| | OOO T | | Exempt Organizatio | n Business | Inc | ome Tax R | eturr | , L | ОМ | IB No 1545-0047 |
|-----------------|------------------------------|----------|--|-------------------------|----------|---------------------|--|---------------------|----------------|--|
| Form | 990-T | | (and proxy t | ax under sect | tion | 6033(e)) | 112 | - | 4 | 2019 |
| | | For cale | endar year 2019 or other tax year be | ginning, | 2019, | and ending | , 20 | | 4 | <u> </u> |
| • | nent of the Treasury | | ► Go to www.irs.gov/Form9 | | | | | Op | en to | Public Inspection for |
| | Revenue Service | ►Do | not enter SSN numbers on this for | | | | is a 501 | | | Public Inspection for 3) Organizations Only |
| | Check box if address changed | | Name of organization (Check | | and see | e instructions) | ļ | | | entification number rust, see instructions) |
| _ | npt under section | Print | RENEWED TREASURES I | | | | | | | • |
| | 01(c () (3) | or | Number, street, and room or suite in PO BOX 2601 | no Ita PO. box, see in | structio | ons | } | 32-04 E Unrelate | | siness activity code |
| | _ | Type | City or town, state or province, cou | ntn/ and ZIP or foreign | nosta | L code | | (See inst | | • |
| ☐ 5: | | | SPRINGFIELD, MO 658 | | Posta | Code | | 453 | 310 |) |
| C Book | value of all assets | F Gr | oup exemption number (See | | | | | | | |
| at en | d of year 247, 955. | <u> </u> | neck organization type X | | on | ☐ 501(c) trust | | 401(a) tru | ust | Other trust |
| H Er | | | organization's unrelated trade | | | D | escribe | the only | (or 1 | first) unrelated |
| | | | | If o | | ne, complete Parts | s I–V. If | more tha | n o | ne, describe the |
| | | | at the end of the previous se | ntence, complete | Parts | s I and II, comple | te a So | chedule M | 1 fo | r each additional |
| | | | omplete Parts III-V. | | | | | | | |
| | | | e corporation a subsidiary in an | | | nt-subsidiary contr | olled gr | oup? | . ▶ | ☐ Yes ☒ No |
| | | | and identifying number of the | parent corporation | on. ▶ | | | | | |
| | | | NANN BRADLEY | | | Telephone r | • | | 3)9 | |
| Par | | | e or Business Income | | | (A) Income | (B) | Expenses | _ | (C) Net |
| ₹ 1a | | | es <u>138,408</u> | | | | | | .] | |
| 1202 | Less returns a | | | c Balance ► | 1c | 138,408 | | | - | |
| 2 | • | - | Schedule A, line 7) | | 2 | 22,465 | | | <u> </u> | 115 042 |
| 2 3 | • | | line 2 from line 1c | | 3 | 115,943 | ļ | | 4 | 115,943 |
| م ^{4a} | . • | | ne (attach Schedule D) | | 4a | | | /_ | - | |
| d 4a b | • | • | 4797, Part II, line 17) (attach I | | 4b | | ļ <u>.</u> | | - | |
| C | | | n for trusts | | 4c | <u></u> | -/ | | - | |
| <u>, 5</u> | | | a partnership or an S corp | | 5 | | | | | |
| | • | | | | 6 | | | | \dashv | |
| , 6 7 | - | | le C) | | 7 | | - | | \dashv | |
| 3 (| | | ced income (Schedule E) | | 8 | | | | + | |
| /) B | • | • | s, and rents from a controlled organization 501(a)(7), (9), or (17) organization | · · | 9 | | - | | + | |
| 9 | | | ection 501(c)(7), (9), or (17) organization (School 10, 1) | | 10 | | | | + | |
| 10 | | | ivity income (Schedule I) | | 11 | | | | \dashv | |
| 11 | | | Schedule J) | | 12 | | | | + | 11-7 |
| 12 | | | 3 through 12 | , | 13 | 115,943 | | | 十 | 115,943 |
| 13 Part | Total. Combin | e imes | Taken Elsewhere (See ins | tructions for limit | | s on deductions | (Dedi | ections m | ust | |
| rait | | | he unrelated business incor | | alion | on acadonono. | , (500) | 20110110 111 | | oo an oon, |
| 14 | | | cers, directors, and trustees (| | | | | . 14 | 4 | |
| 15 | | | | | | | | 19 | | |
| 16 | Repairs and m | aintena | ınce | · · · · · · · · · · · · | 25 | ? | | 10 | 6 | |
| 17 | Bad debts . | | <i> /</i> | 11) 200 | , | | | 1 | 7 | |
| 18 | Interest (attach | sched | ule) (see instructions) | | | | | 18 | В | 315 |
| 19 | | | | | | | | 19 | 9 | |
| 20 | Depreciation (a | attach F | orm 4562) | | | 20 | | | _ | |
| 21 | | | med on Schedule A and else | | | | | 21 | b | |
| 22 | Depletion | | . / | | | | | 2 | 2 | |
| 23 | Contributions t | o defe | red compensation plans . | | | | | 2 | 3 | |
| 24 | Employee ben | efit pro | grams | | | | | 2 | - + | |
| 25 | | | nses (Schedule I) | | | | | 2 | $\overline{}$ | |
| 26 | Excess readers | ship co | sts (Schedule J) | | • | | | 20 | | |
| 27 | | | ach schedule) See | | | | | 2 | - | 131,897 |
| 28 | Total deduction | ons. Ac | | | | | | | ${}^{-}$ | 132,212 |
| 29 | Unrelated busi | ness ta | xable income before net ope | rating loss deduct | tion. S | Subtract line 28 fr | om line | 13 29 | 9 | -16,269 |
| 30 | / | | perating loss arising in tax y | | | | | | | |
| / | Instructions) . | | | | | | | | - | 812 |
| 31/ | Unrelated busi | ness ta | xable income. Subtract line 3 | 30 from line 29 . | | . <u> </u> | | <u>]</u> 3 | 1 | -16,269 |

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| | 0-7(2019) | | Page Z |
|--------|--|-------------------|---------------------------------------|
| Part | | · · · · | |
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see | | |
| | Instructions) | 32 | -16,269 |
| 33 | Amounts paid for disallowed fringes | 38 | |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 | |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lipé | 1 | · · · · · · · · · · · · · · · · · · · |
| 00 | 34 from the sum of lines 32 and 33 | | 3.5.050 |
| | | 35 | -16,269 |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see | | |
| | instructions) | 36 | |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | -16,269 |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 | 1,000 |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37. | | |
| | enter the smaller of zero or line 37 | 39 | 0 |
| Dow | | 1 641 | <u>~</u> |
| Part | | T 40 | |
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | 0 |
| 41 | Trusts 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) | 41 | |
| 42 | Proxy tax. See instructions | 42 | |
| 43 | Alternative minimum tax (trusts only) | 43 | |
| 44 | Tax on Noncompliant Facility Income. See instructions | 44 | |
| | • | 45 | 0 |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | <u>U</u> |
| Part | | | |
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 46a | ↓. | |
| b | Other credits (see instructions) | ا سر | |
| С | General business credit. Attach Form 3800 (see instructions) | | |
| ď | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1] | |
| | Total credits. Add lines 46a through 46d | 46e | |
| | Subtract line 46e from line 45 | 47 | 0 |
| 47 | | 48 | |
| 48 | Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | | |
| 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), line 3 | 50 | |
| 51a | Payments A 2018 overpayment credited to 2019 |]: | |
| | 2019 estimated tax payments | | |
| c | Tax deposited with Form 8868 | 1 . 1 | |
| _ | Foreign organizations Tax paid or withheld at source (see instructions) | | |
| d | Torong Torong Test pare of this man to the test pare of t | - | |
| e | Bushap with the angles of the state of the s | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 1." | |
| g | Other credits, adjustments, and payments: Form 2439 | . 4 | |
| | ☐ Form 4136 ☐ Other Total ► 51g | - | |
| 52 | Total payments. Add lines 51a through 51g | 52 | |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □ | 53 | |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | |
| | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | 0 |
| 55 | | 56 | |
| 56 | criter into direction of personal perso | <u> </u> | |
| Part \ | | | TV I N- |
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other | er authori | ty Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may | have to fi | le |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign | ign count | ry 🔼 1 |
| | here > | | × |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign | in trust? | × |
| 36 | | , | |
| | If "Yes," see instructions for other forms the organization may have to file. | | |
| _59 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ | -6 les sude | des and holist it is |
| 0: | Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | л my knowle | aye and belief, it is |
| Sign | IN C | | discuss this return |
| Here | | | arer shown below |
| | Signature of officer Date Title | , | ns)? ⊠Yes □ No |
| | Print/Type preparer's name Preparer's signature Date Check | \Box | PTIN |
| Paid | Le lui Nata | k lif employed | P00738084 |
| Prepa | william P. Brandt, Cra, Cva william P. Brandt, Cra, Cva Van Senson | | -8451169 |
| Use (| Poly Firm's name ► WILLIAM P. BRANDT CPA Firm's | | |
| | Firm's address ▶ 540 E CHESTNUT EXPY STE 111, SPRINGFIELD, MO 65806-1009 Phone | | 7)873-9628 |
| | REV 04/21/20 PRO | Fo | m 990-T (2019) |

| Schie | dule A-Cost of Goods So | old. Ent | er method o | finven | tory v | aluation > | COST | | | · | - 3 |
|-------------|---|------------------------|---|------------|------------|-------------------------------|---|------------------|--|-----------|-------|
| 1 | Inventory at beginning of year | | ··· | ,864 | | | at end of year | | 6 | 20, | ,864 |
| 2 | Purchases | | 2 22 | ,465 | 7 | | goods sold. Subtract | | TALL. | | |
| 3 | Cost of labor | . [3 | 3 | | | 6 from line | e 5. Enter here and in I | ⊃art 🖟 | | | |
| 4a | Additional section 263A co | | | | | 1, line 2 | | | 7 | 22, | , 465 |
| | (attach schedule) | 4 | a | | 8 | | les of section 263A (| | | Yes | No |
| b | Other costs (attach schedule) | _ | <u> </u> | | | | produced or acquired t | | | | 1 |
| 5 | Total. Add lines 1 through 4b | 5 | 43 | ,329 | | to the orga | anization? | | | | ×_ |
| | dule C-Rent Income (Fro | m Rea | l Property a | nd Pei | rsonal | Property | Leased With Real P | 'rope | rty) | | |
| <u>`</u> | instructions) | | | | | | | | | - | |
| (1) | iption of property | | | | | | | | • | | |
| (2) | | | - | | | , | | | | | |
| (3) | | | | - | | | | | | | |
| (4) | | • | - | | | | | | | | |
| | 2. Rer | nt received | d or accrued | | | | | | | | |
| | om personal property (if the percentage personal property is more than 10% but more than 50%) | | (b) From real percentage of re 50% or if the re | nt for per | rsonal pro | perty exceeds | 3(a) Deductions dire in columns 2(a) | | | | ne |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Total | | | Total | | | | (b) Total deductions | i . | | | |
| here ar | al income. Add totals of columns ad on page 1, Part I, line 6, column | (A) . | ▶ | | | | Enter here and on pa Part I, line 6, column | • | | | |
| <u>Sche</u> | dule E—Unrelated Debt-Fi | nance | d Income (se | e instru | uctions | ·) | 3. Deductions directly | connect | ted with or allo | cable to | |
| | | | • | | | come from or debt-financed | debt-fin | | | Cable to | , |
| | Description of debt-finance | ea propei | -ту | allo | | perty | (a) Straight line depreciation (attach schedule) | on | (b) Other de (attach sci | | s |
| (1) | | | * *** | | | | | | | | |
| (2) | | | | _ | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | acquisition debt on or | of or al debt-finan | adjusted basis llocable to iced property schedule) | | 4 di | olumn vided lumn 5 | 7. Gross income reportabl (column 2 × column 6) | | 8. Allocable dolumn 6 × tota 3(a) and | l of colu | |
| (1) | | | | | | % | | | | | |
| (2) | | | .,,,, | | _ | % | | | | | |
| (3) | | | | | | % | | - | | | |
| (4) | | | | | | % | | - | | | |
| | | | | | | | Enter here and on page Part I, line 7, column (A | | iter here and art I, line 7, c | | |
| Totals | ividende-meeived deductions up | duded in | | • | | | | + | | | |

| Sched | ule F—Interest, Ann | uities | , Royalties, | Exempt | Controlle | Controlled Or d Organizations | ganizations (s | ee instruc | tions) | <u></u> |
|------------|---------------------------------|----------|--|------------------------|---|--|--|-------------------------------|--|--|
| 1 | Name of controlled organization | | Employer fication number | 3. Net unre | elated income instructions) | 4. Total of specific | | controlling | con | Deductions directly nected with income in column 5 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Nonexe | mpt Controlled Organiz | ations | | | | | | | | |
| | 7. Taxable Income | | Net unrelated incoss) (see instruction | | | otal of specified yments made | 10. Part of column included in the organization's gi | controlling | | Deductions directly ected with income in column 10 |
| (1) | | | | | · - | | | | | |
| (2) | | | <u></u> | | | • | | | | |
| (2) | | | | | | | | | | |
| (4) | | | | | | | | • , | | |
| | • | | | | | | Add columns Enter here and Part I, line 8, c | on page 1, | Enter | columns 6 and 11 here and on page 1, , line 8, column (8) |
| Totals | | · · · | · · | | -1/7) (0) | (47) O | | | | |
| Scheal | ule G-Investment I | ncom | e ot a Secti | on sur | | Or (17) Organ | T | | 5 T | otal deductions |
| | 1. Description of income | | 2. Amount of | income | direc | ctly connected ach schedule) | 4. Set-aside (attach sched | | and s | set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | <u> </u> | | | | | |
| (3) | | | | | | | | | | |
| (4) | | l_ | | | | | | | | |
| Totals | | • | Enter here and o Part I, line 9, co | olumn (A). | | | | | | re and on page 1, ne 9, column (B). |
| Schedu | ile I—Exploited Exe | mpt A | activity inco | me, Otr | er Inan | Advertising in | icome (see ins | tructions) | | т |
| 1. 0 | escription of exploited activit | У | 2. Gross unrelated business incom from trade or business | conni conni proc | expenses directly ected with duction of irelated ess income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols. 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expe attributa colum | ble to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | - | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Totals | | • | Enter here and of page 1, Part I, Inne 10, col (A) | page | nere and on a 1, Part I, 0, col. (B) | | | | | Enter here and on page 1, Part II, line 25. |
| | le J-Advertising In | ncome | e (see instruct | ions) | | | | | | ` |
| Part I | Income From Pe | | | | Consolic | dated Basis | | | | |
| , | Name of periodical . | | 2. Gross advertising income | 3. | Direct ising costs | 4. Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute cols 5 through 7. | 5. Circulation income | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | +- | | | - | | | |
| (1) | | | | - | | | ,— <u>,</u> | | | |
| (2) | | | | - | | | · | | | |
| (3) | | | | - | | | | | | Transfer of the |
| (4) | | | | - | | TO THE PARTY OF TH | | | | h en anna an |
| Totals (ca | rry to Part II, line (5)) . | • | | | | | | | | |

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col 2 minus col. 3) If costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising minus column 5, but advertising costs ıncome costs a gain, compute cols 5 through 7 not more than column 4) (1) (2) (3) (4) \blacktriangleright **Totals from Part I** Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 26 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions)

| (1) % (2) % | ensation attributable to irelated business |
|----------------|---|
| (2) | |
| 70 | |
| (3) % | |

Form **990-T** (2019)

Additional information from your Form 990-T: Exempt Organization Business Income Tax Return

Form 990-T: Exempt Organization Business Income Tax Return Other Deductions

Continuation Statement

| Description | Amount |
|-----------------------|---------------|
| AUTO & FUEL | 7,913. |
| BANK SC | 284. |
| INSURANCE | 7,885. |
| ACCOUNTING ` | 1,522. |
| ADVERTISING | 168. |
| OUTSIDE SERVICES | 862. |
| RENTS | 60,121. |
| UTILITIES & SECURITY | 8,191. |
| SUPPLIES | 3,685. |
| OFFICE EXP | 8,121. |
| REPAIRS & MAINTENANCE | 5,250. |
| FACILITIES | 27,895. |
| To | otal 131,897. |