

AMENDED RETURN - SECTION 512(a)(7) REPEAL

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 1/1/18 and ending 12/31/18

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Part I: Name of organization (CEDAR LAKE LODGE, INC.), Employer identification number (61-0713587), Address (9505 WILLIAMSBURG PLAZA, NO. 200, LOUISVILLE, KY 40222), City or town, state or province, country, and ZIP or foreign postal code (900099)

F Group exemption number (See instructions), G Check organization type (501(c) corporation)

H Enter the number of the organization's unrelated trades or businesses (1), Describe the only (or first) unrelated trade or business here (SEE STATEMENT 1)

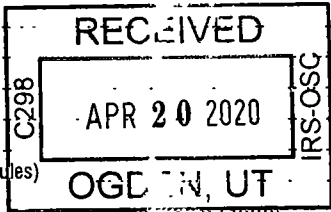
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsiidary controlled group? (No)

J The books are in care of (KATRINA KOPATZ, COMPTROLLER), Telephone number (502-495-4946)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Total income is 0.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Rows include 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 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, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018, 32 Unrelated business taxable income. Total deductions is 0.



SCANNED AUG 31 2020

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CEDAR LAKE LODGE, INC.

61-0713587

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Part III Total Unrelated Business Taxable Income	
33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	0.
34 Amounts paid for disallowed fringes	
35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	
36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	
37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	1,000.
38 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	0.

Part IV Tax Computation	
39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	0.
40 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	
41 Proxy tax. See instructions	
42 Alternative minimum tax (trusts only)	
43 Tax on Noncompliant Facility Income See instructions	
44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	0.

Part V Tax and Payments	
45a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	
b Other credits (see instructions)	
c General business credit. Attach Form 3800	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	
e Total credits Add lines 45a through 45d	
46 Subtract line 45e from line 44	0.
47 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	
48 Total tax. Add lines 46 and 47 (see instructions)	0.
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	0.
50a Payments A 2017 overpayment credited to 2018	
b 2018 estimated tax payments	
c Tax deposited with Form 8868	0.
d Foreign organizations: Tax paid or withheld at source (see instructions)	
e Backup withholding (see instructions)	
f Credit for small employer health insurance premiums (attach Form 8941)	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Other 622. Total 622.	
51 Total payments Add lines 50a through 50g	622.
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	
53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	
54 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	622.
55 Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	622.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here			X
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.			X
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 statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Jennifer R. Hughes* Date: 4/16/20 Title: **COMPROLLER**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name JENNIFER R. HUGHES	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00350026
	Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC	Firm's EIN ▶ 61-1064249			
	Firm's address ▶ 9300 SHELBYVILLE ROAD SUITE 1100				
	Firm's address ▶ LOUISVILLE, KY 40222-5187		Phone no (502) 426-9660		

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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AMOUNTS PAID FOR DISALLOWED FRINGE BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT	2
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DESCRIPTION	AMOUNT
TAX AND PENALTY PAID ON DISSALLOWED FRINGE REPEALED	622.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	622.

AMENDED RETURN - SECTION 512(a)(7) REPEAL

Cedar Lake Lodge, Inc.

EIN# 61-0713587

Form 990-T – AMENDED – 2018 TAX YEAR

Due to the repeal of Section 512(a)(7), the amounts paid for disallowed fringes was amended to \$0, originally filed was \$3,843.