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

Exempt Organization Business Income Tax Return (and proxy tax under section 6034(e)) Department of the Treasury transmission of the Department of the
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B Exempt under section Solic (3)
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Addition Total
408A 530(a) 10 10 10 10 10 10 10 1
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HE Enter the number of the organization by yes
tade or business 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. Duming the tay wear, was the compretation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No If Yes, enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ KATRINA KOPATZ, COMPTROLLER Telephone number ▶ 50.2 - 4.95 - 4.94.6 Part V Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales b Less returns and allowances c Balance b 1c c Balance c
tade or business 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. Duming the tay wear, was the compretation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No If Yes, enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ KATRINA KOPATZ, COMPTROLLER Telephone number ▶ 50.2 - 4.95 - 4.94.6 Part V Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales b Less returns and allowances c Balance b 1c c Balance c
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. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If Yes, enter the name and identifying number of the parent corporation.
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If Yes, enter the name and identifying number of the parent corporation. J The books are in care of ▶ KATRINA KOPATZ, COMPTROLLER Telephone number ▶ 502-495-4946 Part14 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance c Cost of goods sold (Schedule A, line 7) c Gross profit. Subtract line 2 from line to 4 Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts lincome (loss) from a partnership or an S corporation (attach statement) f Rent income (Schedule C) f Unrelated debt-financed income (Schedule E) interest, annurties, royalties, and rents from a controlled organization (Schedule G) f Exploited exempt activity income (Schedule I) f Exploited exempt activity income (Schedule I) f Other income (See instructions, attach schedule) f Other income (See instructions, attach schedule) f Other income (See instructions, deductions must be directly connected with the unrelated business income) RECIVED APR 2 0 2020 APR 2 0 2020 F Telephone number ▶ 502-495-4946 Telephone number ▶ 502-495-4946 (A) Income (B) Expenses (C) Net C) Net C) Net C Statil (A) Income (B) Expenses (C) Net C) Net C Statil (C) Net C S
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Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net
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17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 17
19 Taxes and licenses
19 Taxes and licenses
20 Charitable contributions (See instructions for limitation rules) COT - 1, 11T . 20
20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562)
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b
23 Depletion
24 Contributions to deferred compensation plans . 24
25 Employee benefit programs . 25
26 Excess exempt expenses (Schedule I)
27 Excess readership costs (Schedule J) 27
28 Other deductions (attach schedule)
29 Total deductions Add lines 14 through 28
Unrelated business taxable income before net operating loss deduction, Subtract line 29 from line 13
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) Unrelated business taxable income. Subtract line 31 from line 30 30 Unrelated business taxable income. Subtract line 31 from line 30 32 O.

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

For 990-1	(2018) CEDAR LAKE LODGE, INC.	61-071	L358'	7 Page 2
Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
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			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	20	 	
•	enter the smaller of zero or line 36		38	0.
Part I	V Tax Computation		1 40 1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation, Income tax on the amount on line 38 from.		 	
40	Tax rate schedule or Schedule D (Form 1041)			
41	Proxy tax. See instructions		174	
	•		1 4	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See instructions		48	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		1.49	0.
Part \			1	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		-1 1	
b	Other credits (see instructions)		- 1	
C	General business credit. Attach Form 3800		- 1	
đ			-l-x-l	
	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		ach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
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		4 :	
b	2018 estimated tax payments 50b		_	
C	Tax deposited with Form 8868 5dc	0	<u>.</u>	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		_	
e	Backup withholding (see instructions) 50		_ ·	
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 X Other 622. Total 500	622	<u>.</u>	
51	Total payments Add lines 50a through 50g SEE STATEMENT 2	}	1/51	622.
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	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	\(\frac{1}{2}\) ▶	54	622.
55		nded 🕨	\$5	622.
Part '	VI Statements Regarding Certain Activities and Other Information (see instruct	ions)		
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 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 fore	ign trust?		X
	If "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 statements, and to the	e best of my ki	nowledge a	and belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		1 4	20 41
Here	Sofwa Magar 4/14/2 COMPTROLLER		-	RS discuss this return with er shown below (see
	Signature of officer Date Title		instruction	
	Print/Type preparer's name Preparer's signature Date C	heck	ıf PT	in
D-1-1		elf- employe	1	···
Paid	TENNITEED D INIONEG	Jiiipioye		00350026
Prep	DENTING WALCHE LIVEGAY C OCCORDED DCC	Firm's EIN		1-1064249
Use	9300 SHELBYVILLE ROAD SUITE 1100	, am 3 LIN		
	1	Phone no	(502	2)426-9660
822711 0	<u> </u>	i none no	1002	
823711 0	17-08-13			Form 990-T (2018)

622.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
AMOUNTS PAI	FOR DISALLOWED FRINGE BENEFITS	,	
			
FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT	2
FORM 990-T DESCRIPTION	OTHER CREDITS AND PAYMENTS	STATEMENT	2

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

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

Cedar Lake Lodge, Inc.

EIN# 61-0713587

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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.