2939316300522 OMB No 1545-0047 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20Department of the Treasury Internal Revenue Service ▶Go to www irs.gov/Form990T for instructions and the latest information Open to Public Inspection for-Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Check box if Name of organization Check box if name changed and see instructions ) D Employer identification number (Employees' trust, see instructions) Exempt under section BLUE RIVER SERVICES, C)( 501( /3 Print Number, street, and room or suite no. If a P.O. box, see instructions 35-1101603 220(e) or 408(e) P.O. BOX 547 E Unrelated business activity code 408A 530(a) Type (See instructions) City or town, state or province, country, and ZIP or foreign postal code 529(a) CORYDON 531120 IN 47112-2057 Book value of all assets Group exemption number (See instructions ) at end of year 21,646,938 G Check organization type ▶ X 501(c) corporation 501(c) trust \_\_\_ 401(a) trust Describe the only (or first) unrelated trade or business here Enter the number of the organization's unrelated trades or businesses 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 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation ROSE A. 812-738-2408 The books are in care of ▶ Telephone number ▶ Ranting Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 3 Capital gain net income (attach Schedule D) **4**a **4**a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b b 4c Capital loss deduction for trusts C Income (loss) from partnership and S corporation (attach statement) 5 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 19,020 12 Other income (See instructions, attach schedule) SEE STMT 12 19,020 19,020 19,020 13 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions Deductions must be directly art II connected with the unrelated business prcome ) Compensation of officers, directors, and trustees (Schedule K) 14 SOS 14 NOV 0 9 2020 Salaries and wages 15 15 16 16 Repairs and maintenance 17 **Bad debts** 17 2,416 Interest (attach schedule) (see instructions) 18 16,554 Taxes and licenses 19 27,716 Depreciation (attach Form 4562) 20 27,716 Less depreciation claimed on Schedule A and elsewhere on return 21b 21a 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 25 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 26 SEE STATEMENT 3 Other deductions (attach schedule) 27 80,947 Total deductions. Add lines 14 through 27 28 99,917 -80,897 Unrelated/business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 -80,897 Unrelated business taxable income Subtract line 30 from line 29 31 Form 990-T (2019) For Paperwork Reduction Act Notice, see instructions.

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	990-1/2019) BLUE RIVER SERVICES, INC.	35-1101603			Page <b>2</b>
Pa	TIM · Total Unrelated Business Taxable income				
32	Total of unrelated business taxable income computed from all unrelated trades or be	usinesses (see			
	instructions)			32	
33	Amounts paid for disallowed fringes			33	
34	Charitable contributions (see instructions for limitation rules)	•		34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduct	tions Subtract line			
	34 from the sum of lines 32 and 33			35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 20	018 (see		-	
	instructions)	0.0 (000		36	
37	Total of unrelated business taxable income before specific deduction. Subtract line:	36 from line 35		37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	1,000	
		<i>∪</i>  -	<b>20</b>	1,000	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greated the amelia of taxable income.	ater than line 37,		20	0
F D	enter the smaller of zero or line 37 Tax Computation			39	
			$\overline{}$	40	
40 41	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax or	n		40	
••	the amount on line 39 from Tax rate schedule or Schedule D (Fori			41	
42	Proxy tax. See instructions	111 1041)	. –	42	
			_		<del></del>
43	Alternative minimum tax (trusts only)			43	<del></del>
44	Tax on Noncompliant Facility Income. See instructions		<b></b>	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	-		45	0
	Tax and Payments	142	3.0	SPERIE	
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a			
b	Other credits (see instructions)	46b			
С	General business credit Attach Form 3800 (see instructions)	46c	#1 #1	50.50 50.50	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
е	Total credits. Add lines 46a through 46d		4	46e	
47	Subtract line 46e from line 45			47	
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (a	att sch)	L	48	
49	Total tax. Add lines 47 and 48 (see instructions)			49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) lin	ne 3		50	
51a	Payments A 2018 overpayment credited to 2019	51a			
b	2019 estimated tax payments	51b	100		
С	Tax deposited with Form 8868	51c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
d	Foreign organizations Tax paid or withheld at source (see instructions)	51d			
е	Backup withholding (see instructions)	51e	- E		
f	Credit for small employer health insurance premiums (attach Form 8941)	51f			
q	Other credits, adjustments, and payments Form 2439	•			
9	Form 4136 Other Total	▶   51g	<b>第</b>		
52	Total payments. Add lines 51a through 51g	3191		52	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	•	<u>—</u> —	53	<del></del>
		•			0
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			54	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount			55	<del></del>
56	Enter the amount of line 55 you want Credited to 2020 estimated tax	Refunde		56	
	rt VI Statements Regarding Certain Activities and Other Info				
57	At any time during the 2019 calendar year, did the organization have an interest in over a financial account (bank, securities, or other) in a foreign country? If "YES," the	or a signature or other authori	ty		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the				
	here ▶	3	,		X
58	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to, a for	eign trust	?	X
	If "YES," see instructions for other forms the organization may have to file				āšī rija
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year  Under positives of perjury, declare that have examined this return, including accompanying schedules and state	\$	and balled it		
Sig	n true, correct, and complete deplaration of preparer (other than taxpayer) is based on all information of which prep	ements, and to the best of my knowledge parer has any knowledge	ano beller, it	May	the IRS discuss this return
Hei		, ,		(see	the IRS discuss this return the preparer shown below instructions)?
• •	Signature of officer Date Title			— I	X Yes No
	· <del></del>	Date		heck If	PTIN
Paid	Man He Cour	ا ۱۸ بر کسکست		elf-employed	
					P00382234 61-1064249
•		AEE EDC	Firm's Ell	47	7T-TO04543
use			<u> </u>	017	0_0/E_E006
	Firm's address NEW ALBANY, IN 47150		Phone no		2-945-5236
					Form <b>990-T</b> (2019)

		TD CFD	VT CE	e tag	,			25_1	101603			
	n·990-T (2019) BLUE RIV redule A – Cost of Goods S					v valuation <b>&gt;</b>	-	35-1	101603			Page 3
1	Inventory at beginning of year	1	i incui	Ja or inve		Inventory at end	of v	ear		6	T	
2	Purchases	2		7 Cost of goods sold. Subtract				7 				
3	Cost of labor	3			line 6 from line 5 Enter here and							
4a	Additional sec 263A costs	<u> </u>				in Part I, line 2				7		
	(attach schedule)	4a			8 Do the rules of section 263A (with respect to					Yes No		
b	Other costs	4b							ed for resale) apply			
5	(attach schedule)  Total. Add lines 1 through 4b	5	••			to the organization		acquiit	sa for resale, apply			7:5524_dd Hall clipt;
	edule C – Rent Income (Fi		Proper	tv and P	erso			ased \	With Real Prope	rtv	)	<u> </u>
	ee instructions)			.,						,	,	
Des	cription of property											
1)	N/A											
2)												
3)												
4)			_					_				
		2 Rent rece	ived or accr	ued						_		-
	(a) From personal property (if the percentage	ge of rent	Τ	(b) From re	eal and	personal property (if the			3(a) Deductions d	licectly	connected with the	ncome
	for personal property is more than 10% b	-		percentage of rent for personal property exceeds					3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
more than 50%)				50% or if the rent is based on profit or income)								
1)												
2)												
<del>-,</del> 3)								-				
4)						<del></del>						
otal			Total						/h) Total daduction			
c) Total income. Add totals of columns 2(a) and 2(b) Enter			,					(b) Total deduction Enter here and on pa				
	and on page 1, Part I, line 6, colur		(b) Linter			<b>•</b>			Part I, line 6, column	•		
	edule E – Unrelated Debt-		Incom	e (see ins	struc	tions)						
									3 Deductions directly o	onnec	ted with or allocable	to
	1. Description of dobt financed	proporty.			-	income from or			debt-fina			
	Description of debt-financed	property		all		to debt-financed property	Ì	(a) Straight line depreciation			(b) Other deductions	
						(attach schedule)			(attach schedule)			
 1)	N/A									$\top$	•	-
2)												
3)								•				
4)		•						-				
	•	Average adjuste			6	Column					8 Allocable dec	ductions
	acquisition debt on or allocable to debt-financed de	of or allocable ebt-financed pro				divided			ross income reportable		(column 6 x total o	
	property (attach schedule)	(attach schedu			by	column 5		(0	column 2 x column 6)		3(a) and 3(	b))
1)					-		%			1		
2)					•		%					
3)							%			十		
4)							%			$\top$	-	
·/							Ĩ	Enter	here and on page 1,	1	Enter here and o	on page 1.
									I, line 7, column (A)	'	Part I, line 7, co	olumn (B)
ota	Is					1						
	l dividends-received deductions	included in	column 8			<u>'</u>	٠ ،		•	$\top$		

Schedule F - Interest, Annu	uities, Royal	ties, and Ren	ts Fro	om Controll	ed O	rganizatior	is (see instru	ctions)		
				npt Controlled						
1 Name of controlled organization	ıde	2 Employer entification number	l	unrelated income (see instructions)		Total of specified ayments made	5 Part of columniculated in the organization's great street and the control of the column in the col	controlling	6 Deductions directly connected with income in column 5	
(1) N/A	· -									
(2)	<del></del>						<u> </u>			
(3)			-			··· -	<u> </u>	_		
(4)			_							
Nonexempt Controlled Organiza	itions		<u> </u>				<u> </u>			
7 Tayabla lacama		Net unrelated income oss) (see instructions)		9 Total of specified payments made		ıncluded ıı	column 9 that is in the controlling in's gross income	1	Deductions directly ected with income in column 10	
(1)						·		]		
(2)								]		
(3)										
(4)										
Totals					•	Enter here	mns 5 and 10 and on page 1, e8, column (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)	
Schedule G – Investment Ir	come of a S	ection 501(c	)(7), (9	3), or (17) O	rgan	ization (see	instructions)	•		
1 Description of income		2 Amount of ir		3 Dec	ductions	ed	4 Set-asides (attach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) <b>N/A</b>										
(2)										
(3)										
(4)										
Totals	<b>&gt;</b>	Enter here and o Part I, line 9, col	n page 1 Iumn (A).					Pa	ter here and on page 1, art I, line 9, column (B)	
Schedule I - Exploited Exer	mpt Activity	Income, Oth	er Tha	an Advertisi	ng Ir	ncome (see	instructions)			
Description of exploited activity	2 Gross unrelated business incom from trade or business	3 Expen directi e connected productio unrelate business in	y I with in of ed	4 Net income (I from unrelated t or business (col 2 minus column If a gain, comp cols 5 through	rade lumn 13) oute	<b>5</b> Gross inconfrom activity the is not unrelated business inco	nat attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A							1 -:-			
(2)										
(3)										
(4) Totals	Enter here and o page 1, Part I, line 10, col (A)	page 1, P	art I,						Enter here and on page 1, Part II, line 25	
Schedule J - Advertising In	come (see in	structions)								
Part I Income From P			Cons	solidated Ba	asis					
1 Name of periodical	2 Gross advertising income	3 Directising		4 Advertisin gain or (loss) ( 2 minus col 3 a gain, compu cols 5 through	col ) If ute n 7	5 Circulation income		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A										
(2)										
(3)					jari j					
(4)										
Totals (carry to Part II, line (5)) ▶						_				

Page **5** 

2 through 7 on a	line-by-line bas	ıs)		_		
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) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
	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 26

Totals, Part II (lines 1-5)	AND THE REAL PROPERTY OF THE P		
Schedule K - Compensation of Office	rs, 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** (2019)

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## **Federal Statements**

FYE: 6/30/2020

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

Description		Amount
RENTAL PROPERTY	\$	19,020
TOTAL	\$	19,020

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

Description		Amount
RENTAL PROPERTY	\$	2,416
TOTAL	• \$	2,416

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

Description	Aı	<u>mount</u>
OCCUPANCY	\$	39,689
TELEPHONE		2,212
EQUIPMENT EXPENSE		485
PROFESSIONAL FEES		6,887
SUPPLIES		3,958
INVESTMENT DEPRECIATION		27,716
TOTAL	\$	80,947