•	OOO T		Evemnt	Ora	ıaniza	tion	Ruein	oce I	ncom			39329		2 8 0 0 8 OMB No 1545	0687
Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19						2018								
	rtment of the Treasury		▶Go to v	www i	rs gov/Fo	rm990	for instru	ictions a	nd the lat	test infor	mation	ı.		en to Public Insp	
nterr	al Revenue Service	▶ Do	not enter SSN nu		\neg						uzation	T _		1(c)(3) Organizati	ions Ont
A L B F	address changed xempt under section		Name of organizati	on	(L	ieck box i	f name chang	ged and se	e instruction	is)		D Employer id (Employees'		e instructions)	
	K 501(C)(()3)	Print	BLUE RI	VEI	R SEF	RVIC	ES. I	NC.						·	
f	408(e) 220(e)	or	Number, street, and							_		35-1	101	.603	
_	408A 530(a)	Type	P.O. BC	X !	547		,					E Unrelated b			
	529(a)	,	City or town, state			y, and ZIF	or foreign p	ostal code				(See instruct	ions)	1	
	Book value of all assets	, ,	CORYDON	Ī				IN	<u>47112</u>	2-205	57_	5311	20		
	t end of year		roup exemption i	numb			ions) 🕨								
_	20,570,292		heck organizatioi				1(c) corpo	_		01(c) tru		401(a) tru:		Other trus	st
I E	Enter the number of the	organiza	ation's unrelated	trade	s or busi	nesses	<u> 1</u>	_ Descr	be the on	nly (or fire	st) unr	elated trade or	busin	ess here	
)	— ——											. -	_	nly one, comp	lete
	Parts I–V If more than o				•			e previo	ous sente	nce, con	nplete	Parts I and II,	compl	ete	
	Schedule M for each add			•											XΝ
	During the tax year, was f "Yes," enter the name							parent-s	ubsidiary	CONTROLLE	ea grou	up /		▶ ∐ Yes	X N
<u>'</u>	The books are in care of	▶ R	OSE A. B	3001	К						Telen	hone number I	8	12-738-	-240
		_	e or Busines						(A)	Income	, <u>, , , , , , , , , , , , , , , , , , </u>	(B) Expenses		(C) Ne	
1a	Gross receipts or sale:							7			$\neg \uparrow$			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
ь	Less returns and allow				c Bal	ance	•	1c							
2	Cost of goods sold (So	hedule	A, line 7)		-			2							
3	Gross profit Subtract I	line 2 fro	m line 1c					3							
4a	Capital gain net incom	e (attacl	n Schedule D)					4a							
þ	Net gain (loss) (Form 479)	7, Part II,	line 17) (attach For	m 479	7)			4b							
С	Capital loss deduction	for trust	s					4c							
5	Income (loss) from partnership a		ration (attach statemen	nt)				5		_					
6	Rent income (Schedul	•						6							
7 B	Unrelated debt-finance		,					7							
8 9	Interest, annuities, royaltie						,	8		 -				 	
9	Investment income of a se Exploited exempt activ			organiz	ation (Scr	reaule G)	10				_			
	Advertising income (Se	•	, ,					11			+	··			
1 2	Other income (See ins		=	(ما	SEE	STM	т 1	12		65,4	120			6	5,42
3	Total Combine lines 3			10)			• •	13		65,4					5,42
			t Taken Else	whe	re (See	ınstrı	uctions		tations			ns) (Except	for c		
		4	the second control of the second			11- 41								,	
4	Compensation of office Salaries and wages	ers, dire	ctors, and truster	as (S 1	chedule	₽EIV	/ED						14		
5 6				_	ハロ	ノニー		اں					15	 	
	Repairs and maintena	nce		1=1			0040	S					16	 	
7	Bad debts	1-1-1		C14	001	15	2019	S-OSC	टकक	CULVU	י בי מים ח	י חואים	17	 	4 30
3	Interest (attach schedu	ne) (see	instructions)					7≅	JEE	SIA.	r eratt	ENT 2	18		4,30 5,87
) \	Taxes and licenses	`aa iaatai	ations for limitation	1,100	OG	DEN	1, UT						19	-	5,61
) 	Charitable contributions (S Depreciation (attach F			(<u>6162)</u>						21		24,678	20		
2	Less depreciation clair		•	elsew	here on	return				22a		24,678	22b		
3	Depletion		Janesale A and	J.J.C VV		· Otalii							23	 	
, 1	Contributions to deferm	ed comr	ensation plans										24		
5	Employee benefit prog	•											25		
6	Excess exempt expens		nedule I)										26		
	Excess readership cos	•	•										27		
7	Other deductions (atta-	ch sche	dule)						SEE	STAT	CEMI	ent 3	28		8,90
	Total dadmaticas Ad	d lines 1	4 through 28										29		9,08
В	Total deductions Add					نمان امامام	tion Subt	ract line	29 from I	line 13			30	-2	3,66
8 9	Unrelated business tax	kable inc	ome before net	opera	iting loss	aeauc	tion oubt								
7 8 9 0 1				•	-						ons)		31		3,66

PLLC

47150

RODEFER MOSS & CO,

IN

301 E. ELM STREET

NEW ALBANY,

812-945-5236

35-1663728

Firm's EIN ▶

Phone no

Preparer

Use Only

Firm s name

Firm's address

%

%

%

Enter here and on page 1,

Part I, line 7, column (A)

Form **990-T** (2018)

Enter here and on page 1, Part I, line 7, column (B)

(1)

(2)

Totals

Total dividends-received deductions included in column 8

DAA

_	20	0	- 1

Schedule F – Interest, Annu	<u>iities, Royalt</u> 	ies, and Ren	ts Fror	<u>m Controlle</u> pt Controlled	d Organ	ganization nizations	s (see instruc	ctions)		
1 Name of controlled organization ider		2 Employer ntification number 3 Net u		unrelated income 4 T		tal of specified ments made	5 Part of column included in the corganization's gro	controlling	6 Deductions directly connected with income in column 5	
(1) N/A										
(2)										
(3)		-								
(4)										
Nonexempt Controlled Organiza	itions	-						т —		
7 Taxable Income		Net unrelated income oss) (see instructions)	1	9 Total of specific payments made		included in	column 9 that is the controlling i's gross income	1	Deductions directly nected with income in column 10	
(1)				·						
(2)	<u> </u>							ļ		
(3)								ļ		
(4)									 	
Totals					•	Enter here	nns 5 and 10 and on page 1, 8, column (A)	Ente	d columns 6 and 11 r here and on page 1, I, line 8, column (B)	
Schedule G – Investment In	ncome of a S	ection 501(c)(7), (9)), or (17) Or	ganiz	zation (see	instructions)	•		
1 Description of income		2 Amount of II	ncome	3 Ded directly c (attach s		li li	4 Set-asides (attach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A				-			-	-		
(2)										
(3)										
(4)										
Totals	>	Enter here and o Part I, line 9, co	lumn (A)						er here and on page 1, rt I, line 9, column (B)	
Schedule I – Exploited Exe	mpt Activity	Income, Oth	er Thai	n Advertisiı	ng Ind	come (see	instructions)			
Description of exploited activity	2 Gross unrelated business incom from trade or business	3 Exper directle connected productio unrelat business in	y d with on of ed	4 Net income (It from unrelated tr or business (colu 2 minus column If a gain, compu cols 5 through	ade umn 3) ute	5 Gross incor from activity the is not unrelated business incor	nat attribu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
37/3									-	
(1) N/A				<u> </u>	-+		_			
(2)		-			\dashv					
(3)		-			-+				†	
(4) Totals ▶	Enter here and c page 1, Part I, tine 10, col (A)	page 1, P	art I,						Enter here and on page 1, Part II line 26	
Schedule J – Advertising Ir	ncome (see in	structions)			- H-	no mc -1 17h			•	
Part I Income From F			Cons	olidated Ba	isis	****				
1 Name of periodical	2 Gross advertising income	3 Dire advertising	ect	4 Advertising gain or (loss) (c 2 minus col 3) a gain, comput cols 5 through	g col If te	5 Circulation income		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A	1	<u> </u>								
(2)										
(3)										
(4)									1,57,7	
Totals (carry to Part II, line (5))						_			Form 990-T (20	

35-1101603

Page 5

2 through 7 on a	a line-by-line bas	s)				
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (cot 2 minus cot 3) If a gain, compute cots 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) N/A						
(2)	<u> </u>					
(3)		•				
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	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

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		.	

Form **990-T** (2018)

35-1101603

Federal Statements

FYE: 6/30/2019

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	 Amount		
RENTAL PROPERTY	\$ 65,420		
TOTAL	\$ 65,420		

Statement 2 - Form 990-T, Part II, Line 18 - Interest

Description	 Amount
RENTAL PROPERTY	\$ 4,305
TOTAL	\$ 4,305

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description		Amount
OCCUPANCY	. \$	38,812
TELEPHONE		777
EQUIPMENT EXPENSE		665
SUPPLIES		3,977
INVESTMENT DEPRECIATION		24,678
TOTAL	\$	68,909