Form 990-T	j' E	Exempt Orga	nization Bus	ine	ss Income 1	ax Retur]	OMB No 1545-0687			
•	ا	(a) lendar year 2018 or other tax ye	106	2018							
	For cal				ons and the latest inform	1N 30, 201	<u>-</u>	2010			
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbe	rs on this form as it may	be ma	de public if your organiz			Open to Public Inspection for 01(c)(3) Organizations Only			
A Check box if address changed		Name of organization (L	(Emplo	yer identification number yees' trust, see itions)							
B Exempt upder section	Print	WILDWOOD SC		5-2921998							
X 501(c√)(3)	or Type	Number, street, and room		ted business activity code structions)							
408(e) 220(e)	1,700	11811 W. OL		1							
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90064 531390										
Book value of all assets at end of year F Group exemption number (See instructions.)											
63,459,6	25.	G Check organization type	e ► X 501(c) corp	oration	501(c) trust	401(a) trust	Other trust			
n Enter the humber of the	organiza	ition's unrelated trades of t	10511162262.	Τ.	Describe	the only (or first) ur					
		ALIFIED TRAN									
		ice at the end of the previou	us sentence, complete Pa	ırts I an	d II, complete a Schedule	e M for each addition	nal trade	or			
business, then complete								1981			
I During the tax year, was				nt-subs	idiary controlled group?	▶ 1	Yes	X No			
		tifying number of the paren			Talanh		210	170 7100			
J The books are in care of					(A) Income	one number 🕨 ((B) Expense		(C) Net			
		de or Business Inc	one		(A) Illcollie	(D) Expense	•	(0) 1661			
1 a Gross receipts or sale b Less returns and alloy			c Balance	1c							
		A line 7)	c balance	2				<u>_</u>			
2 Cost of goods sold (S3 Gross profit. Subtract		•		3			+				
4a Capital gain net incom				4a			\rightarrow				
. •	•	art II, line 17) (attach Form	4797)	4b							
c Capital loss deduction				4c							
		ship or an S corporation (at	tach statement)	5							
6 Rent income (Schedu		,p 0. 0 0 00.p0 (2.	,	6	·	-					
7 Unrelated debt-financ	•	ne (Schedule E)		7							
		and rents from a controlled	organization (Schedule F)	8							
		on 501(c)(7), (9), or (17) o		9							
10 Exploited exempt activ	vity inco	me (Schedule I)		10							
11 Advertising income (S	Schedule	e J)		11							
12 Other income (See ins	struction	ns; attach schedule)		12			•				
13 Total. Combine lines				13	0.						
		ot Taken Elsewhei									
		utions, deductions must	-	d with	the unrelated busines	s income)					
•	icers, di	rectors, and trustees (Sche	edule K)				14				
15 Salaries and wages							15				
16 Repairs and mainten	iance		RECEN	/FI)		16				
17 Bad debts	dula) /a	17									
18 Interest (attach sche19 Taxes and licenses	idule) (S	ee instructions)	79- NOV 1 9	2010	SO-SI		19				
	one (Sa	e instructions for limitation	roles)	2019			20	·			
04 0	F 40	-00)									
22 Less depreciation cla	aimed or	n Schedule A and elsewher		l f	22a	-	22b	0.			
23 Depletion	2111100 01	T CONCOUNT TO UNIO CISCONNO		Tay .			23				
24 Contributions to defe	erred co	mnensation plans					24				
25 Employee benefit pro		promote promote					25				
26 Excess exempt expe		chedule I)	26								
27 Excess readership co		27									
28 Other deductions (at							28				
29 Total deductions. A							29	0.			
		ncome before net operating	loss deduction. Subtrac	t line 2	9 from line 13		30	0.			
		loss arising in tax years be					31	1			
		ncome. Subtract line 31 fro					32	0.			
823701 01-09-19 LHA FO								Form 990-T (2018)			

Form 990-	T (2018)	(MILDWOOD SCHOOL, I	NC.			95-29	ZIS	798		rage z
Part I	11 1	otal Unrelated Business Taxa	ble Income							
33	Total	of unrelated business taxable income comput	ed from all unrelated trades or businesses	s (see insti	ructions)		3	- 1		0.
34	Amou	ints paid for disallowed fringes					3	4 9	9,8	29.
35	Dedu	ction for net operating loss arising in tax years	s beginning before January 1, 2018 (see it	nstructions	s)		3	5		
36	Total	of unrelated business taxable income before s	specific deduction. Subtract line 35 from t	he sum of						
	lines :	33 and 34					3	6 9	9,8	29.
37	Speci	fic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)				3	7	1,0	00.
38		lated business taxable Income. Subtract line		line 36,						
	enter	the smaller of zero or line 36	-				3	8 9	8,8	29.
Part I	V 1	Tax Computation					-			
39		nizations Taxable as Corporations. Multiply I	ine 38 by 21% (0.21)				- 3	9 2	20,7	54.
40	Trust	s Taxable at Trust Rates. See instructions for	tax computation. Income tax on the amo	unt on line	38 from:					
		Tax rate schedule or Schedule D (For	rm 1041)			•	- 4	0		
41	Proxy	tax. See instructions	·			•	- 4	1		
42	•	native minimum tax (trusts only)					4	2		
43		on Noncompliant Facility Income. See instruc	tions				4	3		
44		. Add lines 41, 42, and 43 to line 39 or 40, wh					4	4 2	20,7	54.
Part \		Tax and Payments								
45a	Foreig	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a						
b	Other	credits (see instructions)		45b	l					
c	Gener	ral business credit. Attach Form 3800		45c	l					
d	Credi	t for prior year minimum tax (attach Form 880	11 or 8827)	45d			<u> </u>			
е	Total	credits. Add lines 45a through 45d					45			
46		act line 45e from line 44					4	6 2	20,7	54.
47	Other	taxes. Check if from; Form 4255	Form 8611 Form 8697 Form	n 8866 🗌	Other	(attach schedule) 4	7		
48	Total	tax. Add lines 46 and 47 (see instructions)					4	8 2	20,7	
49	2018	net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2				4	9		0.
50 a	Paym	ents: A 2017 overpayment credited to 2018		50a						
b	2018	estimated tax payments		50b	<u> </u>					
С	Tax d	eposited with Form 8868		50c						
d	Foreig	gn organizations; Tax paid or withheld at sour	ce (see instructions)	50d						
е	Backı	up withholding (see instructions)		50e						
f	Credi	t for small employer health insurance premiur	ns (attach Form 8941)	501						
g	Other	credits, adjustments, and payments: 🔲 Fo	orm 2439				ŀ			
		Form 4136 Of	ther Total	▶ 50g						
51		payments. Add lines 50a through 50g					5	1		
52	Estim	ated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨 📖				5			
53		lue. If line 51 is less than the total of lines 48,	•			>	<u> 5</u>		20,7	54.
54		payment. If line 51 is larger than the total of lii		t	,	>	- 5			
55		the amount of line 54 you want. Credited to 2				funded	- 5	5		
Part \		Statements Regarding Certain							Т	
56		y time during the 2018 calendar year, did the							Yes	No
		a financial account (bank, securities, or other)							1	i
		N Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter the name of	the foreig	n country	!				
	here					1			ļ	X
57		g the tax year, did the organization receive a d		or transfer	or to, a fo	reign trust?			<u> </u>	X
		s," see instructions for other forms the organic	-						i	
58		the amount of tax-exempt interest received or ider penalties of perjury, I declare that I have examined		and stateme	nts and to	the hest of my k	nowled	de and helief it i	S true	
Sign	co	rrect, and complete Declaration of preparer (other ha	n taxpayer) is based on all information of which p	reparer has	any knowle	dge	nowiou,	go ano cono, n	3 0 00,	
Here		/// // // // .	ATTILISTIAN CEO					e IRS discuss th		with
		Signature of their	Date CFO Title					parer shown bell tions)? XY		□ No
				Data		Chook		PTIN	<u></u>	_ NO
		Print/Type preparer's name	Preparer's signature	Date		Check	- 1	T I IIN		
Paid		DONITA M. JOSEPH	DONITA M. JOSEPH	11/06	5/10	self- employe	·	P00286	655	
Prepa		Firm's name ► WINDES, INC.	DOMITA M. OUBERII	121/00	,, ± J	Firm's EIN		95-300	_	
Use (Only	P.O. BOX 8	7			I IIII 3 LIIV				- -
		Firm's address ► LONG BEACH				Phone no.	(56	52)435-	-119	1
823711 O	1-09-19	TOTAL PLANTS				1	· · ·	Form 9		
			_					. 0.111		(2010)

Schedule A - Cost of Goods Sold. Enter	method of inven	tory valuation N/A					
1 Inventory at beginning of year 1		6 Inventory at end of year	ır		6		
2 Purchases 2		7 Cost of goods sold. Subtract line 6					
3 Cost of labor 3	. .	from line 5. Enter here	and in P	art I,			
4a Additional section 263A costs		line 2			7		
(attach schedule) 4a		8 Do the rules of section	263A (v	vith respect to	Yes No		
b Other costs (attach schedule) 4b		property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b 5		the organization?					
Schedule C - Rent Income (From Real (see instructions)	Property and	d Personal Property	Lease	ed With Real Pro	perty)		
1. Description of property							
(1)							
(2)					·		
(3)							
(4)							
2. Rent receive	ad or accrued			2/2\Daduations directly	connected with the income in		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	and personal property (if the percent personal property exceeds 50% or if it is based on profit or income)	age	columns 2(a) ar	nd 2(b) (attach schedule)		
(1)	-						
(2)							
(3)							
(4)							
Total 0.	Total		0.				
(c) Total income. Add totals of columns 2(a) and 2(b). Enthere and on page 1, Part I, line 6, column (A)	ter >		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.		
Schedule E - Unrelated Debt-Financed	Income (see	instructions)					
		2. Gross income from		3. Deductions directly con to debt-finance			
1 Describes of debt forward according		or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions		
Description of debt-financed property		financed property		(attach schedule)	(attach schedule)		
(1)							
(2)							
(3)							
(4)							
debt on or allocable to debt-financed of or a property (attach schedule) debt-financed	adjusted basis illocable to nced property i 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)		%					
				nter here and on page 1, lart I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals		•		0	. 0.		
Total dividends-received deductions included in column	8			•	 		

(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (10) (9) (9) (10) (9) (9) (10) (9) (9) (10) (9) (10) (10) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10	Schedule F - Interest,	Annuitie	es, Roya	ties, ar					ation	1S (see ins	structio	ns)	
Interest					Exempt (Controlled O	rganizatı	ons					
(2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (10) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10	Name of controlled organization		identific	identification (loss) (see		related income 4. Yota e instructions) payn		ments made inclu		included in the controlling		6. Deductions directly connected with income in column 5	
(2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (10) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1)		1				<u> </u>				$\neg \dagger$		
(a) Nonexempt Controlled Organizations 7. Taxable income 8. Not unrelated income (Ross) ((see instructions)) 9. Total of specified payments model (see instructions) (2) (3) (4) And columes 5 and 10 Enter have and on page 1, Part I, inne 8, column (8) (see instructions) 1. Description of income 2. Amount of income (see instructions) 1. Description of secone 2. Amount of income (see instructions) 1. Description of secone 2. Amount of income (see instructions) 2. Amount of income (see instructions) 3. Description of secone (retain schedule) (a) 3. Description of secone (retain schedule) 5. Total secone (retain schedule) (retain schedu								- , , -					
Announcement Controlled Organizations							<u> </u>						
Nonexempt Controlled Organizations S. Net unrelated recome (lose) S. Total of specified payments made 10, Part of column 9 that is included 11, Deductions existly commade 10, Part of column 9 that is included 11, Deductions existly commade 10, Part of column 9 that is included 11, Deductions existly commade 12, Part I, Inne 8, column (A) Inne 8, column (B) Inne 9, column (B) Inne													
1. Description of income 1. Description of income 2. Gross and selections 2. Coross 2. Coros		izations	L										
(1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) (See instructions) 1. Description of viscome 1. Description of viscome 2. Amount of income directly recrimental (estach schedule) (2) (3) (4) 1. Description of viscome 2. Amount of income directly recrimental (estach schedule) (3) (4) City City Commental (estach schedule) (2) (3) (4) City City Commental (estach schedule) (3) (4) City City Commental (estach schedule) (4. Set-assides (estach schedule) (6) (6) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) City Commental (estach schedule) (9) (1) (1) (1) (2) (3) (4) City Commental (estach schedule) (9) (1) (1) (1) (2) (3) (4) City Commental (estach schedule) (1) (1) (2) (3) (4) City Commental (estach schedule) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (7) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6			inrelated incom	ie (loss)	9. Total	of specified pay	ments	10. Part of colu	mn 9 tha	t is included	11. D	eductions directly con	nected
(4) Add columns 5 and 10 Enter here and on page 1, Part 1, Inne 6, column (A) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions (see instructions) 1. Description of income 2. Amount of income 3. Deductions (see instructions) 4. Sat-audite (satisfacts schedule) (statch schedule) (and set-less (see instructions) 1. Description of income 2. Amount of income 3. Deductions 4. Sat-audite (set and schedule) (statch schedule) (satisfacts schedule) (and set-less (see instructions) 1. Description of income (see instructions) 3. Expenses directly connected (statch schedule) (satisfacts schedule) 4. Sat-audite (set and set-less (see instructions) 5. Total seduce and set-less (see instructions) 1. Description of septions		(s	see instructions	i) `		made							
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(4) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income detailed columns 5 and 10 (see instructions) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (A) Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of opposition of income organization (see instructions) 2. Gross unrelated business income organization (see instructions) 4. Set - surdes (col 3 plus column (A) Part I, line 9, column (A) Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income fosse) organization organization (see instructions) 4. Net income fosse) organization (see instructions) 7. Excess exemption of opposition or page 1, Part I, line 9, column 3 business income (column 4) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals D. Gross income from activity that is one organization organization (see instructions) Fenter here and on page 1, Part I, line 9, column (A) Totals D. Gross income from activity that is organization organization. (a) (4) Enter here and on page 1, Part I, line 9, column (A) D. Schedule J - Advertising Income Enter here and on page 1, Part I, line 9, column (A) D. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross schedule of page 1, Part I, line 9, column (A) D. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross income from page 1, Part II, line 9, column (A) D. Schedule J - Advertising Income (see instructions)		1					-	-					
Add columns 5 and 10 Enter here and on page 1, Part 1, time 8, column (8) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income 2, Amount of income 2, Amount of income 2, Amount of income 2, Amount of income 3, Disturbine directly connected (attach schedule) (attach s		1											
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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income description contend (attach schedule) (att		•		, , , , , , , ,				Enter here and	on page	1, Part I,		here and on page 1, P	'art I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income description contend (attach schedule) (att	Totals									ا۔ ہ			0.
(see instructions) 1. Description of Income 2. Amount of Income 2. Amount of Income 3. Deductions directly connected (attach schedule) (call 3 plus of (c		ent Inco	me of a	Section	501/c)/	7) (9) or	(17) Or	ranization	•				
1. Description of income 2. Amount of income 2. Amount of income 3. Description of statistic parameters of cattach schedule) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income of exploited activity Interest income of exploited activity (1) (2) (3) (4) 2. Gross unrelated business income of exploited activity Interest income of exploited			VI a (. 55 (6)(.,, (0), 01	₹, OI	34E41101	•				
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(4) Enter here and on page 1, Part I, line 9, column (A)			•										
Totals Enter here and on page 1. Part I, line 9, column (A)													
Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 1. Description of exploited business income from activity that it is not urrelated business income business income business income from activity that is not urrelated activity that is not urrelated activity that is not urrelated business income from activity that is not urrelated business income from activity that is not urrelated business income from activity that is not urrelated business income from activity that is not urrelate													
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income from trade or business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, Ine 10, col (A) Schedule J - Advertising Income (see instructions) Enter here and on page 1, Part I, Ine 10, col (B) 7. Excess everexpenses (colum 6 6 minus column 4) Enter here and on page 1, Part I, Ine 10, col (B) 7. Excess everexpenses (colum 6 6 minus column 4) Enter here and on page 1, Part I, Ine 10, col (B) 7. Excess everexpenses (colum 6 6 minus column 4) Enter here and on page 1, Part I, Ine 10, col (B) 7. Excess everexpenses (colum 6 6 minus column 4) Enter here and on page 1, Part I, Ine 10, col (B) 7. Excess everexpenses (column 5 mod unrelated business income) Find unrelated business income Form activity that is not unrelated business income from activity that is not unrelate						Part I, line 9, co	ilumn (A)		•			Part I, line 9, colu	mл (B)
(see instructions) 2. Gross unrelated business income from trade or business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Totals O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 7. Excess exercing trade or business income from activity that is not unrelated frace from activity that is not unrelated f	Totals				>		0.	•					0.
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Totals (carry to Part II, line (5)) ▶ 0 . 0 . Form 990-T (Totals (carry to Part II, line (5))	_	(o.	0			<u> </u>	į			5 000 T	0.

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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.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				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	4. Compensation attributable to unrelated business
(1)		%	
(2)	-	%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0

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