Unrelated business taxable income Subtract line 30 from line 29

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

EXTENDED TO NOVEMBER 16, 2020

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

Form 990-T

-12,617.

Form 990-T (2019)

31

Form	n 990-T (20	6 ON RIVER TIME		45-	-5023228 Page 2
	art IX	Total Unrelated Business Taxable Income			
3		of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	-12,617.
30		unts paid for disallowed fringes	1	33	
		nitable contributions (see instructions for limitation rules)		34	0.
34		,			-12,617.
3		unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines	32 and 33	7	-12,017.
30		iction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	10 (17
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37	-12,617.
38		rfic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38	1,000.
39	9 Unre	lated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	7)	1 []	
١		the smaller of zero or line 37		391	-12,617.
\ <u>P</u>	art IV	Tax Computation			
/40	0 Orga	nizations Taxable as Corporations Multiply line 39 by 21% (0 21)	Þ	► 40	0.
4	1 Trust	is Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:			
		Tax rate schedule or Schedule D (Form 1041)	•	► <u>41</u>	 _
42	2 Prox	y tax. See instructions		→ 42	
43	3 Alter	native m:nimum tax (trusts only)		43	
44	4 Tax	on Noncompliant Facility Income See instructions		44	
, 4	5/ Total	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	
Pa	art V	Tax and Payments		1	
46	6a Forei	gn tax credit (corporations attach Form 1118, trusts attach Form 1116)		7 7	
		credits (see instructions) 46b		1	
		ral business credit Attach Form 3800		7	
		t for prior year minimum tax (attach Form 8801 or 8827)		┑.।	
		credits Add lines 46a through 46d		46e	
47		ract line 46e from line 45		47	0.
48		taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)	h cehodule		
			ii scriedule	49	0.
49		tax Add lines 47 and 48 (see instructions)		50	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		30	
5	•	nents: A 2018 overpayment credited to 2019		⊣ '∣	
		estimated tax payments 51b	——	1	
		leposited with Form 8868		j	
		gn organizations: Tax paid or withheld at source (see instructions)			
		up withholding (see instructions)		_	
		it for small employer health insurance premiums (attach Form 8941)		_	
	g Other	credits, adjustments, and payments: Form 2439		1 1	
	ليا	Form 4136 Other Total ▶ 51g		1	
52	2 Total	payments. Add lines 51a through 51g		52	
53	3 Estin	nated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲		53	
54	4 Tax	lue If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	>	► <u>54</u>	
[] 5!	5 Over	payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		► <u>55</u>	
1 1 <u></u>	8 Enter	the amount of line 55 you want. Credited to 2020 estimated tax	ed	> 5.6	
Pa	art VI	Statements Regarding Certain Activities and Other Information (see instruction	าร)		
57	7 At an	y time during the 2019 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			
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here				X
58		ig the tax year, didythe organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to	ust?		X
		s," see instructions for other forms the organization may have to file.			
59		the amount of tax-exempt interest received or accrued during the tax year > \$			
			of my knov	vledge and be	elief, it is true,
Sig	an I	Under densities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct and complete. Declaration of preparer (other than taxpayer) is placed on all information of which preparer has any knowledge	,		
He		May Day 11/4/20 PRESIDENT			discuss this return with
	1	Signature of officer Date Title			shown below (see
-			al.		
		Print/Type preparer's name Preparer's signature Date Che		ıf PTIN	ı
	aid	TEGGTON WOODG 10/27/20	- employe		12251000
	epare				2351080
Us	se Onl		m's EIN	≥ 84	1-4049075
		4220 CAHABA HEIGHTS COURT		(205)	277 1500
			one no	(205)	277-1529
9237	11 01-27-2	20			Form 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter method of ir	nventory valuation N/A	Ą	
1 Inventory at beginning of year	1	6 Inventory at end of ye	ar	6
2 Purchases	2	7 Cost of goods sold S	Subtract line 6	
3 Cost of labor	3	from line 5. Enter here		
4a Additional section 263A costs		line 2		7
(attach schedule)	48	8 Do the rules of section	n 263A (with respect to	Yes No
Other costs (attach schedule)	4b	property produced or	acquired for resale) apply to	
5 Total. Add lines 1 through 4b	5	the organization?		
Schedule C - Rent Income (F	rom Real Property a	and Personal Property i	Leased With Real Prop	perty)
1 Description of property				
(1)				
(2)				
(3)	··· ··			
(4)	O Destruction of the control			
(a) Every property reports (d) the property	2 Rent received or accrued	and anyonal property (if the parameter	3(a) Deductions directl	y connected with the income in
 (a) From personal property (if the perceint for personal property is more than 50%) 	an 'ofren	real and personal property (if the percent t for personal property exceeds 50% or if he rent is based on profit or income)	columns 2(a) a	and 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)				
Total	0 . Total		0.	
(c) Total income Add totals of columns 2((b) Total deductions Enter here and on page 1,	
here and on page 1, Part I, line 6, column (0 • Part I, line 6, column (B)	D .
Schedule E - Unrelated Debt	-Financed Income (see instructions)		
		2. Gross income from	3. Deductions directly cor to debt-finan	ced property
 Description of debt-finar 	nced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
				STATEMENT 3
(1) RENTAL OF ON RIVE	R TIME CABIN	12,000.		26,487.
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 300,872.	345,49	1. 87.09%	10,451	. 23,068.
(2)		%		
(3)		%		
(4)		%		
STATEMENT 1	STATEMENT 2	2	Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		_	10,451	
Total dividends-received deductions Incl	uded in column 8			0.

Part I Income From Periodicals Reported on a Consolidated Basis

	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 (ca	irry to Part II, line (5))	0.	0.				0.

Form 990-T (2019) ON RIVER TIME 45-50232 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	3/	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.			•	0.
		Enter here and on — page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)	- In -		•	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.				_ 0.

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T SCHEDULE E - UNRELATED DEBT-FII AVERAGE ACQUISITION D		STATEMENT 1
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
RENTAL OF ON RIVER TIME CABIN	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		315,792 316,352 316,912 293,472 294,032 294,592 295,152 295,712 296,272 296,832 297,392 297,952
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		3,610,464 12
AVERAGE AQUISITION DEBT		300,872
FORM 990-T, SCHEDULE E, COLUMN 4 FORM 990-T SCHEDULE E - UNRELATED DEBT-FII AVERAGE ADJUSTED BASIS DESCRIPTION OF DEBT-FINANCED PROPERTY	NANCED INCOME ACTIVITY NUMBER	STATEMENT 2
RENTAL OF ON RIVER TIME CABIN		TRUOMA
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF		353,089 337,893
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR	R	345,491
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5		

FORM 990-T		SCHEDULI	E E - OTHER	R DEDUCTIONS	STATEMENT 3		
DESCRIPTION				ACTIVITY NUMBER	AMOUNT	TOTAL	
INSURANCE INTEREST DEPRECIATION					5,532. 6,425. 14,530.		
	- -		SUBTOTAL -	1.		26,487.	
TOTAL OF FORM	990-Т,	SCHEDULE	E, COLUMN	3(B)		26,487.	