OMB No 1545-0687

Exempt Organization Business Income Tax Return

Form **990-T** (2018)

Part		otal Unrelated Business Taxable Income				
33	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see	- 1		1	
•	instructio	· · · · · · · · · · · · · · · · · · ·	33		0	
34		paid for disallowed fringes .	34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instruction		35		ol	
36		unrelated business taxable income before specific deduction. Subtract line 35 from the sum		·		
		33 and 34	36		ol	
37		deduction (Generally \$1, 000, but see line 37 instructions for exceptions)	37	<u> </u>	ő	
38		ed business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	<u> </u>	 	Ť	
30		e smaller of zero or line 36	38		ol	
Part		ax Computation	1 30	<u> </u>	<u> </u>	
			30		0	
39	_	ations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39	 		
40		axable at Trust Rates. See instructions for tax computation. Income tax on the			1	
		on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	-	x. See instructions	<u>41</u>			
42		ve minimum tax (trusts only)	42	<u> </u>		
43		Ioncompliant Facility Income. See instructions	43			
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0	
Part		ax and Payments				
45 a	_	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			1	
b		edits (see instructions) 45b				
С	General	business credit Attach Form 3800 (see instructions) 45c				
d		r prior year minimum tax (attach Form 8801 or 8827)			1	
е	Total cre	edits. Add lines 45a through 45d	45e		0	
46	Subtract	line 45e from line 44	46		0	
47	Other taxe	s Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47			
48	Total tax	x. 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			
50 a	Paymen	is A 2017 overpayment credited to 2018 50a 50a				
b	2018 est	imated tax payments 50b				
С		osited with Form 8868 50c				
d		organizations Tax paid or withheld at source (see instructions) 50d			ĺ	
е		withholding (see instructions) 50e			i	
f		r small employer health insurance premiums (attach Form 8941) 50f				
g		edits, adjustments, and payments Form 2439			l	
•	_	1 4136				
51	_	yments. Add lines 50a through 50g	51	-	0	
52		d tax penalty (see instructions) Check if Form 2220 is attached	52		씍	
53		If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► 53	 	0	
54			▶ 54		0	
5 5		ment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid amount of line 54 you want. Credited to 2019 estimated tax.	► 55			
Part		amount of line 54 you want. Credited to 2019 estimated tax. ► Refunded atements Regarding Certain Activities and Other Information (see instructions)	- 1 55			
					Vaa	Na
56	-	me during the 2018 calendar year, did the organization have an interest in or a signature or other		-	Yes	No
		nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may t				
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign	gn count	гу		
	here ►					X
57		e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	oreign trus	ST? .		Х
		see instructions for other forms the organization may have to file]	
58		e amount of tax-exempt interest received or accrued during the tax year ▶ \$		45-4-4-4-4		
		r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my ki omplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	nowledge an	u pellet, it is true	, correct,	
Sign	1.01	0. 100 161 2120	May th	e IRS discuss th	ıs return	with
Here	'	Ann Drawy 105/13/14 DIRECTOR		parer shown bel		Ne
	Sig	nature of officer Date Title	iristruc	tions)? X Y	#5 <u> </u>	No
D=:-		Print/Type preparer's name Preparer's signature Date	heck X	If PTIN		
Paid			elf-employe	- 1	8084	
Prep			rm's EIN			
Use	Only	Villami Station of A. Ovi	none no	(417) 873-		
		5 to 2 Street at 2 Street at 1 Springhold, INO 00000		<u>, , , , , o</u> , <u>o</u> ,	~~ <u>~</u> ~	

Form 99	0-T (2018) H(OUSE OF HOPE	MINISTRIE	S			32-	0452878	ı	Page 3
Schee	dule A—Cost of Goo	ds Sold. Ente	r method o	f inventor	v valuatio	n▶ COST			•	
	Inventory at beginning of			20,864		ventory at en	d of year	6	20,864	1
•	Purchases		2	17,824	7 C	ost of goods	sold. Subtract			
3	Cost of labor	ļ	3			ne 6 from line				1
4 a	Additional section 263A of	costs			_	nd in Part I, Iir		7	17,824	1
	(attach schedule)	4	la İ		8 D	o the rules of	section 263A (wit	h respect	to Yes	No
	Other costs (attach sched	dule) 4	ь				ed or acquired fo	•		
	Total. Add lines 1 through		5 3	38,688	_	oply to the org	•	,		Х
	dule C—Rent Income							operty)		
	instructions)	•			•	•		,		
	cription of property									
(1)										
(2)										
(3)										
(4)									_	
		2. Rent receiv	ed or accrued			-				
4-> 5			45.5				0/-> D. d 4 d		-44 · · · ·4b - 4b - · ·	
	rom personal property (if the per r personal property is more than				ersonal propert ersonal proper		3(a) Deductions di in columns 2(a		ittach schedule)	
	more than 50%)				sed on profit a		,	, ,,,	•	
(1)										
(2)							=			
(3)										
(4)										
Total		0	Total			0	(b) Total deduc	tions		
(c) Tota	al income. Add totals of col	lumns 2(a) and 2(b) Enter				Enter here and o			
here an	d on page 1, Part I, line 6, o	column (A)	>			0	Part I, line 6, col	umn (B)	•	0
Sched	ule E—Unrelated De	ebt-Financed	Income (se	e instruction	ons)					-
				2. Gross in	come from or	3. 🗆	eductions directly con to debt-finance		or allocable	
	1. Description of debt-	financed property			debt-financed perty	(a) Straight	line depreciation	(b) O	ther deductions	
						(attach	schedule)	(att	ach schedule)	
(1)	·					ļ <u></u>				
(2)					<u> </u>					
(3)										
(4)										
	4. Amount of average	5. Average adj		6.0	olumn			8 Allo	cable deduction	c
	acquisition debt on or allocable to debt-financed	of or allocated of the debt-financed		4 dr	vided		come reportable 2 × column 6)	(column (6 × total of colur	
	property (attach schedule)	(attach sch		by ∞	lumn 5	(55,5,1,1)		3((a) and 3(b))	
(1)					%		0		· · · · ·	
(2)		120-		1	<u>/</u> 3	+	0			0
(3)	- · · · · ·		· · · · · · · · · · · · · · · · · · · 		%		0		***	<u>_</u>

%

(4)

Totals

Total dividends-received deductions included in column 8

Form **990-T** (2018)

Enter here and on page 1,

Part I, line 7, column (B)

0

0

▶

Enter here and on page 1,

Part I, line 7, column (A)

0

0

32-0452878

Page	4

Schedule F—Interest, Annuitie	es, Koyaities,	,		Zontrolled Orga Organizations	inizations (se	e instruct	iions)	, (
Name of controlled organization	2. Employer dentification number	3. Net un	related income e instructions)	4. Total of specifie		e controlling	conn	eductions directly ected with income in column 5
(1)		Ĺ <u>.</u>						
(2)								
(3)		ļ					-	
(4)	_	L <u></u>						
Nonexempt Controlled Organizations	S		r				-	
, 7. Taxable Income	8. Net unrelated i (loss) (see instru			Total of specified ayments made	10. Part of colunctuded in the organization's g	controlling	conne	Deductions directly icted with income in column 10
(1)		•						
(2)								
(3).								
(4)			<u> </u>				 	
Totals				•	Add columns Enter here and Part I, line 8, o	on page 1, column (A)	Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Schedule G—Investment Inco	me of a Section	on 501(c)(7), (9), o	r (17) Organizat	tion (see instru		-1	· · · · · · · · · · · · · · · · · · ·
7 1. Description of income	2 Amount of II		3. direc	Deductions city connected ach schedule)	4. Set-aside: (attach schedu	s	and se	tal deductions et-asides (col. 3 ilus col. 4)
(1)					<u></u>			0
(2)								0
.(3)								0
.(4)	<u> </u>	•	A . 100kg 2 C 1600e2 . 30	NAMES OF A STATE OF THE STATE O	China Saloto P. Ser. N. Makey	Second Jan		0
Totals	Enter here and o Part I, line 9, colu	umn (A) 0				F		e and on page 1, e 9, column (B) 0
Schedule I—Exploited Exempt	t Activity Inco	me, Oth	er Than A	dvertising Inco	me (see instruc	ctions)		
1. Description of exploited activity	2. Gross unrelated business incom from trade orbusiness	ne conne prod un	xpenses irectly ected with luction of related	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute	5. Gross income from activity that is not unrelated business income	6. Expo attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than
(1)	 			0		 		
(2)	1			0				0
(3)			<u> </u>	0				0
(4)				0				0
Totals	Enter here and opage 1, Part I, line 10, col (A)	, page	nere and on 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26
Schedule J—Advertising Inco	:L me (see instructi			CONTRACT SECURITION CONTRACTOR		**************************************	Samaka 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	0
Part I Income From Perior			Consolida	ted Basis				
· Income From Ferior	ulcais Reporte	Ju Oli a C	Jonsona		· .	1		
1. Name of penodical	2. Gross advertising income		Direct dising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			- 3		•			
	1		<u> </u>		-			
				CONTROL OF CALCALLY SHOP A TICKNOWN AND CALCALLY				
(3)						<u> </u>		
(2) (3) (4)				7 (44) 81 (1) (1) (1) (1) (1) (1)				

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.)

columns 2 through 7 c	<u>in a line-by-line l</u>	pasis)		<u> </u>	,	
1. Name of penodical	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)			0			0
(2)	-		0			0
(3)			0			0
(4)			0			0
Totals from Part I	0	0		548 (1704)		0
	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
Totals, Part II (lines 1-5)] 0] 0	1 2 2 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1			<u> </u>

Schedule K—Compensation of Officers, Direct	tors, and Trustees (see instructions)	_	
1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14	_		0

Form **990-T** (2018)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Denartment of the Treasure Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No 179 Name(s) shown on return Business or activity to which this form relates Identifying number RENEWED TREASURES MINISTRIES 990T 32-0452878 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (c) Elected cost (b) Cost (business use only) Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 0 9 0 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 ▶ 13 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 586 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and. (c) Basis for depreciation. (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction penod in service only-see instructions) 的化工学生被编 а 3-year property Land of the b 5-year property **25.14.2**% 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L i Nonresidential real MM S/L 39 yrs MM S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L b 12-year 12 yrs c 30-year MM S/L 30 yrs d 40-year S/L 40 yrs MM Summary (See instructions) 21 Listed property Enter amount from line 28 . 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 586 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Line 28 (990-T) - Other Deductions

Zine ze (oco i) outoi Boudouono		
1 Automobile and truck expenses	1	2,315
2 Insurance	2	1,560
3 Office expenses	3	185
4 Postage	4	212
5 Printing .	5	193
6 Sales and promotion expenses	6	850
7 Security	7	105
8 Supplies	8	3,635
9 Training	9	899
10 Utilities	10	21,998
11 Rents	11	17,625
12 Total other deductions	. 12	49,577
13 Total deductions less expenses for offsetting credits	13	49,577

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Carryover
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Line 35 (990-T) -

	Beginning Ending Amount of	Ending	Amount of	Amount Used	Adjustment		Amount			Net Operating	Cumilative
	Loss Period	Loss Period	Net Operating	in Prior Years/	Under Sec.	•	Available	Amount Used	Expiring	I oss Available	I Inused Net
Carryover Period	(M/D/YYYY)	(M/D/YYYY)	Loss	Carrybacks	170(d)(2)(B)	Adjustments	This Year	This Year	Losses	for Carryover	Operating Loss
20th Preceding Period			0	0	0	0	0	0	С	O	
19th Preceding Period			0	0	0	0	0	0	0		
18th Preceding Period			0	0	0	0	0	C	C		
17th Preceding Period			0	0	0	0	0		0		0
16th Preceding Period			0	0	0	0	0	0	0		P
15th Preceding Period			0	0	0	0	0	0	0	0	
14th Preceding Period	•		0	0	0	0	0	0	0	0	
13th Preceding Period			0	0	0	0	0	0	0	0	
12th Preceding Period			0	0	0	0	0	0	0	0	0
11th Preceding Period			0	0	0	0	0	0	0	0	0
10th Preceding Period			0	0	0	0	0	0	0	0	0
9th Preceding Period			0	0 ,	0		0	0	0	0	0
8th Preceding Period			0	0	0	0	0	0	0	0	0
7th Preceding Period			0	0	0	0	0	0	0	0	0
6th Preceding Period			0	0 .	0	0	0	0	0	0	0
5th Preceding Period			0	0	0	0	0	0	0	0	0
4th Preceding Period			0	0	0	0	0	0	0	0	0
3rd Preceding Period			0	0	0	0	0	0	0	0	0
2nd Preceding Period	1/1/2016	12/31/2016	2,580	5,580	0	0	0	0	0	0	0
1st Preceding Period	1/1/2017	12/31/2017	0	0	0	0	0	0	0	0	0
Current Period	1/1/2018	12/31/2018	812				812			812	812

0

Total Net Operating Loss Used This Year:

0

Taxable Income Before Net Operating Loss: