Form <b>990-</b> T -	Exempt Organization Bu	vembe sines	ss Income Ta	ax Return	L	OMB No 1545-0687
-	, . (and proxy tax und	der sec	tion 6033(e))			2018
	For calendar year 2018 or other tax year beginning		, and ending	At	-	2010
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for i ► Do not enter SSN numbers on this form as it ma				5	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed	Name of organization ( Check box if name	changed a	ind see instructions )		(Emplo	yer identification number byees' trust, see ctions )
B Exempt under section	Print MORNING STAR MISSION 1	MINIS	TRIES, INC		36	5-2422510
X 501(c 3 )	Number, street, and room or suite no. If a P O bo					ted business activity code structions )
408(e) 220(e					,	,
408A530(a	City or town, state or province, country, and ZIP	or foreign	postal code		1	
529(a)	JOLIET, IL 60433				<u>531:</u>	120
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<b>&gt;</b>				
7, <u>559</u> ,		rporation	501(c) trust	401(a)	trust	Other trust
H Enter the number of the	e organization's unrelated trades or businesses 🕨 🔃	_1	Describe t	he only (or first) un	related	
	► SEE STATEMENT 1			complete Parts I-V		
describe the first in the	blank space at the end of the previous sentence, complete F	Parts I and	II, complete a Schedule	M for each addition	al trade	or
business, then complet						
	as the corporation a subsidiary in an affiliated group or a pare	ent-subsid	liary controlled group?	<b>▶</b> L	Yes	s X No
If "Yes," enter the name	e and identifying number of the parent corporation.					
	of ▶ SANDRA PERZEE			ne number 🕨 8		
Part I Unrelate	ed Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sa	ales					
b Less returns and all	lowances c Balance	1c	R	PENTED		
2 Cost of goods sold	(Schedule A, line 7)	2		-ULIVED		
3 Gross profit. Subtra	act line 2 from line 1c	3	-   65   Δ		၂၁	·
4a Capital gain net inco		4a		JG <b>2 3</b> 2019	-101	
<b>b</b> Net gain (loss) (Fori	m 4797, Part II, line 17) (attach Form 4797)	4b	<u> </u>		HS.	
c Capital loss deduction		4c	70	DENI III	<u> </u>	
5 Income (loss) from	a partnership or an S corporation (attach statement)	5		DEN. UI		
6 Rent income (Sched	dule C)	6	405 405	105.0	5.6	00 051
	nced income (Schedule E)	7	107,405.	136,2	56.	-28,851.
	royalties, and rents from a controlled organization (Schedule F					
	of a section 501(c)(7), (9), or (17) organization (Schedule 6					
10 Exploited exempt ac	ctivity income (Schedule I)	10				
11 Advertising income	(Schedule J)	11				
•	instructions, attach schedule)	12	107 105	125.0	= =	00.051
13 Total. Combine line		13	107,405.	136,2	<u> 56.</u>	-28,851.
	ions Not Taken Elsewhere (See instructions or contributions, deductions must be directly connecting			income )		
14 Compensation of c	officers, directors, and trustees (Schedule K)				14	
15 Salaries and wages	S				15	·
16 Repairs and mainte					16	
17 Bad debts					17	
18 Interest (attach sch	hedule) (see instructions)				18	
19 Taxes and licenses	* *				19	
Charitable contribution (attac	utions (See instructions for limitation rules)				20	
21 Depreciation (attac	ch Form 4562)		21	38,051.		
	claimed on Schedule A and elsewhere on return		22a	38,051.	22b	0.
1 23 Depletion					23	
24 Contributions to de	eferred compensation plans				24	
25 Employee benefit p	programs				25	
26 Excess exempt exp	penses (Schedule I)				26	
27 Excess readership	costs (Schedule J)				27	
28 Other deductions (					28	
ِدِّ29 Total deductions. `	Add lines 14 through 28				29	0.
	s taxable income before net operating loss deduction. Subtra	act line 29	from line 13		30	-28,851.
31 Deduction for net of	operating loss arising in tax years beginning on or after Jani				31	
	s taxable income. Subtract line 31 from line 30				32	-28,851.
	For Panerwork Reduction Act Notice, see instructions			1101		Form <b>990-T</b> (2018

913/14

He

gn ere	Signature of officer	8/4//9 Date  EXECUTION	UTIVE DIRE	CTOR May	y the IRS discuss this return with preparer shown below (see ructions)? X Yes No	
	Print/Type preparer's name	Preparer's symature	Date (	Check X if	PTIN	
aid	MARY E. LANCASTER	Mayou (	08/09/19	self- employed	P01317875	
repare	MAKI B. DANCABIEK	- James	<u> </u>		F01317073	-

Firm's name ► WERMER ROCERS DORAN & RUZON, LLC Use Only 755 ESSINGTON ROAD Firm's address ► JOLIET, IL 60435-2845

Firm's EIN ► 36-2416552 Phone no 815-730-6250

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory v	aluation ► N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year			6		
2 Purchases	2		7	Cost of goods sold. Sul	btract I	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,			Part I,			
4a Additional section 263A costs							7	<u> </u>	
(attach schedule)	4a		8	Do the rules of section 2	263A (1	with respect to		Ye	s No
b Other costs (attach schedule)	4b			property produced or a	cquirec	d for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?		·			
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pei	rsonal Property L	.eas	ed With Real Pro	perl	ty)	
Description of property		<del>-, ·</del>							
(1)						<u> </u>			-
(2)									
(3)		•	-						
(4)	<del></del>	·							
	2. Rent receive	d or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for pe	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge .	3(a) Deductions directl columns 2(a) a		ected with the incom (attach schedule)	ne III
(1)		<u> </u>						_	
(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		er 🕨			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del		Income (see II	nstru	ctions)					
			2	. Gross income from		3 Deductions directly conto debt-finan	nnected ced pro	with or allocable perty	
1. Description of debt-fit	nanced property		 	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedul	
					S	TATEMENT 5	SI	ATEMENT	6
(1) COMMERCIAL PROPE	RTY 2571	. <u>E</u>			_	·			
(2) LINCOLN HWY NEW	LENOX II	1		107,405.		<u>38,051</u>	. •	98,	205.
(3)	_		<u> </u>						
(4)	<del>,</del> .						$\bot$		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to iced property schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable dedu (column 6 x total of 3(a) and 3(b)	columns
STATEMENT 7	STATEN	ENT'8							
(1)		150 -10	<u> </u>	%					
(2) 1,236,354.	1,	150,513.		100.00%		107,405	<u>- -</u>	<u>136,</u>	<u> 256.</u>
(3)				%		<del></del>			
(4)	L		L	%			+		
STATEMENT 3	STATE	MENT 4				nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colum	
Totals				▶L		107,405		136,	<u> 256.</u>
Total dividends-received deductions in	cluded in column	R							0

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

0.

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0

0

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.)

00.011110 = 11110 = 9111		•				
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, cot (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 here and on page 1. Part II. line 14		<b>▶</b>	0

Form 990-T (2018)

FORM 990-T	DESCRIPTION (	F ORGANIZATION'S PRIMARY UNRELATED	STATEMENT 1						
BUSINESS ACTIVITY									

RENTAL OF 50% OF COMMERCIAL PROPERTY

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/08	13,406.	13,406.	0.		0.
12/31/09	22,060.	22,060.	0.		0.
12/31/10	8,913.	8,913.	0.		0.
12/31/14	42,495.	0.	42,495.	42,49	5.
12/31/15	34,393.	0.	34,393.	34,39	3.
12/31/16	14,989.	0.	14,989.	14,98	9.
12/31/17	20,669.	0.	20,669.	20,66	9.
NOL CARRYO	VER AVAILABLE THIS	YEAR	112,546.	112,54	6.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED  AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 3
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
COMMERCIAL PROPERTY 2571 E LINCOLN HWY NEW LENOX IL	1	OUTSTANDING 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 TENTH MONTH		1,252,964.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		2,472,709.
AVERAGE AQUISITION DEBT		206,059.

FORM 990-T - SCHEDULE E - UNRE AVERAGE A			INCOME	STATEMENT	4
DESCRIPTION OF DEBT-FINANCED PROF	PERTY		ACTIVITY NUMBER	<i>T</i> -	
COMMERCIAL PROPERTY 2571 E LINCOL	N HWY N	EW LENOX IL	1	AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTAVERAGE ADJUSTED BASIS OF PROPERT				1,167,8 1,133,1	
AVERAGE ADJUSTED BASIS OF PROPERT	Y FOR T	HE YEAR		1,150,5	13.
TOTAL TO FORM 990-T, SCHEDULE E,	COLUMN !	5		<del></del>	
FORM 990-T SCHEDULE E - I	DEPRECIA'	TION DEDUCTION	NC	STATEMENT	 5 
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUE	BTOTAL -	1	38,051.	38,0	51.
TOTAL OF FORM 990-T, SCHEDULE E,	COLUMN	3(A)		38,0	51.
FORM 990-T SCHEDULE E	- OTHER	DEDUCTIONS		STATEMENT	6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
ALLOCATED INTEREST EXPENSE ALLOCATED INSURANCE			83,234. 269. 14,702.		
REAL ESTATE TAXES - SUI	STOTAL -	1	14,702.	98,2	05.
TOTAL OF FORM 990-T, SCHEDULE E,	COLUMN	3(B)		98,2	05.

FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT	7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
ALLOCATED ACQUISITION DEBT - SUBTOTAL -	1	1,236,354.	1,236,35	4.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		1,236,35	4.

	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY							STATEMENT 8
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL					
ALLOCATED AVERAGE TAX BASIS - SUBTOTAL -	1	1,150,513.	1,150,513.					
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		1,150,513.					

Depreciation and Amortization (Including Information on Listed Property)

1

OMB No 1545-0172

Attach to your tax return.

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates Sequence No 179

COMMERCIAL PROPERTY 2571 MORNING STAR MISSION MINISTRIES, LINCOLN HWY NEW LENOX 36 - 2422510Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,500,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 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 R 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 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 ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 38,051 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 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 (c) Basis for depreciation (b) Month and (d) Recovery (e) Convention (business/investment use only - see instructions) (a) Decreciation deduction (a) Classification of property 19a 3-year property b 5-year property 7-year property C 10-year property d 15-year property е 20-year property S/L 25-year property 25 yrs g 27.5 yrs MM S/L h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20<u>a</u> Class life S/I 12 yrs S/L b 12-year 30-year 30 yrs MM S/L ¢ 40-year 40 yrs. d MM S/L Part IV | 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. 38,051. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the

23

portion of the basis attributable to section 263A costs

Form 4562	(2018)	MORNING	STAR	MISSION	MINISTE	KIES,	INC
Part V	Listed Property (Inc entertainment, recre	clude automobile ation, or amuser	es, certain ment.)	other vehicles,	certain aircraft,	and prope	rty used for

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns															
	Section A -	- Depreciation	on and Other I	nforma	tion (Ca	ution: S	ee the II	nstruc	tions for li	mits for	passeng	er auto	mobiles)			
248	Do you have evidence to	support the bu	siness/inves <u>t</u> me	nt use cla	aimed?	Y	es	No	24b If "Y	es," is th	ne evidei	nce writ	tten?	Yes	No	
	(a) Type of property (list vehicles first)	Type of property Date Business/					(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		Depr	(h) eciation luction	Elec sectio co	n 179	
25	Special depreciation all	owance for q	ualified listed p	property	placed	ın servic	e during	the ta	ax year an	d						
	used more than 50% in	a qualified b	usiness use								25					
26	Property used more that	ın 50% ın a q	ualified busine	ss use:												
			9/	6						İ						
			9/	6												
			%	6												
27	Property used 50% or I	ess in a quali	fied business	use						,						
			9/	<u> </u>						S/L -						
	<u></u>		%	<u> </u>						S/L -						
_			9/	<u> </u>	_				L	S/L -						
28	Add amounts in column	n (h), lines 25	through 27 Er	nter her	e and on	line 21,	page 1				28					
29	Add amounts in column	ı (ı), line 26 E	nter here and	on line 7	7, page 1	l							29			
	mplete this section for ve your employees, first ans														3	
30	Total business/investment	otal business/investment miles driven during the			(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	year (don't include commu	ar (don't include commuting miles)														
31	Total commuting miles	drıven durıng	the year													
32	Total other personal (noncommuting) miles															
	driven															
33	Total miles driven during the year.  Add lines 30 through 32															
24	•		aluse	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
34	Was the vehicle available for personal use during off-duty hours?			163	140	163	110	163	110	163	110	163	110	103	110	
35	35 Was the vehicle used primarily by a more												1			
than 5% owner or related person?																
36 Is another vehicle available for personal									_							
	use?															
		Section C	- Questions for	or Empl	oyers W	/ho Prov	vide Vel	ncles	for Use b	y Their I	Employe	es	•			
Ans	swer these questions to	determine if y	you meet an ex	ception	to com	pleting S	Section I	B for v	ehicles us	ed by e	nployee	s who a	aren't			
	re than 5% owners or re															
37	Do you maintain a writte	en policy stat	ement that pro	ohibits a	ıll persor	nal use c	of vehicle	es, inc	luding cor	nmuting	, by you	r		Yes	No	
	employees?														ļ	
38	Do you maintain a writte	en policy stat	tement that pro	ohibits p	ersonal	use of v	ehicles,	excep	ot commut	ing, by y	our/					
	employees? See the ins	structions for	vehicles used	by corp	orate of	fıcers, d	lirectors,	or 1%	or more	owners					<u> </u>	
39	Do you treat all use of v	ehicles by er	nployees as pe	ersonal	use?											
40	Do you provide more th		•	-		nformat	ion from	your	employee	s about						
	the use of the vehicles,	and retain th	e information i	eceived	i?										ļ	
41	Do you meet the require		• .													
_	Note: If your answer to	<u>37, 38, 39, 4</u>	0, or 41 is "Ye	s," don'	t comple	te Secti	on B for	the co	overed vel	nicles						
P	art VI Amortization				1					<del></del> -				(0)		
				(b) amortization A begins		(C) Amortizab amount	(C) nortizable nmount		(d) Code section		(e) Amortization period or percentage		(f) Amortization for this year			
42	Amortization of costs th	nat begins du	rıng your 2018	tax yea	ar				_							
_																
43	Amortization of costs th	nat began bef	fore your 2018	tax yea	ır							43				
44	14 Total. Add amounts in column (f) See the instructions for where to report											44				