or assistance, an	Ass.
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedure	s for monitoring th	ne use of grant funds	in the United States.			ı
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	sistance to Gover 21, for any recist-1 (Form 990) if	rernments and pient that received	Organizations in the red more than \$5,00 is needed	he United States. C 30. Check this box	complete if the orga if no one recipient r	inization answered eceived more than	"Yes" on \$5,000. Use
(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 non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations	501(c)(3) and goverganizations	ernment organizations	Suoi				
<u>P</u>	uction Act Notice, s		nstructions for Form 990.	5	Cat No. 50055P	S	Schedule I (Form 990) 2008

Page 2

Schedule (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

M Description of national accidence		monitoring, educational services				part to provide the information required in Part I, line 2, and any other additional information.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
tenden de borton	FMV, appraisal, other)	200000 estimate				1, line 2, and ar	1 b 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 5 5 6 6 6 6 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8	
to to come of	non-cash assistance	200000				n required in Part	1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
eded.	cash grant	2994068.25				ovide the informatio	• • • • • • • • • • • • • • • • • • •					· · · · · · · · · · · · · · · · · · ·
onal space is ne	recipients	1000 approx				e this part to pro	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
Use Schedule I-1 (Form 99U) if additional space is needed	(a) 1)pe or grant or assistance	Payments to daycare providers for nutritious mea				Part IV Supplemental Information. Complete this						

Schedule I (Form 990) 2008

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

### **Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer Identification number Name of the organization Wildwood Child & Adult Care Food Program, Inc. 74 2202961

Part V, line 3b - The otherincome listed on line 10 of Part VIII is not unrelated income
because it supports our tax exempt purpose of education for child care providers.
Part-VI, line 10 - The 990 is prepared by the Director of Finance and reviewed by the President. The completed 990 is scanned and sent as an email attachment to
the rest of the Board of Directors.
Part_VI, line_11 - The Board_roster_is_attached_behind_this_form.
Part VI, line 19 - Because we are not a 501c3 organization that conducts regular
fundraising activities, we've not seen a need to make our governing documents, conflict
of interest policy and financial statements available to the public. We would surely
furnish them to anyone with a valid reason to see them.
Page 2 not used.

#### March 2009

#### WILDWOOD CACFP BOARD OF DIRECTORS

Kati Wagner, Chairperson 5937 S. Kenton Way Englewood, CO 80111

Phone: (h) 303-773-8457, (w)303-791-1410, ©720-840-7148

e-mail:

katilwagner@comcast.net

Curtis D. Doss 14119 Lexington Circle Westminster, CO 80023

Phone: 303-450-9065 FAX: 303-450-6625

e-mail:

HYPERLINK mailto:curtdoss25@comcast.net

curtdoss25@comcast.net

Gordon Krunnfusz 402 Washington Avenue Baraboo, WI 53913

Phone: 608-356-8036

e-mail:

HYPERLINK mailto:gkrunn@yahoo.com

gkrunn@yahoo.com

Kimberly Porter 1401 Seventeenth St., Suite 560. Denver, CO 80201

Phone:303-645-4602

e-mail: kporter@lanskyweigler.com

FAX 303-293-8938

Mark G. Sherrod 15903 E. Stargazer Lane Parker, CO 80134 Phone:303-955-1757 Cell: 423-943-1034

e-mail:msherrod@us.IBM.com

Jackie Siegfried 5947 S. Kenton Way Englewood, CO 80111

Phone: 303-741-0163

e-mail:

HYPERLINK mailto:jsiegfried2@comcast.net jsiegfried2@comcast.net HYPERLINK mailto:jackie@wildwoodcacfp.org jackie@wildwoodcacfp.org

Clyde Spero 1901 Olive Street Denver, CO 80220

Phone: 303-981-6570

e-mail:

HYPERLINK mailto:clydespero@aol.com

clydespero@aol.com

Advisor to Wildwood CACFP Board of Directors

Debbie Carlson 9759 E. Bayou Hills Lane Parker, CO 80134

Phone: 303-841-4066

e-mail: Debbie @wildwoodcacfp.org