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Form. 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

30 JUN CLEVINS

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

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

_		-				
<u>A</u>	For the	2014 calen	dar year, or tax year beginning $10/01$, 2014, and ending			2015
В	Check if a	pplicable	C	D Emplo	yer identifi	cation number
	Addre	ess change	Wildwood Child and Adult Care Food	74-	22029	61
	Name	e change	Program, Inc.	E Teleph	one numbe	er
	Initial	l return	12200 E. Briarwood Ave. #175 Centennial, CO 80112	303	-730-	0460
	Final re	eturn/terminated	Centenniai, CO 80112			
	Amer	nded return		G Gross	receipts \$	3,446,951.
	Apple	cation pending	1	H(a) Is this a group retu		П
			Same As C Above	H(b) Are all subordinate If 'No,' attach a lis	s included	Yes No
1	Tax-exe	empt status	X 501(c)(3) 501(c) ()	ii iio, albara iis	(300 111311	uctionsy
J	Webs	ite: ► ww	w.wildwoodonline.org	H(c) Group exemption i	number ►	
K	Form of	organization	X Corporation Trust Association Other ► L Year of formation	n 1976 M	State of le	gal domicile CO
Pa	irt I	Summar	у	<u> </u>		
			be the organization's mission or most significant activities Wildwood			
0			t org. that has served child care professional			
<u>ي</u>			Id and Adult Care Food Program and offer a var			
Ë			services and business tools through the public			
Š			ox If the organization discontinued its operations or disposed of mo	re than 25% of its	net ass	
ত •ধ			oting members of the governing body (Part VI, line 1a) Idependent voting members of the governing body (Part VI, line 1b)		3	6
es			r of individuals employed in calendar year 2014 (Part V, line 2a)		5	<u>5</u> 14
Activities & Governance			r of volunteers (estimate if necessary)		6	0
¥	ı		ed business revenue from Part VIII, column (C), line 12		7a	0.
_	b Ne	et unrelated	business taxable income from Form-990-T, line 34		7b	0.
				Prior Year	.	Current Year
Ф			and grants (Part VIII, line 1h)	3,284,	110.	3,397,128.
Ž	9 Pr	rogram sen	vice revenue (Part VIII, line 2g)	10,	640.	9,115.
Revenue			ncome (Part VIII, column (A), lines 3, 4, and 7d) 1 2016			43.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		712.	30,964.
_			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,321,		3,437,250.
	l		imilar amounts paid (Part IX, column (A), lines 1-3)	2,224,	081.	2,820,300.
			to or for members (Part IX, column (A), line 4)			
S	ı		er compensation, employee benefits (Part IX, column (A), lines 5-10)	402,	602.	357,254.
Expenses			fundraising fees (Part IX, column (A), line 11e)			
×	b To	otal fundra	sing expenses (Part IX, column (D), line 25) ►			
ш	17 01	ther expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	355,	800.	240,024.
	18 To	otal expens	es Add lines 13-17 (must equal Part IX, column (A), line 25)	2,982,	483.	3,417,578.
		evenue less	s expenses Subtract line 18 from line 12	338,		19,672.
8 8				Beginning of Curre	nt Year	End of Year
Not Assets Fund Belanc	20 To		(Part X, line 16)	592,	515.	594,908.
3 5	21 To	otal liabilitie	es (Part X, line 26)	70,	624.	53,345.
	22 Ne	et assets o	r fund balances Subtract line 21 from line 20	521,	891.	541,563.
Pa	rt II	Signatu	re Block			
Unde	er penalties	of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, and to the arer (other than officer) is based on all information of which preparer has any knowledge	he best of my knowledg	e and belie	f, it is true, correct, and
-	piete Decia	I.	arer (other than onicer) is based on an information of which preparer has any knowledge			
٠.		Signati	ure of officer	Date	<u>- / </u>	16
Siç He	ın "		$d u Q_{-} \sim$			
пе	re		hryn L Wagner	President		
_			preparer's name Preparer's signature Date	/	V . In	TIN
_		1			<u></u>	
Pa			Logan, CPA	self-emplo	yed E	01674082
	eparer e Only	Firm's name	203411 4114 11200014200// 1220	 -	- -	4700015
J 3	- Ciny	Firm's addr	0110 D Cd.: C1407164 7107 132	Firm's EIN		4703316
Mar	the IDC	discuss #	Aurora, CO 80016 /	Phone no	303-	835-6815
_			nis return with the preparer shown above? (see instructions) Reduction Act Notice, see the separate instructions.			X Yes No
DM	- rui Fi	aptiWUIK F	reduction Act Motice, see the separate instructions. TFF/	A0113L 05/28/14		Form 990 (2014)

Form	990 (2014) Wildwood Child and Adult Care Food	74-220	2961	Р	age 2
Par	Statement of Program Service Accomplishments				
	Check if Schedule O contains a response or note to any line in this Part III				
1	Briefly describe the organization's mission				
	To provide support services to child care providers and to improve	e the n	utriti	onal	
	habits of children in the child care setting.		-		
	Did the organization undertake any significant program services during the year which were not listed on the price	or			
	Form 990 or 990-EZ?		Yes	\mathbf{x}	No
	If 'Yes,' describe these new services on Schedule O		□	4.1	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	vices?	Yes	V	No
•	If 'Yes,' describe these changes on Schedule O	VICC3		Δ	110
4	Describe the organization's program service accomplishments for each of its three largest program service.	ices, as mea	sured by	expen	ses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	s to others,	the total e	xpens	es,
	and revenue, it any, for each program control reported				
4.	(Code) (Expenses \$ 3,359,767. including grants of \$) (F	levenue \$			
46		_			
	To provide support for and reimbursement of qualifying meals expe				on_
	the USDA food program by processing claims for meals and snacks of				
	year ended 2013. Wildwood also provided statewide training for p	<u>provider</u>	<u>s_at_i</u>	<u>ts_</u> _	
	annual Conference.				
		·			
-41	(Code) (Expenses \$ including grants of \$) (F				
41	(Code) (Expenses \$ including grants of \$) (F	levenue \$_			—,
					
	: (Code) (Expenses \$ including grants of \$) (F	· · · · · · · · · · · · · · · · · · ·			
40	: (Code) (Expenses \$ including grants of \$) (R	tevenue \$_)
					
		·			
					
		· 			
			-		
	Other program senuces (Describe in Schedule O.)		-		
40	Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4 6	Total program service expenses ► 3,359,767.				

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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 98-197 If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
ć	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŀ	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		х
(c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	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 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
	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
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
Ŀ	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		

Form 990 (2014) Wildwood Child and Adult Care Food

Part IV Checklist of Required Schedules (continued)

•			res	NO
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	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
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	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 transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	_	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf '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 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990	(2014)

Form **990** (2014)

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		V	
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3	Yes	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ
(gambling) winnings to prize winners?	10	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	14		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	-X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u> </u>	1	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 8	<u> </u>	×
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	31	+	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 2	<u> </u>	Х
b If 'Yes,' enter the name of the foreign country. ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		↓	- ,
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	+	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 t	-	Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 0	<u> </u>	ļ
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on 6 a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61	,	
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?		-	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	`	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	<u> </u>	1	
Form 8282?	70	:	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 €	:	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 ç	1	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		1	
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			_
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	<u>ı</u>	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 t		
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12			ļ
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter		1	ļ
a Gross income from members or shareholders		ľ	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		1	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	1] -
b 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.		1	ļ
a is the organization licensed to issue qualified health plans in more than one state?	13 a	<u></u>	
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			
c Enter the amount of reserves on hand			1
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	<u></u>	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14 t		
BAA TEEA0105L 05/28/14	Forr	n 990	(2014

TEEA0105L 05/28/14

Page 6 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 5 1 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a X X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule 0 X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O 12 c Х X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule 0 15 a X **b** Other officers or key employees of the organization See Schedule O 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Other (explain in Schedule O) Upon request Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records: 20 Kati Wagner 12200 E. Briarwood Ave. Ste. 175 Centennial CO 80112 303-730-0460

Form 990 (2014)	Tut 1 de co o d	Child and	741+	C	Food
Form 9944 (2014)	พาเศพกกก	uniid and	Adult.	Lare	1.000

74-2202961

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

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

- 1 a 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.

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 neither the organization nor any relat	ed organız	ation	con	nper	sate	ed any	cu	rrent officer, direct	or, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than	n one s bott dır	box, an o ector	ot ch unle: officer /trust	eck moress person and a ee) Highest compensated employee	n	(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) Kathryn L Wagner President	<u>40</u> _	х		x	ļ	8		108,750.	0.	0.
(2) Lynn Richardson Chairman	10	х		х				0.	0.	0.
(3) June Bourrillion, Esq. Director	1	Х						0.	0.	0.
(4) Mark Sherrod Secretary	1	х		х				0.	0.	0.
(5) Jacqueline Siegfried Director	1	X						0.	0.	0.
(6) Chris Clark Director	10	х						0.	0.	0.
					ļ					
(8)								· · · · · · · · · · · · · · · · · · ·		
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

BAA

Partiville Section A. Officers, Directors, Tr	ustees,	Key	Em	ıplo	ye	es, a	and	d Highest Com	pensated Emp	oloyees (continued)
,	(B)			((;)					
(A) Name and title	Average hours per	box	, unle	ss pe	erson directi	than on the state of the state	ı an tee)	(D) (E) Reportable compensation from compensation from		(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)									- , , ,	
(16)										
(17)										
(18)									-	
(19)									<u> </u>	
(20)										
(21)									•	
(22)									·	
(23)										
(24)										
(25)										
1 b Sub-total	!					— h	•	108,750.	0.	0.
c Total from continuation sheets to Part VII, Sect	ion A						▶	0.	0.	0.
d Total (add lines 1b and 1c)		.1 1				1	<u> </u>	108,750.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 1	to those i	isted	abov	/e) v	vno i	eceiv	/ed	more than \$100,00	0 of reportable com	pensation
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	ctor, or tru ch individu	stee, <i>ial</i>	key	em e	ploy	ee, d	or h	nghest compensa	ted employee	Yes No
For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	f reportab er than \$1	le coi 50,00	mpe 00?	nsa If 'Y	tion ′es′	and comp	oth olet	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie comper s,' comple	satio	n fre	om a lule	any <i>J fo</i>	unrel r <i>suci</i>	late h p	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest comper	nsated inde	epen	dent	cor	ntrac	tors	tha	t received more ti	nan \$100,000 of	
compensation from the organization Report compensation from the organization Report compensation (A) Name and business add		trie Ca	alen	uar y	/ear	enair	ıg v	Description of		(C) Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited to	tho	se li	sted	abov	ve) v	who received more	than	- "
ВАА	-	TEEA0	108L	03/0	9/15			·	·	Form 990 (2014)

		Check if Schedule O contains	a response or note to an	y line in this Part V	111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	1			
عَ جَ		Fundraising events	1c	1			
ir A		Related organizations	1 d				
5 2		Government grants (contributions)	1e 3,397,128.				
8 2		-	3,391,120.	1			
Ĕ	f	All other contributions, gifts, grants, and similar amounts not included above	1 f				i
音音	ı	Noncash contributions included in lines 1a		-			j
통	_		-1f \$				
<u>0</u> =	n	Total. Add lines 1a-1f	Burner Orde	3,397,128.			
Program Service Revenue	٠.		Business Code				
Ž		<u>Conference Income</u>	611430	9,115.	9,115.		
ě	b	'					
.≩	C						
3	d						
툹	е						
&	f	All other program service revenu	ıe				
Ē	g	Total. Add lines 2a-2f	•	9,115.			İ
	3	Investment income (including di	vidends, interest and			•	
		other similar amounts)	•	43.	43.		
	4	Income from investment of tax-e	exempt bond proceeds				
	5	Royalties	•				
		(ı) F	teal (ii) Personal				
	6 a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)		1			;
	d	Net rental income or (loss)	•				1
	7 2	Gross amount from sales of (i) Sec	urities (ii) Other				
	, ,	assets other than inventory					
		Less, cost or other basis					
		and sales expenses					1
	c	Gain or (loss)	-				l
		Net gain or (loss)	•				
_			amta				
좕	Ва	Gross income from fundraising e (not including \$	events				!
Š		of contributions reported on line	1c)				
2		See Part IV, line 18	a				
<u></u>		Less direct expenses	h	1			
Other Revent		: Net income or (loss) from fundra	alsing events ►				
O							
	9 a	Gross income from gaming activ See Part IV, line 19	rities				,
		Less direct expenses	<u> </u>	}			
		: Net income or (loss) from gamir	no activities >		!		
		• • •	·				<u> </u>
	10 a	Gross sales of inventory, less re and allowances	turns				,
				{			
		Less cost of goods sold. Net income or (loss) from sales.	b 9,701.			-	
		Miscellaneous Revenue	Business Code	30,639.	30,639.		
	11.	···					'
		<u>Miscellaneous Income</u>		325.	325.		
	b	'					ļ
	٩			<u></u>			
		All other revenue					
		Total. Add lines 11a-11d	•	325.			
	12	Total revenue. See instructions		3,437,250.	40,122.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (C) (D) Do not include amounts reported on lines Total expenses Management and Program service Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 2,820,300 2,820,300 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 90,123 83,814 6,309 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. 0 0 0 Other salaries and wages 238,831 222,113 16,718 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 2,124 1.975 149 Pavroll taxes 24,343 833 26,176 Fees for services (non-employees) a Management **b** Legal c Accounting 23,859 9,379 14,480 **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column 3,532 2,484 1,048 (A) amount, list line 11g expenses on Schedule (1) Advertising and promotion 13 Office expenses 4,303 4,303. Information technology 10,080 9.374 706 15 Royalties 16 Occupancy 65,091 60,535 4,556. 17 Travel 6,608 6,608 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 360 360 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 131 131 23 Insurance 2,805 2,805 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 42,060 42,060 a Monitoring Programs Costs b Provider Processing Costs 31,994 31,994 14,316 13,314 C Telephone/cell Phone/Internet 1,002 d Postage and Shipping 9,194 9,194 <u>3,771</u> 25,691 e All other expenses . 21,920 25 Total functional expenses Add lines 1 through 24e 3,417,578. 3,359,767 57,811 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720).

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 283,388 281,863 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 282,338 287,751. 4 Accounts receivable, net 10,174 3,734. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 10,972 8 12,888. Prepaid expenses and deferred charges 9 321 4,478 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 30,550 **b** Less accumulated depreciation 10b 30,550 130 10 c Investments - publicly traded securities. 11 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 4,192 4,194. 16 Total assets. Add lines 1 through 15 (must equal line 34) 592,515 16 594,908. Accounts payable and accrued expenses 17 17 3,460 8,375 18 17,640 Grants payable 18 19 Deferred revenue 49,524 19 44,970 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25 26 26 70,624 53,345 Organizations that follow SFAS 117 (ASC 958), check here X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 471,891 27 500,174. 28 Temporarily restricted net assets 28 50,000 41,389. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 33 521,891 541,563. 34 Total liabilities and net assets/fund balances 592,515 594,908. BAA Form **990** (2014)

		<u>4-2202</u>	2961		_ Pa	ge 12			
Par	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	3,43	37,2	250.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,41	L7,5	78.			
3	Revenue less expenses. Subtract line 2 from line 1	3		1	19,6	572.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		52	21,8	91.			
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		54	11,5	63.			
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other								
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.									
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ewed on	a						
ŀ	Were the organization's financial statements audited by an independent accountant?			2 b		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both Separate basis Both consolidated and separate basis	parate							
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?								
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No.						
3 8	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audıt		3 b	Х				
BAA			F	orm	990 ((2014)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Name o	f the organization	Wildwood	Child	and Adul	t Care	Food		Employer identification	Employer identification number				
		Program,	Inc.						74-220296	1			
Part	I Reason	for Public (Charity S	Status (All c	rganızatı	ons must (comple	te this	part.) See instruc	tions.			
The o	rganization is r	ot a private f	oundation	because it is	(For lines 1	through 11,	check o	nly one	box)				
1	A church, co	onvention of ch	urches, or	association of o	churches des	scribed in sec	tion 170(b)(1)(A)((i).				
2	A school de	escribed in se	ction 170(b)(1)(A)(ii). (Al	tach Sched	lule E)							
3	⊢			al service organ		•	ction 17	O(b)(1)(A	AYiii).				
4	—	-	-	_					ction 170(b)(1)(A)(iii) E	nter the hospital's			
	name, city,	-		por a to a o o	,	a moopital		u 550		into the hospital o			
5	☐ An organiza	_	for the bene	efit of a college	or university	owned or op	erated by	a gove	rnmental unit described i	n section			
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	A commun	ity trust descr	ıbed ın se e	ction 170(b)(1)	(A)(vi). (Co	mplete Part	H)						
9	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10		_		erated exclusiv	-	•	•						
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g												
а													
b													
С	Type III fund organizatio	tionally integration (s) (see insti	ated. A sup	porting organiza You must com	ition operate I plete Part l	d in connections	n with, ai A, D, an	nd function d E.	onally integrated with, its	supported			
d	Type III non functionally instructions	-functionally in integrated. To i). You must o	ntegrated. / he organiz complete i	A supporting or zation generall Part IV, Section	ganization o y must sati ns A and D	perated in coi sfy a distribu , and Part V.	nnection tion req	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see			
е	Check this	box if the org	anization i		ten determ	ination from	the IRS		Type I, Type II, Type				
	Enter the num												
g	Provide the fo	llowing inform	ation abou	ut the supporte	ed organiza	tion(s)							
	(i) Nam or	e of supported ganization		(ii) EIN	(describe	of organization d on lines 1-9 r IRC section istructions))	organizati in your g	s the tion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
							Yes	No					
<u>(A)</u>													
<u>(B)</u>													
(C)													
(D)													
(E)									_				
Total													

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	,					·
begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	3,464,023.	3,544,790.	3,136,094.	3,233,594.	3,397,128	16,775,629.
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	3,464,023.	3,544,790.	3,136,094.	3,233,594.	3,397,128	
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						16,775,629.
Sec	tion B. Total Support	-			· ·		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3,464,023.	3,544,790.	3,136,094.	3,233,594.	3,397,128	16,775,629.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81.	18.	137.	50,516.	43	50,795.
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) See Part IV	52,873.	36,977.	48,240.	37,352.	40,079	
11	Total support. Add lines 7 through 10						17,041,945.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ırd, fourth, or fıfth t	tax year as a section	on 501(c)(3)	-
	tion C. Computation of Pu				·		
	Public support percentage for 20 Public support percentage from	•	•	ne 11, column (f))	l	14	98.44%
		•	·			15	98.41%
	33-1/3% support test — 2014. If and stop here. The organization	qualifies as a pul	olicly supported o	rganization			► [X]
b	33-1/3% support test – 2013. If it and stop here. The organization	the organization d qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or more	e, check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re. Explain in Pa	rt VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization's meets the 'facts-and orga	meets the 'facts-a d-circumstances'	and-circumstance: test The organiza	s' test, check this ation qualifies as	box and stop he i a publicly support	r e. Explain in Pa ed organization	rt VI how the ►
	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ii	nstructions
BAA					C-1	andula A /Farm (200 - 200 EZ 2014

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

(Complete only if you checked the	box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails
(Complete only if you checked the	box of fine 5 of Fart For it the organization failed to quality under Fart if it the organization fails
to qualify under the tests listed I	helow inlease complete Part II)

<u>Sec</u>	tion A. Public Support						
_	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						',
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11 and 12)						
14	First five years. If the Form 990 organization, check this box and	stop here	ation's first, secoi	na, third, fourth, o	r titth tax year as	a section 501(c)(3) ► □
Sec	tion C. Computation of Pul						
15	Public support percentage for 20		•	ne 13, column (f))		15	
16	Public support percentage from					16	%
	tion D. Computation of Inv						
17	Investment income percentage for			-	mn (f))	17	
18	Investment income percentage f					18	
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check	this box and sto	p here. The orgar	nzation qualifies a	as a publicly supp	orted organization	on 🏲 📗
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported org	janization -
20	Private foundation. If the organize	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions	s •

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion 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		ļ
	described in section sus(a)(1) or (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		
ı	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	3ь		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			ļ
	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			ļ
	ıf you checked 11a or 11b ın Part I, answer (b) and (c) below	4a		├ ─
ı	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		ļ
	or supervised by or in connection with its supported organizations	1		\vdash
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in 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)			ļ
	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	1		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	<u> </u>		<u> </u>
	amendment to the organizing document)	5a		├
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		ļ
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		_	
·	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (c) 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		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
′	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with	<u>_</u> _		<u> </u>
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	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))?			<u>.</u>
	If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the			
	supporting organization had an interest? If 'Yes,' provide détail in Part VI	9b	-	-
1	c Did a disqualified person (as defined in line 9(a)) 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		
		- 30	 -	
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	-		
	answer (b) below	10a		<u> </u>
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	<u> </u>		
	whether the organization had excess business holdings.)	10b	ı	1

Pai				Sana All
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovember Sectio	120, 1970 See instruct Ins A through E	ions. All
Sec	tion 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	<u></u>	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b	<u>-</u> -	
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2		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-functionally-inte (see instructions).	egrated ————		
DAA			Cabadula A /Ca	000 at 000 E7 201

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
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 Part VI) See instructions	on is responsive (provide	details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
ь				
С			1	
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)	 		
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2014 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4		<u> </u>	
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
_ 7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а		-		
Ь				
С				-
d	Excess from 2013			
е	Excess from 2014			

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Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income

Nature and Source	2014	2013	2012	2011	2010
Sales of Program materials					
\$	30,639.	\$ 26,365.	\$ 35,199.	\$ 36,977.	\$ 52,873.
Miscellaneous	325.	347.	1,195.		, , ,
Conference Income	9,115.	10,640.	11,846.		
Total 💲	40,079.	\$ 37,352.	\$ 48,240.	\$ 36,977.	\$ 52,873.

Additional Explanation of Other Income

Other Income - Line 10, This represents the net sales of continuing education materials to assist home daycare and centers daycare providers, and annual conference registrations.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service

Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number Name of the organization Wildwood Child and Adult Care Food Program, Inc. 74-2202961 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 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 No are the organization's property, subject to the organization's exclusive legal control? Yes 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 conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a a Total number of conservation easements b Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 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 violations, No and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year -\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 b If the organization elected, as permitted under SFAS 116 (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 (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 **►** S

b Assets included in Form 990, Part X

▶\$

•							
Schedule D (Form 990) 2014 Wildwo				74-220			Page 2
Part III Organizations Maintain	ing Collections	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (c	ontınu	ed)
3. Using the organization's acquisition, a items (check all that apply)	accession, and other	records, check a	ny of the following that a	are a significant use of its	collectio	n	
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future general	ions	_					
4 Provide a description of the organizate Part XIII	ion's collections and	d explain how they	further the organization	's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather that	<u>in to be maintained</u>	as part of the c	rganization's collection	۱۶	Yes	[No_
Part IV Escrow and Custodial . line 9, or reported an a				nswered 'Yes' to For	rm 990), Part	. IV,
1 a Is the organization an agent, truste on Form 990, Part X?				her assets not included	Yes		No
b If 'Yes,' explain the arrangement in	Trait Aili and Con	ipiete tile ioliowi	rig table		Amoun	<u> </u>	
c Beginning balance				1c	Amoun		
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				11			
2 a Did the organization include an am	ount on Form 990	, Part X, line 21,	for escrow or custodia		Yes		No
b If 'Yes,' explain the arrangement in				=			
Part V Endowment Funds. Co							
, but.	(a) Current year	(b) Prior yea	r (c) Two years bad	ck (d) Three years back	(e)	Four year	s back
1 a Beginning of year balance		 			 		
b Contributions		 	-		+		
c Net investment earnings, gains, and losses							
d Grants or scholarships							
Other expenditures for facilities and programs							
f Administrative expenses	-				Τ		
g End of year balance							
2 Provide the estimated percentage	of the current year	end balance (Iir	ne 1g, column (a)) held	l as			
a Board designated or quasi-endowmer	nt ▶	 %					
b Permanent endowment ►	 %	_					
c Temporarily restricted endowment		_ %					
The percentages in lines 2a, 2b, a	nd 2c should equal	100%					
3 a Are there endowment funds not in the	e possession of the o	organization that a	are held and administere	d for the	ſ	Yes	No
organization by (i) unrelated organizations					22(1)	res	No
(ii) related organizations					3a(i)		
b If 'Yes' to 3a(II), are the related or	nanizations listed :	as required on S	chadula P2		3a(ii) 3b		
4 Describe in Part XIII the intended	-				20		<u> </u>
Part VI Land, Buildings, and E		Lation's endownin	ent lunus.				
Complete if the organiz		I 'Yes' to Forr	n 990. Part IV. line	e 11a. See Form 99	0 Pari	X. Iır	ne 10.
Description of property		st or other basis				Book va	
		nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(u)		aiue
1 a Land							
b Buildings.							
c Leasehold improvements.							
-1 Carrage and							

d Equipment 30,550 e Other 30,550 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)

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Schedule **D** (Form 990) 2014

Part VII Investments - Other Securities.		N/A	
Complete if the organization answered			
(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) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		· · · · · · · · · · · · · · · · · · ·	
(A)	7		·
(B)			
(C)			
(D) (E)			······································
(F)	· · - · - · - · - · - · · · · · ·		
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered		, Part IV, line 11c. See Form 9	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end	l-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)			·
Part IX Other Assets.	N/A	D 10/1 1110 5 0	00 0 1 1 1 1 1 1
Complete if the organization answered	rest to Form 990 scription	, Part IV, line 11d. See Form 9	90, Part X, line 15. (b) Book value
(1)	scription	<u></u>	(b) BOOK Value
(2)			
(3)			
(4)			
(5)			
(6) (7)		=14	
(7)			
(9)		· · · · · · · · · · · · · · · · · · ·	-
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15)	•	
Part X Other Liabilities.			*
Complete if the organization answered 'Yes' to Fo		e or 11f. See Form 990, Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2)			
(3)		 	
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)		 	
(11)	-	- 	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo		nancial statements that reports the organization's	liability for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote h	as been provided in Bort VIII		

Schedule D (Form 990) 2014 Wildwood Child and Adult Care	Food	74-2202961	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta			
Complete if the organization answered 'Yes' to Form 9	990, Part IV, line 12	2a.	
1 Total revenue, gains, and other support per audited financial statements	-	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a	!	
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d.		2 e	
3 Subtract line 2e from line 1		3	·
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 12)	5	
Part XII Reconciliation of Expenses per Audited Financial St	atements With Exp	enses per Return. N/A	
Complete if the organization answered 'Yes' to Form 9			

Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a **b** Prior year adjustments 2 b c Other losses 2 c d Other (Describe in Part XIII) 2 d e Add lines 2a through 2d. 2 e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. **b** Other (Describe in Part XIII) 4 b c Add lines 4a and 4b 4 c

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)
Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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Schedule **D** (Form 990) 2014

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SCHEDULE I

Grants and Other Assistance to Organizations,

2014

OMB No 1545-0047

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(Form 990)	Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.	20
Department of the Treasury Internal Revenue Service	 Attach to Form 390. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 	
Name of the organization	担	Employer identification number
Wildwood Child		74-2202961
Part General II	Saft General Information on Grants and Assistance	
1 Does the organiza the selection critical	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Yes
]

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to 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.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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 non-cash assistance	(h) Purpose of grant or assistance
ω							
(2)							
(3)							
(4)							
(5)							
(9)							
l	3) and government or	ganizations listed ir	n the line 1 table			^	0
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line	1 table				•	0

Schedule I (Form 990) (2014)

TEEA3901L 06/19/14

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

Schedule I (Form 990) (2014) Wildwood Child and Adult Care Food

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

monitor & educate child (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. care provid (e) Method of valuation (book, FMV, appraisal, other) financial rpts checks and (d) Amount of non-cash assistance 2,820,300 (c) Amount of cash grant 595 (b) Number of recipients Reim. of meal costs-child (a) Type of grant or assistance 1 care prov Pent IV ~ က 4 വ 9

SCHEDULE O (Form 990 or 990-EZ)

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.

at www.irs.gov/form990.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

2014 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Wildwood Child and Adult Care Food Program,

Employer identification number

74-2202961

Form 990, Part VI, Line 11b - Form 990 Review Process

Copy of 990 was reviewed by the Organization's President before being filed.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Directors and key employee disclose any potential conflicts of interest to the Organization.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Annual compensation for the President is reviewed and approved by the Board of Directors.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Annual compensation for the President is reviewed and approved by the Board of Directors.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents are made available upon request.