Form <b>990-T</b>	<b>Exempt Organization Busi</b>		me Tax Re		OMB	No 1545-0687
4	(and proxy tax unde		• • • • • • • • • • • • • • • • • • • •		7	<b>010</b>
	For calendar year 2018 or other tax year beginning $APR$ 1,	2018 , and end	ing <u>MAR 31,</u>	<u> 2019</u>	1 4	018
Department of the Treasury Internal Revenue Service	► Go to www irs.gov/Form990T for inst ► Do not enter SSN numbers on this form as it may b					Public Inspection for Organizations Only
A Check box if address changed	Name of organization ( Check box if name cha	anged and see instruc	ctions.)	- (	Employer ident Employees' trunstructions )	ification number ust, see
B Exempt under section	Print MORNING CHEER, INC.					391430
<b>X</b> 501(c <b>)</b> (3 )	Number, street, and room or suite no. If a P.O. box,	see instructions.			Jnrelated busin See instruction	ness activity code is )
408(e)220(e)	Type 60 SANDY COVE ROAD			· · · · ·		•
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or to NORTH EAST, MD 21901-5			7	21110	
C Book value of all assets at end of year	F Group exemption number (See instructions.)					
7,292,6	39. G Check organization type ► X 501(c) corpo	oration 501	(c) trust	] 401(a) <u>trı</u>	ıst 🗌	Other trust
H Enter the number of the	organization's unrelated trades or businesses. 🕨 🔃 🕺	<u>L</u>	Describe the only (o	r first) unrek	ated	
trade or business here	SEE STATEMENT 1	If	only one, complete F	Parts I-V. If r	nore than on	ie,
describe the first in the b	ank space at the end of the previous sentence, complete Part	ts I and II, complete a	Schedule M for eacl	n additional t	trade or	
business, then complete	Parts III-V.					
	he corporation a subsidiary in an affiliated group or a parent	-subsidiary controlled	d group?	<b>&gt;</b> L	∫Yes 🗘	<b>【</b> No
	nd identifying number of the parent corporation.					
J The books are in care of		<u> </u>	Telephone numbe		<u>0-234-</u>	
Part I Unrelated	Trade or Business Income	(A) Inco	me (B)	Expenses	_	(C) Net
1a Gross receipts or sale						Į
b Less returns and allow		1c 243,	803.			
2 Cost of goods sold (S		2			<del>                                     </del>	
3 Gross prófit. Subtract	F	3 243,	803.			<u> 243,803.</u>
4a Capital gain net incon	· · · · · · · · · · · · · · · · · · ·	4a				
	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	F	4c			_	
	partnership or an S corporation (attach statement)	5	-		_	
6 Rent income (Schedu	· -	6				
	ed income (Schedule E)	7				
	rattles, and rents from a controlled organization (Schedule F)	8				
	a section 501(c)(7), (9), or (17) organization (Schedule G)	9			<del>-  </del>	<del></del>
	rity income (Schedule I)	10			<u> </u>	
11 Advertising income (S	·	11	-			
•	tructions; attach schedule)		803.		<del>                                     </del>	243,803.
13 Total Combine lines Part II Deductio	ns Not Taken Elsewhere (See instructions for					143,003.
	contributions, deductions must be directly connected			)		
14 Compensation of off	cers, directors, and trustees (Schedule K)				14	
15 Salaries and wages		TV/CD			15	
16 Repairs and mainten	ance	E/VED			16	
17 Bad debts	1 6	0			17	
18 Interest (attach sche	dule) (see instructions)	7 2019			18	
19 Taxes and licenses		200			19	1,625.
20 Charitable contributi	ons (See instructions for limitation rules) OGDE	NIIT		:	20	
21 Depreciation (attach	Form 4562)		21 27,	200.		
22 Less depreciation cla	imed on Schedule A and elsewhere on return	[2	?2a	2	2b	27,200.
23 Depletion			•	<u> </u>	23	<u></u>
24 Contributions to defe	rred compensation plans			:	24	
25 Employee benefit pro	grams			<u> </u>	25	
26 Excess exempt expe	nses (Schedule I)				26	
27 . Excess readership co	sts (Schedule J)			_	27	
28 Other deductions (at	ach schedule)	SEE	STATEMENT	' 2   _:		<u>195,906.</u>
29 Total deductions. A	ld lines 14 through 28			<u>  :</u>	29 2	<u> 224,731.</u>
30 Unrelated business t	exable income before net operating loss deduction. Subtract	line 29 from line 13		<u> </u>	30	19,072.
31 Deduction for net op	erating loss arising in tax years beginning on or after January	y 1, 2018 (see instruc	ctions)		31	
32 Unrelated business t	exable income Subtract line 31 from line 30			:	32	<u> 19,072.</u>
823701 01-09-19 LHA FO	r Paperwork Reduction Act Notice, see instructions.				Form	1 <b>990-T</b> (2018)

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Part II	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	L	33	19,072.
- 34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	L	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	ines 33 and 34	L	36	19,072.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	Ĺ	37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	18,072.
Part IV	/ Tax Computation			
	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	<b>&gt;</b>	39	3,795.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	,		
	Tax rate schedule or Schedule D (Form 1041)	▶ [	40	
41	Proxy tax See instructions	▶ [	41	
	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income. See instructions	Ī	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	3,795.
Part V				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a			
	Other credits (see instructions) 45b			
	General business credit. Attach Form 3800			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits Add lines 45a through 45d		45e	
	Subtract line 45e from line 44	• [	46	3,795.
		ittach schedule)	47	
	Total tax Add lines 46 and 47 (see instructions)		48	3,795.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018	4,447.		
	2018 estimated tax payments 50b	•	- 1	
	Tax deposited with Form 8868	1,248.		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	•		
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941)  50f			
	Other credits, adjustments, and payments: Form 2439			
a	Form 4136 Other Total <b>50g</b>			
51	Total payments. Add lines 50a through 50g		51	5,695.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	Ī	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ [	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54	1,900.
		unded 🕨	55	0.
Part V				
	At any time during the 2018 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			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
•	here <b>&gt;</b>			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a force	eian trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	ne best of my know	edge and be	elief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		At a IDC dia	aves thus sature with
Here	9 /17   19   PRESIDENT			cuss this return with own below (see
	Signature of officer Date Title	ınst	ructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	Check ıf	PTIN	
D-:-1	1,	self- employed		
Paid	Marce W. Horse 11. 9/13/19	,	P01	383890
Prepa	C - CONDANY IID	Firm's EIN 🕨		0076769
Use O	2751 CENTERVILLE RD., STE. 300			
	Firm's address ► WILMINGTON, DE 19808	Phone no. 30	02-22	5-5000
823711 01-				orm <b>990-T</b> (2018)

Form 990-T (2018) MORNING CHEER, INC.

Schedule A - Cost of Good	s Sold. Enter	method of inver	tory valuation N/A				
1 Inventory at beginning of year 1			6 Inventory at end of year	r	6		
2 Purchases	2		btract line 6				
3 Cost of labor	3	from line 5. Enter here and in Part I,					
4a Additional section 263A costs			line 2		7	<u> </u>	·
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No .
b Other costs (attach schedule)	4b		property produced or a	equired for resale) apply to			_
5 Total Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property I	Leased With Real Pr	opert	у)	_
1 Description of property	-	·					
(1)				-·			
(2)	_			*			
(3)				•		***************************************	
(4)							
	2. Rent receiv	ed or accrued		0/.>			
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age 3(a) Deductions directions columns 2(a)	and 2(b)	cted with the income (attach schedule)	9 IN
(1)							
(2)							
(3)							
(4)							
Total	0.	Total	<del> </del>	0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b></b>		(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)			0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)	· · ·			
			2. Gross income from	3 Deductions directly of to debt-fine			
1 Description of debt-fi	inanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)							
(2)							
(3)							
(4)	<u>,</u>				_		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or debt-fine	e adjusted basis allocable to anced property h schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 8)		8 Allocable dedu (column 6 x total of c 3(a) and 3(b))	columns
(1)	<u> </u>		%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, columi	
Totals			<b>&gt;</b>		0.		0.
Total dividende-received deductions in	ocluded in colum	n R					0

Form 990-T (2018) MORNING CHEER, INC 23-0891430 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2 Employer identification 3. Net unrelated income 4 Total of specified 6. Deductions directly 5. Part of column 4 that is 5. Part of column - una included in the controlling 1 Name of controlled organization payments made (loss) (see instructions) connected with income number organization's gross incoi ın column 5 (1) (2) (3)(4) Nonexempt Controlled Organizations 10 Part of column 9 that is included 7 Taxable Income 8. Net unrelated income (loss) 9 Total of specified payments 11 Deductions directly connected in the controlling organization's gross income made with income in column 10 (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A) line 8, column (B) 0. **Totals** Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3 Deductions 5 Total deductions 2 Amount of income 1. Description of income directly connected and set-asides (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2) (3) (4)Enter here and on page 1. Enter here and on page art I, line 9, column (A) Part I, line 9, column (B) 0. **Totals** Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 3 Expenses 7. Excess exempt 2 Gross from unrelated trade or 5. Gross income directly connected 6 Expenses expenses (column from activity that 1. Description of business (column 2 unrelated business with production attributable to 6 minus column 5. exploited activity income from minus column 3) If a gain, compute cols 5 is not unrelated of unrelated column 5 but not more than trade or business business income column 4) business income through 7 (1) (2) (3) (4)Enter here and Enter here and on Enter here and on page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) on page 1, Part II, line 26 0. **Totals** Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 4 Advertising gain 7 Excess readership 2 Gross 3. Direct or (loss) (col 2 minus 5 Circulation 6 Readership costs (column 6 minus advertising 1 Name of periodical col 3) If a gain, compute cols 5 through 7 costs column 5, but not more advertising costs income than column 4) (1) (2)(3) (4)

0

0

Totals (carry to Part II, line (5))

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)

oolanino 2 unoagni roma	,	_				
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 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 (B)		• • •		Enter here and on page 1, Part II, line 27
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 he	ere and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

PROVIDING CONFERENCE FACILITIES AND FOOD SERVICES TO THE GENERAL PUBLIC

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
OPERATIONAL EXPENSES NON-OPERATIONAL EXPENSES		109,468.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	195,906.