H Enter the number of the organization's unrelated trades or businesses 1	·	Form	990-T	E	Exempt ['] Organi	ization Bus	ine	ss Income T	ax Returi	n	OMB No 1545-0	687
Describe the recovery interest of the recovery interest of the recovery of th							er se	ction 6033(e))			201	n
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Street College address changed and sets instructions.		. ب		For ca	•						ZU 18	D .
A _ Check box of _ address changed Seminary Check box if name changed and see instructions.) Description Check box if name changed and see instructions.) Description Descr			batther of the freasury									ection for
Side (Na) 100		A [D Emp (Emp	loyer identification nu lloyees' trust, see	<u> </u>
Mos(e) Zoo(e) Zoo(e) City or town, state or province, country, and 2IP or foreign postal code Sol(e)		B E>	kempt under section	Print	WILDWOOD HIL	LS, INC.		• •		- 4	2-151741	11
A08(e) 20(e) 300(a) 300(a) 300(a) 300(b) 300(a) 30		X] 501(c)(3()	I	Number, street, and room o	r suite no If a P O. box	x, see ır	nstructions ,				y code
ST CHARLES, IA 50240 C Brow where of all asserts are and offer by sear 1		\subseteq		Турс						┙`	,	
## of 42 v. 779	-	<u>'</u> _] 529(a)		ST CHARLES,	IA 50240	r foreig	n postal code		531	120	
H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated trade or businesses here ► SEE STATEMENT 1 If only one, complete Parts I-V if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tay war, was the comporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		C Boo	nd of vear	70			<u> </u>		•			<u></u>
trade or business here ▶ SEE STATEMENT 1							oration		<u>`</u> `			trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I Press, either the name and identifying number of the parent corporation. I The books are in care of ► CHRIS ELLIFRITT Telephone number ► (641) 396-24: Carting Unrelated Trade or Business Income							<u> </u>	,				
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	•						rte I an		-			4 4
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes						sentence, complete ra	ii is i aii	u ii, complete a schedule	e ivi iui eacii addiliu	iiai traut	; UI	
If "Yes," enter the name and identifying number of the parent corporation J The books are in care of ▶ CHRIS ELLIFRITT Telephone number ▶ (641) 396-24 Cantel Durnelated Trade or Business Income Capital Gross receipts or sales 19,572.				•		iliated group or a parer	nt-subs	diary controlled group?	1	Пу	es X No	
The books are in care of ► CHRIS ELLIFRITE Telephone number 641 396-24 Part Part Telephone number 641 396-24 Part Telephone number 641 396-27 Part Telephone number 642 3							0000	olary controlled group		·	CS [12] 1VO	
Paint S Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net						·	,	Teleph	ione number 🕨	(641)396-241	4
b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 5 Capital loss deduction for trusts 6 Rent income (Schedule C) 7 Unrelated debt-inanced income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total. Combine lines 3 through 12 Partial Compine lines 3 through 12 Repartial Compensation of officers, directors, and trustess (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions) 19 Taxes and ucanese 20 Charitable contributions (See instructions) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Excess readership costs (Schedule I) 29 Excess readership costs (Schedule I)		Pai	t I Unrelated	d Trac	le or Business Incor	me					(C) Net	
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17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J)			ū			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CF	IVE				
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• 23 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule!) 26 27 Excess readership costs (Schedule J) 27	ļ.		-		·	in return .	-			22h	1	
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26 Excess exempt expenses (Schedule !) 27 Excess readership costs (Schedule J) 27 27								•				
27 Excess readership costs (Schedule J) 27				•	:hedule I)			• •				
28 Other deductions (attach schedule)				-	·				•			
20 Other occupations (attach schedule)		28			•					28		
29 Total deductions Add lines 14 through 28		29	Total deductions A	dd lines	14 through 28					29		0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	Unrelated business to	axable ır	icome before net operating lo	ss deduction Subtract	t line 29	from line 13	k	30	-29,5	85.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	Deduction for net op-	eratıng l	oss arısıng ın tax years begin	ning on or after Januar	y 1, 20	18 (see instructions)	-	31		7
		32							·	32	-29,5	

Form 990- j			42-15	1/411	Page 2
Partill	Total Unrelated Business Taxable Income				
39	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instruc	tions)	33	<u>-29,585.</u>
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)	STMT 2	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si	um of			
	lines 33 and 34			36	-29,585.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line	36,			
	enter the smaller of zero or line 36	•		38	-29,585.
(Partil)	/i Tax Computation				
	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		•	▶ 39	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 3	-		
,,	Tax rate schedule or Schedule D (Form 1041)	011 11110 01	o 11 om.	▶ 40	
41	Proxy tax See instructions			► 41	_
	Alternative minimum tax (trusts only)			42	
	Tax on Noncompliant Facility Income See instructions			43	
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Pärt V					<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		ENGRACE	
	Other credits (see instructions)				
	General business credit Attach Form 3800	45b			
_		45c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	···	35 CASA	
	Total credits Add lines 45a through 45d			45e	
	Subtract line 45e from line 44	oo [١	46	0.
	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 88	bb [Other (attach schedule		
	Total tax Add lines 46 and 47 (see instructions)			48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1		49	0.
	Payments A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments	50b			
	Tax deposited with Form 8868	50c			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	50f			
9	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total >	50g			
	Total payments. Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔛			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	► 53	
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		, >	54	
	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	<u>► 55</u>	
Part V	Statements Regarding Certain Activities and Other Information	n (see	instructions)	<u>_</u>	
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 hav	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign c	ountry		
	nere				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreign trust?		X
	f "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer other than taxpayer) is based on all information of which preparer	tements, a	nd to the best of my know	vledge and belief, it	t is true,
Sign	A11.1 0 1 -111/124		nowledge	May the IRS discu	es this return with
Here	Tittle 'M. I 11/5/0 EXECUTI	VE D	IRECTOR	the preparer show	
	Signature of officer Date! Title			instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Dat	te	Check	if PTIN	·
Paid	'			1	
Prepar	er STEVE BRUNER	127/19	.	II	266887
Use O	- DEPRESAL C COMPANY TAG		Firm's EIN		794029
USE U	1601 22ND STREET, SUITE 400		1 0 2.11		
	Firm's address ► WEST DES MOINES, IA 50266-1453		Phone no	515-225	-8400
823711 01-0	·· —·· · · · · · · · · · · · · · · · ·	-	1		m 990-T (2018)
				1 01	\2010)

Form **990-T** (2018)

Schedule A - Cost of Goods	s Sold. Enter r	method of invent	ory valuation	N/A		
1 Inventory at beginning of year	1_1_	0.	6 Inventory at end	of year		6 0.
2 Purchases	2		7 Cost of goods s	old Subtract	line 6	
3 Cost of labor	3		from line 5 Enti		- 11	
4 a Additional section 263A costs			line 2			7 117,029.
(attach schedule)	4a		8 Do the rules of	section 263A (with respect to	Yes No
b Other costs (attach schedule) *	* 4b	117,029.			d for resale) apply to	
5 Total Add lines 1 through 4b	5	117,029.	the organization	•	, , , , ,	
Schedule C - Rent Income (Personal Prope	rty Lease	d With Real Prope	erty)
(see instructions)			·			
1 Description of property						
(1) CONFERENCE CENTE	R					
(2)						
(3)						
(4)						
	2 Rent received	d or accrued			0(-)2-1-1-1	
 (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) 	e than	` ' of rent for pe	d personal property (if the property exceeds 50 is based on profit or incom	1% or if		connected with the income in 12(b) (attach schedule) EMENT 4
(1)		•	13	0,704.		62,832.
(2)				· ·		<u> </u>
(3)						
(4)	-					
Total	0.	Total	13	0,704.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		er •	13	0,704.	(b) Total deductions Enter here and on page 1, Part I line 6, column (B)	62,832.
Schedule E - Unrelated Deb	t-Financed I	ncome (see in	nstructions)			
			2 Gross income from		3 Deductions directly conne to debt-finance	ected with or allocable d property
1 Description of debt-fin	nanced property		or allocable to debt financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				-	_	
(2)						
(3)						-
(4)		_				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finance	idjusted basis ocable to ced property schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%		
(2)				%		
(3)				%		
(4)		·		%		
					inter here and on page 1,	Enter here and on page 1,
					Part I, line 7, column (A)	Part I, line 7, column (B)
Totals						
Totals Total dividends-received deductions in	ncluded in column i	8		.	0 •	Part I, line 7, column (B)

SEE STATEMENT 3

Schedule F - Interest, A	Annuities, Royal	ties, and Rent	s From Co	ntrolle	d Organiza	itions (see in	structions	s)
			Controlled C			•		•
1 Name of controlled organization	on 2 Em	ployer 3 Net u	nrelated income		tal of specified	5 Part of column 4		6. Deductions directly
	identif	ication (loss) (se	ee instructions)	payı	ments made	included in the cont organization's gross		connected with income in column 5
•	•				•			1
(1)			1	1		`		
(2)				1				
(3)				+			,	
(4)	-		i .	1			_ -	
Nonexempt Controlled Organiz	zations	•	<u>-</u>	1				
7 Taxable Income	8 Net unrelated incor	ne (loss) 9 Tota	al of specified pay	ments	10 Part of colu	mn 9 that is included	11 De	ductions directly connected
	(see instruction		made		in the controll	ing organization's income		income in column 10
		,		•				
(1)							 -	
(2)		`			•		<u> </u>	•
(3)	+	,					 	<u> </u>
	•	,					 	
(4)			•				 	<u> </u>
			· · · · · · · · · · · · · · · · · · ·			nns 5 and 10 on page 1, Part I,		d columns 6 and 11 ere and on page 1, Part I,
	•					column (A)	1	line 8, column (B)
Totala	,		- ,	_		_		
Totals Schodulo G Investmen	nt Income of a	Santian E01/al	7) (0)	(17) O	ani-oti	0.	——	<u> </u>
Schedule G - Investmer (see instr	nt income of a s		(1), (9), or ((17) Org	yanızatıon	,		•
(see instr	uctions) 1	**,	- <i>,</i>	•	2 2	<u>.</u> 1		6 -
1 Descr	ription of income		2 Amount o	f income	Deductiondirectly connection	cted 4 Set	-asides schedule)	5 Total deductions and set-asides
					(attach sched	fule) (attach		(col 3 plus col 4)
(1)			-					
<u>, (2)</u>			•					
(3)	1 .		. • • • • • •					
(4)	,	•	ì	I .				
•		•	Enter here and Part I, line 9 c			ar all an early		Enter here and on page 1, Part I, line 9, column (B)
		• .						
Totals	•		<u> </u>	. 0.			ang bag	· 0.
Schedule I - Exploited I	Exempt Activity	Income, Othe	r Than Ad	vertisir	ig Income			•
(see instru	ictions) ⊱ 🔒	•		-		• ,	•	
	. 1	3 Expenses	4 Net incoi		_			7 Excess exempt
. 1 Description of	2 Gross · unrelated business	directly connected	from unrelate business (c		5 Gross inco	hat U EX	penses	expenses (column
exploited activity	income from trade or business	with production of unrelated	minus colum	nn 3) Ifa	is not unrelat	ed attribu	table to ımn 5	6 minus column 5, but not more than
	rade or dusiness	business income	gain, compu- through		business inco	irne		column 4)
(1)								
(2)					· v			
(3)								
(4)					•		 -	
19 '	Enter here and on	Enter here and on				1		* \ Enter here and
,	page 1, Part I, line 10, col (A)	page 1 Part I, line 10, col (B)						on page 1, Part II, fine 26
Tatala		_				#\$394.234.4		**!
Totals Schedule J - Advertisin	0.	0					KIDANS A	<u>i</u> 0.
		nstructions)		Doois				
Part Income From F	-eriodicais Rep	orteu on a Cor	isolidated	Dasis	•			
						· -		•
	2 Gross	3 Direct		tising gain of 2 minus	_ 5 Circulat	tion 6 Read	lership.	7 Excess readership costs (column 6 minus
1 Name of periodical	advertising income	advertising cost	s col 3) If a g	jain, comput	e ncome			column 5, but not more
	income.		cols 5 t	hrough 7				than column 4)
(1)					¥.			
(2)			446/7					
(3)								
(4)	****	-				· ·		
*	-	•		······································				va_va_a_a_a_a_a_a_a_a_a_a_a_a_a_a_a_a_a
Totals (carry to Part II, line (5))	•	0.	o.				İ	0.
rotate (carry to rait ii, line (3))			<u> </u>		l			Form 990-T (2018
		•						

823731 01-09-19

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus 7 Excess readership 2 Gross 3 Direct 5 Circulation 6 Readership costs (column 6 minus advertising 1 Name of periodical col 3) If a gain, compute cols 5 through 7 column 5, but not more than column 4) advertising costs costs ıncome (1) (2) (3) (4) ▶ 0. 0. Totals from Part I 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 Totals, Part II (lines 1-5) 0 0 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION	OF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 1
1014, 220 1	DEBCRITTION	BUSINESS ACTIVIT		DIATEMENT I

CONFERENCE CENTER RENT AND EQUINE CARE

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	2,056.	0.	2,056.	2,056.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,056.	2,056.

FORM 990-T	COST	OF	GOODS	SOLD	_	OTHER	COSTS	STATEMENT 3
DESCRIPTION								AMOUNT
SALARIES AND BENEFITS AGRICULTURE COSTS ALLOCATED DEPRECIATION FUEL LICENSE AND PERMITS MAINTENANCE & REPAIRS MARKETING PRINTING PROFESSIONAL FEES	, ·							51,771. 29,333. 26,100. 8,502. 31. 683. 444. 65. 100.
TOTAL TO FORM 990-T, S	CHEDUL	E F	A, LINI	E 4B				117,029.

FORM 990-T	DEDUCTIONS CONNECTE	D WITH RENTAL	INCOME	STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES AND BIFOOD SERVICE TELEPHONE FUEL MERCHANT CARD IMISCELLANEOUS OFFICE/COMPUTER SUPPLIES PROFESSIONAL FIALLOCATED DEPRI	PROCESSING FEES R EXPENSE	'AL - 1	30,950. 24,878. 271. 30. 422. 300. 180. 3,130. 11. 2,660.	62,832.
TOTAL TO FORM S	990-T, SCHEDULE C, COL	JUMN 3		62,832.