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

2	Form	990-T	E	xempt Orga	nization Bu	sines	ss Income T	ax Return	۱	OMB No 1545-0687
	•	•		•	nd proxy tax und	aer sec	-	_ 1817	7	2018
			For cal	endar year 2018 or other tax ye		!=======	, and ending		<u>-</u>	2010
	Depart Interna	epartment of the Treasury ternal Revenue Service Do not enter SSN numbers on this form as it								Open to Public Inspection for 501(c)(3) Organizations Only
	A L	Check box if address changed	· · · · · · · · · · · · · · · · · · ·					(Empl instru	oyer identification number oyees' trust, see ctions)	
	B Ex	xempt under section   Print   CEDAR LAKE LODGE, INC.							1-0713587	
	X	501(C)(3) or Number, street, and room or suite no. If a P.O. box, see instructions.						ited business activity code instructions )		
		408(e) 220(e) Type 9505 WILLIAMSBURG PLAZA, NO. 200						,	·	
		J = = = = = = = = = = = = = = = = = = =					900	099		
	C Boo	pok value of all assets end of year 15, 916, 008. G Check organization type \( \begin{array}{c} array							_	
		<u> 15,916,0</u>	08.	G Check organization type	e X 501(c) co	rporation	501(c) trust	401(a)		Other trust
	n Ent	er the number of the t	organiza	mon's unrelated trades of t	Jusiliesses. 📂	_1	Describe	the only (or first) un		
		e or business here SEE STATEMENT 1 . If only one, complete Parts I-V. If more than one, cribe 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								
					us sentence, complete f	Parts I and	d II, complete a Schedule	e M for each addition	al trade	or
		iness, then complete							<del>- 1</del>	77 111
				oration a subsidiary in an i	• •	ent-subsid	diary controlled group?	. <b>▶</b> L	Ye	s X No
				tifying number of the paren		OT T 731	Tolonh.	one number 🕨 5	02	105 1016
				KATRINA KOPA de or Business Inc			(A) Income	(B) Expenses		(C) Net
				de or business inc	ome	<del></del>	(A) Illcolle	, , ,		(O) NOT
		Gross receipts or sale		<del></del>	a Dalamas	.			12	THE STATE OF
		Less returns and allow		A line 7)	c Balance	1c		TO THE REPORT OF THE PARTY OF T	40.45°	FOR CHARGE PARTICIPATE
		Cost of goods sold (S			<u>ر</u> .	3		STATE OF THE PARTY	, 0014	DITIONAL MALANTIC CHI
		Gross profit. Subtract			(2	4a		SEPSECION ALCO		
		Capital gain net incom	•	art II, line 17) (attach Form	1 4707)	4a 4b		SCHLENE AS	7(4)	
		Capital loss deduction			14757)	4c		TRUE SALATE CONTROL	SAME OF THE SAME O	
_		•			ttach ctatement)	5		AND THE REAL PROPERTY.	37.37 1	
2	`'	• •		ship or an S corporation (a	llacii Staterileiti)	6		44 CHS 12 SECTED	(	
		Rent income (Schedule C)  Unrelated debt-financed income (Schedule E)  7								
_			st, annuities, royalties, and rents from a controlled organization (Schedule F)  ment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  9							
_										
ز_	١.	Exploited exempt activ			rgamzanon (oonoasio i	10			-	· <u>-</u> :
_	-	Advertising income (S	-		•	11				
L	],	Other income (See ins		•		12		NOTE STATE OF THE	384	
7	ı	Total, Combine lines				13	0.			
Ž		rt III Deductio	ns No	ot Taken Elsewher	re (See instructions	for limita	itions on deductions.)	)		<del></del> -
d		Part: III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)								
SC	14	Compensation of off	icers, di	rectors, and trustees (Sch	edule K)				14	
U	15	Salaries and wages							15	
	16	Repairs and mainten	ance	۲	RECEIVI	ΕD	_		16	
	17	Bad debts			KECLIVI		ပါ		17	
$\subseteq$	18	Interest (attach sche	dule) (s	ee instructions)	N 110V 1 7 5	nene	)SO-SI		18	
Received in Batching Ogden	19	Taxes and licenses		e instructions for limitation	MAY 112	2020	<u>ئ</u>		19	
돌	20	Charitable contributi	ons (Se	e instructions for limitation	rrules)		≝		20	
Q ¥	21	Depreciation (attach	Form 4	562)	OGDEN.	UT	21			
g i	22	Less depreciation cla	aimed o	n Schedule A and elsewhe	re on return		22a		22b	
5 -		Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return  Depletion						23		
7>	24	Contributions to deferred compensation plans							24	
AUG	25	Employee benefit programs							25	
2	26		excess exempt expenses (Schedule I)						26	
-	27	Excess readership c	•						27	
2020	28	Other deductions (at		· ,					28	<u> </u>
0	29	Total deductions. A					O from her do		29	0.
	30			income before net operatin					30	
	31		-	loss arising in tax years be		uary 1, 20	או ע (see instructions)		31	0.
	32		_	ncome. Subtract line 31 from Act Notice			<u> </u>	··-	32	Form <b>990-T</b> (2018)

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

Form 990-	T(201d) CEDAR LAKE LODGE, INC. 61-071	3587	Page 2
Part	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	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	-
35		<del>  "  </del>	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	00	
	lines 33 and 34	36	1 000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	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	38	0.
Part	IV Tax Computation	· · · · · · ·	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	3,9	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	1	
	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	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
44		<u> </u>	
Part		Г Т	
	,	-	
b	· · · · · · · · · · · · · · · · · · ·	1 1	
C	General business credit. Attach Form 3800	-	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>∤.</b> ∣	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
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	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	1	
	2018 estimated tax payments 50b	1	
	Tax deposited with Form 8868 50c 0 •	1	
	d Foreign organizations: Tax paid or withheld at source (see instructions)	1	
	e Backup withholding (see instructions)  50e	1	
	Bushap ministring (coo menusion)	1 1	
	orosit for ornali ornali in ornali i	1	
!	· · · · · · · · · · · · · · · ·		
		- , ;	622.
51	Total payments. Add lines 50a through 50g SEE STATEMENT 2	51	022.
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	54	622.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	622.
Part	VI Statements Regarding Certain Activities and Other Information (see 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 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?		—   X
3,	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 >\$		
	Linder panelties of periors. I declare that I have examined this return including accompanying schedules and statements, and to the best of my known	owledge and	d belief, it is true.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here		•	discuss this return with
nere			shown below (see
	1, 33,00,00		? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	ļ.
Paid	self- employed		
Prep	JENNIFER R. HUGHES		00350026
-	Only Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC Firm's EIN ▶	61	L-1064249
USE	9300 SHELBYVILLE ROAD SUITE 1100		
		(502)	426-9660
*****	01-09-19		Form 990-T (2018)

AMENDED	<b>RETURN - S</b>	ECTION 51	12(a)(7)	REPEAL
AMICITULD	VEIOVIA - 3	IECTION J		

CEDAR LAKE LODGE, INC.

61-0713587

AMOUNTS	PAID	FOR	DISALLOWED	FRINGE	BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT	2
DESCRIPTION	AMOUNT		
TAX AND PENALTY PAID ON	DISSALLOWED FRINGE REPEALED	62	22.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	62	22.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

## 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.