Form 990-T	E	Exempt Organization Bu				ax Return	1,	OMB No 1545-0687	
Z Š	١	(and proxy tax un			• •	. 30 /3/		2010	
` ● ′	For ca	alendar year 2018 or other tax year beginning JUL 1					<u>.9</u>	ZU 10	
Department of the Treasury Internal Revenue Service	<u> </u>	► Go to www.irs.gov/Form990T for ► Do not enter SSN numbers on this form as it m					<u>.</u>	Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed		Name of organization (Check box if name	change:	d and see instruction	ins.)		Emp	oyer identification number loyees' trust, see ictions)	
B Exempt under section	Print	WILDWOOD PROGRAMS, INC				22-2132752			
X 501(c 03)	or^	Number, street, and room of some no. If a r .o. t		nstructions.		E Unrelated business activity code (See instructions)			
408(e) 220(e)		2995 CURRY ROAD EXTEN	4						
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code SCHENECTADY, NY 12303-2801					812930		
C Book value of all assets at end of year									
		G Check organization type ► X 501(c) co	orporatio	n 501(c)	trust	401(a) trust	Other trust	
	_	ation's unrelated trades or businesses.				the only (or first) ui			
trade or business here						complete Parts I-V.			
		ace at the end of the previous sentence, complete	Parts I ai	nd II, complete a Sc	chedule	M for each addition	ial trade	or	
business, then complete			ant oub	udiani sentralise a	·01102		Ye	es No	
		poration a subsidiary in an affiliated group or a pai	ent-subs	sidiary controlled gi	oup		''	:2 [] 140	
If "Yes," enter the name and identifying number of the parent corporation. ► J The books are in care of ► NELSON VANDENBURGH JR Telephone number ► 518-836-2330									
Part Unrelate	d Trac	de or Business Income		(A) Income	_	(B) Expense		(C) Net	
1a Gross receipts or sal	es					4	,		
b Less returns and allo	wances	c Balance	- <u>1c</u>						
2 Cost of goods sold (Cost of goods sold (Schedule A, line 7)					* , P ick o , 19 1 0			
3 Gross profit. Subtract			3			7	200		
4 a Capital gain net inco	•	·	4a				1.0		
		Part II, line 17) (attach Form 4797)	4b	-					
c Capital loss deduction			4c 5				2000 4 62 8 1 8 8		
5 Income (loss) from a6 Rent income (Sched)	•	ship or an S corporation (attach statement)	6			22 State	> - , \ - \ \g		
·	•	me (Schedule F)	7						
 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 									
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)							•		
10 Exploited exempt activity income (Schedule I)									
11 Advertising income (Schedule J)									
12 Other income (See in	12 Other income (See instructions; attach schedule)				_				
13 Total. Combine line	s 3 throu	ıgh 12	13	<u> </u>	0.				
(Except for	contrib	ot Taken Elsewhere (See instructions utions, deductions must be directly gonnect	for limit ed with	ations on deduct the unrelated bu	tions) siness	ıncome)			
14 Compensation of of	fficers, di	rectors, and trustees (Schedule K)	NEC				14		
15 Salaries and wages		9		14	RS-OSC		15		
16 Repairs and mainte	nance	3086	NOV	2019 EN, UT	Q		16		
17 Bad debts	- 4 .1-5 /-				8		17		
18 Interest (attach sch	eaule) (s	ee instructions)	OGD	EN. UT			18		
19 Taxes and licenses20 Charitable contribut	tione /Sa	e instructions for limitation rules)	******		J		19 20		
21 Depreciation (attacl	•	· · · · · · · · · · · · · · · · · · ·		21	1		277		
22 Less depreciation c	laimed o	on Schedule A and elsewhere on return		22a			22b		
23 Depletion							23		
24 Contributions to de	ferred co	ompensation plans					24		
25 Employee-benefit p							25		
	Excess exempt expenses (Schedule I)						26		
27 Excess readership costs (Schedule J)						27			
28 Other deductions (a							28		
Total deductions. Add lines 14 through 28						29	0.		
 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 							30	U .	
			uary 1, 2	U 10 (SEE INSTRUCTIOI	15)		31	0.	
		income. Subtract line 31 from line 30 rwork Reduction Act Notice, see instructions.					1 22	Form 990-T (2018)	

Earn 000	TOOLS WILLDWOOD DROCKAME INC	22_21	32752	Page 2
Part I		22-21	34134	
33	Total/of unrelated business taxable income computed from all unrelated trades or businesses (see instruc	33	0.	
34	Amounts paid for disallowed fringes	20013)	34	10,484.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		••	
00	lines 33 and 34	36	10.484.	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	10,484.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	
33	enter the smaller of zero or line 36		38	9,484.
Part,	V _₹ Tax Computation			•
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		- 39	1,992.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3	8 from;		-
	Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax. See instructions	•	- 41	
42	Alternative minimum tax (trusts only)	·	42	
43	Tax on Noncompliant Facility Income. See Instructions		43	·
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	1,992.
Part \	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
Ь	Other credits (see instructions) 45b			
c	General business credit. Attach Form 3800 45c			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d			
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44	•	46	1,992.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	1,992.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018 50a			
b	2018 estimated tax payments 50b			
C	Tax deposited with Form 8868 50c			
d	Foreign organizations; Tax paid or withheld at source (see instructions) 50d			
е	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f			
g	Other credits, adjustments, and payments: Form 2439			
	☐ Form 4136 ☐ Other ☐ Total ► 50g			
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		52	84.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	2,076.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	Refunded	<u> 55</u>	
Part (Statements Regarding Certain Activities and Other Information (see	e instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other	authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may ha	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign	country		
	here			_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign trust?		
	If "Yes," see instructions for other forms the organization may have to file.			8 3
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
Sign	Under penalties of perjury, a declare that I have examined this return, including accompanying schedules and statements, correct, and complete. Declaration of preparer (other than taxpayer) is begand orgall information of which preparer has any in	and to the best of my know knowledge	rledge and belief, i	it is true,
Here		Γ		uss this return with
Here	Mary Due D. Date MI419 CEO	the preparer show	1	
	Signature of efficer Date Title			X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
Paid	CAROL A. HAUSAMANN,	self- employe		220700
Prepa	erer CPA (uniformally 11/13)			339780
Use (Only Firm's name MARVIN AND COMPANY, P.C.	Firm's EIN	<u> 14−</u>	1567343
	11 BRITISH AMERICAN BLVD.	<u>.</u> .	E10 70	= 0124
	Firm's address ► LATHAM, NY 12110-1405	Phone no.	<u>518-785</u>	
823711 01	-09-19		Fo	rm 990-T (2018)