Form 990-T	F	EXTEN Exempt Orgai	NDED TO NOV				ax R	eturn	ı	OMB No 1545-0047
Form JJJ I	_	ar)	nd proxy tax und	der se	ctio	n 6033(e))	10	1 7	Ī	
~4 *	For ca	lendar year 2019 or other tax yea				, and ending	19	1d	_	2019
Department of the Treasury		•	.irs.gov/Form990T for i							Open to Public Inspection for
Internal Revenue Service		Do not enter SSN number					ition is a !	501(c)(3).	ياـــــــ	501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name	change	d and s	see instructions.)			Empl	oyees' trust, see ctions)
B Exempt under section	Print								86-0828160	
X 501(c <u>Q3</u>)	or Type	Number, Street, and room of Suite no. If a F.O. box, see instructions							ated business activity code nstructions)	
408(e) 220(e)	*	350 E. MORNINGSIE	-			tol oods			l	
408A 530(a) 529(a)		City or town, state or prov GREEN VALLEY, AZ	85614	or torei	yn pos	tai code			53112	10
C Book value of all assets at end of year	204	F Group exemption numb		<u> </u>		501()		40.47.1		
H Enter the number of the				rporatio 1	n	501(c) trust	*h / .	401(a)		Other trust
	•	ERING, COFFEE SHOP	· -			Describe		or first) un Parte I-V		than one
		ice at the end of the previou		arte I ar	nd II o					
business, then complete			is scitterice, complete i	ai io i ai	iiu ii, c	ompiete a ochedule	W TO CAC	ii additione	ai ii auc	OI .
		poration a subsidiary in an a	affiliated group or a pare	ent-subs	sidiary	controlled group?			Ye	s X No
- · · · · ·	-	tifying number of the paren	- · · ·			group				
J The books are in care of						Telepho	one numb	er 🕨 52	20-64	
Part I Unrelated	d Trac	de or Business Inc	ome			(A) income	(B)	Expenses		(C) Net
1 a Gross receipts or sale		432,986.	_							
b Less returns and allow			c Balance	1c	1	432,986.			,	/:
2 Cost of goods sold (S		•		2		382,601. 50,385.	-	-	-	50,385,
3 Gross profit. Subtract				3		30,363.	·	-		30,383.
4a Capital gain net incom b Net gain (loss) (Form	•	an Scheoble D) Part II, line 17) (attach Form	4707)	4a 4b					/	
c Capital loss deduction	-		14737)	4c			-	$\overline{}$, ,	
•		ship or an S corporation (at	tach statement)	5			_	$-\!\!/-$		
6 Rent income (Schedu		5p 5. 6 5 50. po. 6 (4	,	6						
7 Unrelated debt-financ		me (Schedule E)		7						
8 Interest, annuities, roy	alties, a	nd rents from a controlled c	organization (Schedule F)	8_						
9 Investment income of	a section	on 501(c)(7), (9), or (17) or	ganization (Schedule G) 9						
10 Exploited exempt activ	vity inco	ome (Schedule I)		10	<u> </u>	403,891.		351,	092.	52,799.
11 Advertising income (S	Schedule	e J)		11						
12 Other income (See ins		•		12	ļ		_			
13 Total. Combine lines			- 10	13		454,276.		351,	092.	103,184.
Part II Deduction (Deductions	must b	ot Taken Elsewhere be directly connected wi	th the unrelated busi	ness in	come	RECEIVI	ED			
	icers, di	rectors, and trustees (Sche	dule K)		ام			S-08C	14	
Salaries and wages Repairs and mainten					A009	NO¥ 1 8 2	020	잇	15	165,102.
	ance				4			RS	16	
P17 Bad debts 18 Interest (attach sche					-	OGDEN,	lir		17	
· ·	dule) (s	ee instructions)				OGDEIN,	<u> </u>	ِ لـــــ	18	50.
Taxes and licenses Depreciation (attach	Form 4	562)				20		1,421.	19	
		n Schedule A and elsewhere	on return			21a			21b	1,421.
122 Depletion		il ochodic A and discwhore	, on return			[214]			22	
23 Contributions to defe	erred co	mpensation plans							23	
24 Employee benefit pro									24	36,649.
Less depreciation cla L22 Depletion Contributions to defe Employee benefit pro Excess exempt exper Excess readership C		chedule I)							25	
	sts (Sc	hedule J)							26	
27 Other deductions (at						SEE STATEMEN	т 1		27	43,167.
28 Total deductions A									28	246,389.
		ncome before net operating				n line 13			29	-143,205.
	erating	loss arısıng ın tax years beç	jinning on or after Janua	ary 1, 20	018					_
(see instructions)		0.11				SEE STATEMEN	т 2		30	0.
La		ncome Subtract line 30 fro							31	-143,205.
923701 01-27-20 LHA Fo	ır raper	WUIK REGUCTION ACT NOTICE	, see instructions			//)				Form 990-T (2019)

	2019) LA POSADA AT PARK CENTRE, INC.		86-082816	U Page 2
Part III		·		
	lal of unrelated business taxable income computed from all unrelated trades or businesses (see insi	, ,		-143,205.
	iounts paid for disallowed fringes		33	
34 Ch	aritable contributions (see instructions for limitation rules)			0.
	tal unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34	,	35	-143,205.
36 De	duction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	1S)STMT.3	36	<u> </u>
37 To	tal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 🔒		37	-143,205.
38 Sp	ecific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	1,000.
	related business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	•		
	ter the smaller of zero or line 37	<u></u>	39	-143,205.
	Tax Computation			
	ganizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	0.
	usts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on lir			
<u> </u>	Tax rate schedule or Schedule D (Form 1041)	>	41	
42 Pr	oxy tax. See instructions	•	42	
43 Alt	ernative minimum tax (trusts only)		43	
44 Ta	x on Noncompliant Facility Income. See instructions		44	
11 45 To	tal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
() 4	Tax and Payments	1 1	· ·	
	- · · · · · · · · · · · · · · · · · · ·	46a	-	
		46b	-∤ -	
c Ge	neral business credit. Attach Form 3800	46c	4 (
d Cr	edit for prior year minimum tax (attach Form 8801 or 8827)	46d	վ , ∣	
e To	tal credits. Add lines 46a through 46d		46e	
47 Su	btract line 46e from line 45	. <u></u>	47	0.
49 To	tal tax. Add lines 47 and 48 (see instructions)		49	0.
	19 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	ľ	,50	0.
		51a	-	
		5/1b	-	
		5 tc	-	
		51/4	-	
		51e	-	
		51f	-	
g Ot	her credits, adjustments, and payments Form 2439			
		5 fg	┥ │	
52 To	tal payments. Add lines 51a through 51g		52	
	timated tax penalty (see instructions). Check if Form 2220 is attached		58	
. 1	x due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
1 3	erpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	
Part V	ter the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information	Refunded >	56	
<u> </u>	any time during the 2019 calendar year, did the organization have an interest in or a signature or o			Yes No
	any time during the 2019 calendar year, did the organization have an interest in or a signature or o er a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			1 C3 NO
	ic a mancial account (bank, securities, or other) in a foreign country it. Fes, the organization ma iCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign			
he		ign country		x
	rring the tax year, did the organization receive a distribution from, or was it the grantor of, or transf	arer to a fereign trust?		x
	Yes," see instructions for other forms the organization may have to file.	eror to, a toreign dust?		
	ter the amount of lax-exempt interest received or accrued during the tax year \$			1 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and states	ments, and to the best of my knowl	ledge and belief, it is tru	θ,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer h	as any knowledge		
Here	X 11/12/2 VP/CFO		May the IRS discuss thi The preparer shown belo	
	Signature of officer Date Title		instructions)? X Y	
	Print/Type preparer's name Preparer's signature Date		If PTIN	
Paid		self- employed	1	
Prepa	TEF AMY A. O'LOUGHLIN WMW. 11/1	.2/20	P0086968	7
Use O	le : Nonte venu tro	Firm's EIN	34-1884	125
-550	4722 N 24TH ST, STE 300			
	Firm's address PHOENIX, AZ 85016	Phone no.	602-264-6835	
923711 01-	27-20		Form 9	90-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation N/A					
1 Inventory at beginning of year	1	0.	6	Inventory at end of year	7		6		0.
2 Purchases	2	382,601.	7	Cost of goods sold. Su	btract	line 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		_	
4 a Additional section 263A costs				line 2			7	382,	601.
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5	382,601.		the organization?	•				х
Schedule C - Rent Income (From Real	Properly and	Per	sonal Property L	ease	d With Real Prop	erty	/)	
(see instructions)									
1. Description of property									
(1)									
(2)				•				_	
(3)									
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	` of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directl columns 2(a) a	y conne and 2(b)	ected with the income in (attach schedule)	,
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	<u> </u>			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		٥.
Schedule E - Unrelated Deb		Income (see II	nstru	ctions)					
		- · · ·	2	. Gross income from		3 Deductions directly con to debt-finan	nnected iced pro	I with or allocable operty	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)							+		
(2)							\top		
(3)							\top		
(4)							\top		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property o schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
	.,					nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (I	
Totals				▶		(١.		0.
Total dividends-received deductions in	cluded in column	8							0.
								Form 990-T	(2019)

Comment Control Cont	Concada i interest, 7	Timulios, noya	Fuerral			<u>-</u>		s (See ins	struction	15)
Comparison of the comparison							1 _			_
Commonwealth Controlled Organizations Commonwealth Commonw	 Name of controlled organizal 	identif	cation (loss) (se	inrelated income see instructions)			nents made included in the controlli		rolling connected with income	
Part	(1)									
(d) Moneyampt Controlled Organizations 7. Teatife income S. Net unwider regime (loss) S. Total of apparents 10, Per of column 8 made 11 Sections 8										
Moneyempt Controlled Organizations S. Net motice receive (base) S. Total of repeated payments 16. Part of crown in them analysis 11. December of a control (been refunctional) 12.					-		_			
Nonexempt Controlled Organizations 8, Net invested in receive flows 8, Total of specified payments 10, Part of counts it that is analysis of great incidence										
7. Tasable income 8. Net unrelated micronic (local (see instructions) 9. Total of special-see payments in the controlling organizations of the controlling organizations organ			<u></u>	<u>_</u>			<u> </u>	_		
(1) (2) (3) (4) Add columns 5 and 10 Enter three and on page 1, Part I, line 9, column (A) (3) (4) Totals Totals Totals Totals Care Part I, line 9, column (A) Care Instructions) Care Instructions 1, Description of Income 2, Amount of income 2, Amount of income 3, Amount of income 3, Care Instructions C	<u>-</u> -	1	(f)			40 5: 4 4			T 44 =	
(d) (d) (e) (d) (e) (e) (fill the read of page 1, Part 1, Inse 8, column (a) (gete instructions) (gete ins	/. Taxable income			al of specified paymer made	nts	in the controlli	ng organ	nization's		
(d) Control	(1)		1							
(4) (4) Add columns 5 and 10 Enter here and on page 1, Pert 1, line 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 3. Deductions (ethics schools) (1) (2) (3) (4) Enter here and on page 1, Pert 1, line 8, column (8) (1) (2) (3) (4) Fortil here seed on page 1, Pert 1, line 9, column (9) (1) (2) (3) (4) Fortil here seed on page 1, Pert 1, line 9, column (A) (1) (2) (3) (4) Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of explosed Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Amount of income 2. Amount of income (see instructions) 5. Gross noome (see instructions) 4. Net recome (see) (see instructions) 4. Net recome (see) (see instructions) 5. Gross noome (see instructions) (1) CATERING (2), 250, 42,633. (3) (4) (5) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7										
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (8) 0.										
Add columns 5 and 10 Enter here and on page 1, Part 1, inch responsible of page 1, Part 1, inch respon										
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(see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Described detailed activated connected (statish schedule) (col 3 plus of (statish schedule) (datash schedule) (3) (4) Enter here and on page 1, Part I, Inne 9, column (solumn s) if a gian compute cols 5 income (solumn s) in no page 1, Part I, Inne 9, column (solumn s) in no page 1, Part I, Inne 9, column solumn s) in no page 1, Part I, Inne 9, column solumn s	Totals				•			0.		0
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(1) (2) (3) (4) Enter here and on page 1, Part 1, Inne 9, column (A) Part 1, Inne 1, column (A) Part 1, Inne 9, column (A) Part 1, Inne 1, column (A)	1. Desc	cription of income		2. Amount of inc	ome	directly conne	cted			5. Total deductions and set-asides (col 3 plus col 4)
(2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity unable to brainess unable to braine submit and unable to brainess arboritation of the brainess unable to brainess attributable to brainess unable to b	(1)									3,22,23,23,37
(3) (4) Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Describin of exploited activity under the production of wrelated business income recommend and production of wrelated or business income (2) Part 1, line 9, column (A) 1 Describin of exploited activity under the production of wrelated business income (activity of the production of t				1						
Totals Enter here and on page 1, Part I, line 9, column (A)						•				
Enter here and on page 1, Part 1, line 9, column (A) Part 1, line 9, column (A)										
Totals Part I, line 9, colum (A) Part I, line 9, colum (A)	(7)			Enter here and on	page 1.			<u> </u>		Enter here and on page 1
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(see instructions) 2. Gross unrelated business income from trade or business income from unrelated business income from trade or business income from unrelated from unrelated business income from trade or business income from unrelated from unrelated business income from activity that is not unrelated business income from activity that is not unrelated business income from trade or business income from unrelated dusiness income from unrelated dusiness income from trade or business income from unrelated dusiness income from trade or business income from unrelated dusiness income from trade or business income from during that is not unrelated dusiness income from during that is not unrelated dusiness income from trade or business income from unrelated dusiness income from trade or business income from unrelated dusiness income from exploration from ex		Francis Astinia	- I Oth-	n Than Adus	_					0
1 Description of exploited activity and income from trade or business (column 3) if a gan, compute cots 5 through 7 (1) CATERING 26, 250. 42, 633. -16, 383. (2) RESALE 377, 641. 308, 459. 69, 182. (3) (4) Enter here and on page 1, Part I, line 10, col (R) 403, 891. 351, 092. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising costs of income (see instructions) A divertising costs of income (see instructions) 4. Advertising gain or (signs) (col 2 minus col 3) if a gain, compute cols 5 through 7 Totals (carry to Part II, line (5)) 0. 0. 0. 1. Name of periodical 1. Name (5)) 0. 0. 1. Totals (carry to Part II, line (5))	-	•	income, Otne	r Inan Adve	rtisir	ig income				
(2) RESALE 377,641. 308,459. 69,182. (3) (4) Contain Contain		unrelated business income from	directly connected with production of unrelated	from unrelated tra business (colum minus column 3 gain, compute co	ade or nn 2) If a	from activity to is not unrelate	hat ed	attribut	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(3) (4) Enter here and on page 1, Part 1, line 10, col (A) Totals 4 0 3, 89 1. 35 1, 09 2. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income (see instructions) 2 Gross advertising costs advertising costs of through 7 1. Name of periodical 5. Circulation income (sost) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0 . 0.	(1) CATERING	26,250.	42,633	16,	383.					
(3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income (see instructions) 2 Gross advertising costs advertising costs of set income (see instructions) 1. Name of periodical 2 Gross advertising costs of set income (see instructions) 1. Name of periodical 2 Gross advertising costs of set income (see instructions) 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute costs (col umn 6 mincome (south 6. Readership costs (column 6 mincome) (south 6. Readership costs (co	(2) RESALE	377,641.	308,459	. 69,	182.					
(4) Enter here and on page 1, Part 1, Inne 10, col (A) Totals A 03, 891. 351, 092. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income advertising costs advertising costs advertising costs of 3. Direct advertising costs of 3. If a gain, compute costs (column 6 costs of through 7 costs) (1) (2) (3) (4) Totals (carry to Part II, line (5)) D a consolidated Basis 5. Circulation income for Readership costs of through 7 costs of through 7 costs of through 7 costs of the column 4 column 4)				1						
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Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income service advertising costs advertising costs advertising costs col 2 minus col 3) If a gain, compute costs (column 6 income solumn 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) • A. Advertising gain or (loss) (col 2 minus or (loss) (col 2 minus col 2 minus or (loss) (col 2 minus	Totals	403.891.	351 092							0
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1. Name of periodical advertising costs advertis				nsolidated B	asis					
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	1. Name of periodical	advertising		or (loss) (colliss coll 3) If a gain,	2 minus comput					7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	(1)					1				
(3) (4) Totals (carry to Part II, line (5)) 0. 0.										
(4) Totals (carry to Part II, line (5)) ▶ 0. 0.										
Totals (carry to Part II, line (5))				 		<u> </u>				
	(4)					+				
Form 990-T (Totals (carry to Part II, line (5))	•	0.	0.						0
·										Form 990-T (2019

FORM 990-1 (2019) LA POSADA AT						-0878790	Page :
Part II, Income From Perio			arate Basis (For ea	ach periodical lis	sted in Pa	art II, fill in	
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	., 7, 4-			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and or page 1, Part i, line 11, col (B)				•	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.		0.	.	_		0.
Schedule K - Compensation	n of Officers, D	Directors, a	nd Trustees (see ii	nstructions)			
1. Name			2. Title	time d	ercent of evoted to siness		ensation attributable related business
(1)					%		
(2)					%)	
(3)					%		
(4)					%		
Total. Enter here and on page 1, Part II,	line 14				>		0.

Form 990-T (2019)

FORM 990-T	l 	OTHER DEDUC	TIONS	STATEMENT 1
DESCRIPTION	N			AMOUNT
COMMON ALL	 OCATION			43,167
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 27		43,167
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
		0.	141,215.	
12/31/18	141,215.	٠.	141,213.	141,215.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/01	4,220.	0.	4,220.	4,220.
12/31/02	230.	0.	230.	230.
12/31/03	4,352.	0.	4,352.	4,352.
12/31/04	3,905.	0.	3,905.	3,905.
12/31/05	7,673.	0.	7,673.	7,673.
12/31/06	17,693.	0.	17,693.	17,693.
12/31/07	30,034.	0.	30,034.	30,034.
12/31/08	28,643.	0.	28,643.	28,643.
12/31/09	29,375.	0.	29,375.	29,375.
12/31/10	41,911.	0.	41,911.	41,911.
12/31/11	21,368.	0.	21,368.	21,368.
12/31/12	27,634.	0.	27,634.	27,634.
12/31/13	15,147.	0.	15,147.	15,147.
12/31/14	21,881.	0.	21,881.	21,881.
12/31/15	21,623.	0.	21,623.	21,623.
12/31/16	16,218.	0.	16,218.	16,218.
12/31/17	6,795.	0.	6,795.	6,795.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	298,702.	298,702.

FORM 990-T SCHEDUI		RECTLY CONNE		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
CATERING			42,633.	
	- SUBTOTAL -	- 1		42,633.
SALARIES AND WAGES			111,284.	
MARKETING			4,892.	
DEPRECIATION			3,918.	
EMPLOYEE BENEFITS			24,692.	
SUPPLIES			53,306.	
COMMONS ALLOCATION			110,367.	
	- SUBTOTAL -	- 2		308,459.
TOTAL OF FORM 990-T, S	SCHEDULE I, COLUMN	3		351,092.