	 		Exempt Organization Business Income Tax Return	. 1	ON	ИВ No 1545-06	87	
Fo	_m 9	90-T	ל ל					
			18 .	ì	2018	•		
	•	nt of the Treasury	 T)pen t	o Public Inspec	tion for		
Inte		evenue Service	(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only			s Only		
A		neck box if Idress changed			dentification nu trust, see instruc			
	_ `	t under section	(=,,=,	•		, ,		
	✓) 501	3(c)(3) 3(e) 220(e)	Number, street, and room or suite no If a P O box, see instructions	E Unrela	43-1061620 E Unrelated business activity code			
	408		Type 3100 Broadway, Suite 400 City or town, state or province, country, and ZIP or foreign postal code	(See instructions)				
	529							
<u>c</u>	Book) at end							
	u. c,	5,254,044	F Group exemption number (See instructions.) ► G Check organization type ► ☑ 501(c) corporation ☐ 501(c) trust ☐	401(a)	401(a) trust			
H	Ent	er the number	of the organization's unrelated trades or businesses. ▶	the only	/ (or	first) unrelate	ed	
			here ► Disallowed fringe benefits . If only one, complete Parts I–V. If					
			space at the end of the previous sentence, complete Parts I and II, complete a So	chedule	M fo	or each add	itional	
_			, then complete Parts III-V.					
ı		-	r, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled gr	oup? .	. ▶	∐ Yes ⊻	∐ No	
-			e name and identifying number of the parent corporation.			010 004 :===		
			care of ► Jessica Johnson Telephone number d Trade or Business Income (A) Income (B) Ex	penses	$\overline{}$	816-931-4527 (C) Net		
		Gross receipts		1	\dashv	(0)		
		Less returns and						
	2		s sold (Schedule A, line 7)				\vdash	
	3		Subtract line 2 from line 1c		_			
	4a	Capital gain n	et income (attach Schedule D) 4a 4a					
	b		(Form 4797, Part II, line 17) (attach Form 4797) 4b					
	C		eduction for trusts					
	5		om a partnership or an S corporation (attach statement) 5					
	6		(Schedule C) 6				<u> </u>	
ζ,	7		ot-financed income (Schedule E)				 	
>	8		, royalties, and rents from a controlled organization (Schedule F) 8		_		 	
: .	9		ne of a section 501(c)(7), (9), or (17) organization (Schedule G) 9		-		 	
	10 11	•	mpt activity income (Schedule I)		+		 	
_	12		(See instructions; attach schedule)	-	+		 -	
ر ار			ne lines 3 through 12		\dashv		1	
Í	art		ons Not Taken Elsewhere (See instructions for limitations on deductions.) (Exce	ept for o	contr	ributions,		
<u> </u>		deduction	ns must be directly connected with the unrelated business income.)	•		·		
	14	Compensatio	n of officers, directors, and trustees (Schedule K)		4			
3 3 3	15	Salaries and v			5		<u> </u>	
3	16	· · · · · · · · · · · · · · · · · · ·	naintenance		6			
¥,.		Bad debts		⊢ -	7		 	
	18 19		ch schedule) (see instructions)	_	9		 	
	20		Intributions (See instructions for limitation rules)	_	20	 -	+	
	21		(attach Form 4562)	·	.		\vdash	
	22		ation claimed on Schedule A and elsewhere on return	2	<u></u>			
	23	•			3			
:	24	Contributions	to deferred compensation plans	2	4			
:	25		nefit programs	. [2	5			
	26		pt expenses (Schedule I)	2	6		<u> </u>	
	27		ership costs (Schedule J)		27		ļ	
	28		ions (attach schedule) OGDEN, UT		.8		 	
	29 20		tions. Add lines 14 through 28		9	(<u> </u>	
	30 31		siness taxable income before net operating loss deduction. Subtract line 29 from line and net operating loss arising in tax years beginning on or after January 1, 2018 (see instruction		80		+	
	31 32		siness taxable income. Subtract line 31 from line 30	· -	12		+	
_	or Pa	. 3	, <u>e</u>	Form 990-	T (2018)			
			ction Act Notice, see instructions. Cat No 11291J				,	

Page	2
ı ayı	_

	- (20.0)						_		
Part I		tal Unrelated Business Taxable Income							
33	Total of	unrelated business taxable income computed from all unrelated trades or	businesses (see	e					
	instruction	ons)		1	33				
24	A	s paid for disallowed fringes		- 1	34	- 0			
		<u>.</u> ⊦		- 					
35		on for net operating loss arising in tax years beginning before Janua		۲ <u> </u>	. 1				
		ons)	L	35					
36	Total of	unrelated business taxable income before specific deduction. Subtract line	n	Ì					
	of lines 3	33 and 34		36	ام				
		deduction (Generally \$1,000, but see line 37 instructions for exceptions)		- F	37	1 222			
37				、 ŀ	31	1,000	—		
38		ed business taxable income. Subtract line 37 from line 36. If line 37 is gre		·,					
	enter the	smaller of zero or line 36		_1	38	o			
Part I		x Computation							
39		ations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	.	39				
		Taxable at Trust Rates. See instructions for tax computation.		_ L					
40		•		'' li					
		unt on line 38 from: Tax rate schedule or Schedule D (Form 1041) .		`	40				
41	Proxy ta	ix. See instructions	🕨	•	41				
42	Alternati	ve mınımum tax (trusts only)		Γ	42				
43		Noncompliant Facility Income. See instructions		f	43				
		· · · · · · · · · · · · · · · · · · ·		F	44		—		
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0	—		
Part	V Ta	x and Payments							
45a	Foreign t	ax credit (corporations attach Form 1118, trusts attach Form 1116) 45a							
b	Other cr	edits (see instructions)							
c		business credit. Attach Form 3800 (see instructions)		\neg					
_				\dashv		1			
d									
е		edits. Add lines 45a through 45d		Ļ	45e	0			
46	Subtrac	t line 45e from line 44		1	46	0			
47	Other tax	es Check if from	(attach schedule)	ſ	47				
48		x. Add lines 46 and 47 (see instructions)		ı	48	0	—		
		· · · · · · · · · · · · · · · · · · ·		- }	49				
49		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), I		-	49		—		
50a	Paymen	ts: A 2017 overpayment credited to 2018	<u> </u>						
b	2018 es	timated tax payments		- 1					
С	Tax dec	osited with Form 8868							
d	•	organizations: Tax paid or withheld at source (see instructions) . 500		\neg					
	_		+	\dashv					
е		withholding (see instructions)							
f		or small employer health insurance premiums (attach Form 8941) . 50			.				
g	Other c	redits, adjustments, and payments: Form 2439		ľ					
_	☐ Form	4136	2,373	1					
51	_	ayments. Add lines 50a through 50g	2,0.0		51	2,373			
		ed tax penalty (see instructions). Check if Form 2220 is attached	▶ [—,	52				
52				<u> </u>			—		
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		▶	53				
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amour	t overpaid .	▶	54	2,373			
55	Enter the	amount of line 54 you want	Refunded I	▶ [55	2,373			
Part	V/ St	atements Regarding Certain Activities and Other Information (se	e instructions)		•		_		
			· · · · · · · · · · · · · · · · · · ·	+	har authar	ty Yes I	No		
56	•	ime during the 2018 calendar year, did the organization have an interest in	-			' ^y			
		inancial account (bank, securities, or other) in a foreign country? If "Yes," t							
	FINCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter	the name of the	tor	eign count	ry			
	here 🕨						✓		
57	Durina tl	ne tax year, did the organization receive a distribution from, or was it the grantor of,	or transferor to. a	fore	ion trust?		<u> </u>		
	_	' see instructions for other forms the organization may have to file.			J				
_58		e amount of tax-exempt interest received or accrued during the tax year		<u> </u>					
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled yue correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge								
Sign	Marie								
Here		}	May the IRS discuss this retu with the preparer shown below						
		red officer Date President & CEO		-1	(see instruction	ns)? TYes T	No		
	 		Data	'		OTIM			
Paid		Print/Type preparer's name Preparer's signature	Date		eck 🔲 if	PTIN			
Prep	arer			self	f-employed	L			
•	Firn	m's EIN ▶							
U26	Only		none no						

Pane	3

e A—Cost of Goods Sold. ventory at beginning of year irchases	1			t end of year	 		
	l <u>- 1 </u>				l 6 l		
iciases							
				joods sold. Subtract line 5. Enter here and		i	
Iditional section 263A costs		+		e 2	7	:	
	12	و ا	•			Yes No	
		+		•	•		
· · · · · · · · · · · · · · · · · · ·		 					
		d Persona					
•	ican i roporty an		оро , _		po,,		
							
							
	 						
2. Rent red	eived or accrued						
ersonal property (if the percentage of re onal property is more than 10% but not more than 50%)	percentage of ren	nt for personal p	operty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
							
							
	Total			(b) Total daductions			
ncome. Add totals of columns 2(a)	and 2(b). Enter	<u> </u>			1,		
n page 1, Part I, line 6, column (A)	>						
le E—Unrelated Debt-Fina	nced Income (se	e instruction	s)				
						ocable to	
Description of debt-financed p	roperty			(a) Straight line depreciation	(b) Other de		
				(attach schedule)	(attach so	chedule)	
· · · · · · · · · · · · · · · · · · ·					_		
	_ 						
······································							
							
quisition debt on or able to debt-financed debt	f or allocable to -financed property	4 0	livided	7. Gross income reportable (column 2 × column 6)	8. Allocable (column 6 × tot 3(a) and	al of columns	
			%				
·			%				
			%				
			%				
				Part I, line 7, column (A) 	Part I, line 7,	column (B)	
			. ▶				
dends-received deductions include	led in column 8	<u>·</u> · _		<u>.</u> •			
	2. Rent recessors of property 2. Rent recessors of responsive property (if the percentage of responsive property is more than 10% but not more than 50%) 2. Rent recessors of responsive property is more than 10% but not more than 50% but not not debt-financed property is more than 1. Description of debt-financed pusition debt on or bile to debt-financed debt of the financed debt financed inty (attach schedule)	tal. Add lines 1 through 4b tal. Add lines 1 through 4b c C—Rent Income (From Real Property and tructions) n of property 2. Rent received or accrued ersonal property (if the percentage of rent and property is more than 10% but not more than 50%) Total Total Total recome. Add totals of columns 2(a) and 2(b). Enter an page 1, Part 1, line 6, column (A) e E—Unrelated Debt-Financed Income (see 1. Description of debt-financed property Total Total	tal. Add lines 1 through 4b c C—Rent Income (From Real Property and Personal tructions) n of property 2. Rent received or accrued arsonal property (if the percentage of rent onal property is more than 10% but not more than 50%) Total accome. Add totals of columns 2(a) and 2(b). Enter in page 1, Part I, line 6, column (A) e E—Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property Amount of average uisition debt on or bie to debt-financed property (attach schedule) arrow accrued (b) From real and personal propersonal properting for the rent is based on property and personal property is a contract of the percentage of rent for personal property is a contract of the rent is based on property and personal property and personal property is a contract of the rent is based on property and personal property a	tal. Add lines 1 through 4b c — Rent Income (From Real Property and Personal Property Intructions) not property 2. Rent received or accrued ersonal property (if the percentage of rent inal property is more than 10% but not more than 50%) Total tructions Total tructions Total tructions Add totals of columns 2(a) and 2(b). Enter in page 1, Part I, line 6, column (A) e E — Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property allocable to debt-financed property (attach schedule) Total tructions Total tructions 6. Column 4 divided by column 5 debt-financed property (attach schedule) % % % % % % % % % % % % %	ner costs (attach schedule) tal. Add lines 1 through 4b c — Rent Income (From Real Property and Personal Property Leased With Real Property tructions) not property 2. Rent received or accrued resonal property (if the percentage of rent mail property is more than 10% but not more than 50%) Total (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total (come, Add totals of columns 2(a) and 2(b). Enter page 1, Part I, line 6, column (A) e E—Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 1. Description of debt-financed property allocable to debt-financed property of or allocable to debt-financed property (attach schedule) 4 divided by column 5 7. Gross income reportable (column 2 × column 6) 4 divided by column 5 6 Column 4 divided by column 5 6 Column 5 divided by column 5 Finter here and on page 1, 2 divided by column 5 Finter here and on page 1, 2 divided by column 5 Finter here and on page 1, 2 divided by column 5 Finter here and on page 1, 2 divided by column 5 Finter here and on page 1, 2 divided by column 5 Finter here and on page 1, 2 divided by column 5 Finter here and on page 1, 2 divided by column 5 Finter here and on page 1, 2 divided by column 6	ter costs (attach schedule) 1	

Schedule F-Interest, Ann	uities,	Royalties,			Controlled Org	anizations (see	e instruc	tions)	
Name of controlled organization		. Employer ication number	3. Net unn	elated income instructions)	Ţ <u></u>	5. Part of column included in the corganization's gro	ontrolling	conne	eductions directly ected with income in column 5
(1)									
(2)									
(3)									
(4)								<u> </u>	
Nonexempt Controlled Organiz	zations	<u> </u>							
7. Taxable Income		Net unrelated incoss) (see instruct			otal of specified yments made	10. Part of column included in the coorganization's gro	ontrolling	connec	eductions directly sted with income in column 10
(1)									
(2)								ļ	
(3)				ļ				<u> </u>	
(4)	<u> </u>			<u> </u>				↓	
						Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Totals	lnaam	of a Soot	ion 501	(a)(7) (O)		=ation (assume			
Schedule G-Investment	incon	ie oi a Sect	100 50 1		Deductions				tal deductions
1. Description of income	ļ	2. Amount of income		directly connected (attach schedule)		4. Set-asides (attach schedule)		and set-asides (col 3 plus col 4)	
(1)								``	
(2)									
(3)									
(4)									
Totals	Enter here and Part I, line 9, c	olumn (A)). }	•	,	Part I, Iir		re and on page 1, ne 9, column (B)	
Schedule I - Exploited Ex	empt A	Activity Inc	ome, O	ther Than	Advertising Ir	icome (see inst	ructions)	
1. Description of exploited activity		2. Gross unrelated business inco from trade of business	d connected with production of		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. Expens attributable column s		table to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)	Enter here and page 1, Part line 10, col (art I, page 1, Part I,						Enter here and on page 1, Part II, line 26	
Totals Schedule J—Advertising	Incom	A (see instru	ctions)						<u> </u>
Part I Income From F				a Consoli	dated Racie				
Tare meenic (Tom)	CITOU	Todis ricpor	100 011	<u>a 00113011</u>	4. Advertising		 -		7. Excess readership
1. Name of periodical		2. Gross advertising income	ng 3. Direct		gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			dership ests	costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									1 . •
(3)]]
(4)									
Totals (carry to Part II, line (5))		<u>. </u>			<u> </u>				

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 income costs income a gain, compute not more than cols 5 through 7 column 4) <u>(1)</u> <u>(2)</u> (3) (4) 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 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 1. Name 2. Title unrelated business <u>(1)</u> % (2) % (3) % (4) % Total. Enter here and on page 1, Part II, line 14 \triangleright

Form 990-T (2018)

Metropolitan Organization to Counter Sexual Assault 43-1061620

Statement of Changes on amended 2018 Form 900-T

Part III, Line 34 and 36

These amounts have been changed from \$12,300 to \$0 due to the section 512(a)(7) repeal

Part III, Line 38

This amount has been changed from \$11,300 to \$0 due to the section 512(a)(7) repeal

Part IV, Line 39 and 44

Due to changes in Part III, these amounts are now calculating as \$0

Part V, Lines 46 and 48

Due to changes in Part IV, these amounts are now calculating as \$0

Part V, Line 51

Payments were made on the previous tax due of \$2,373, so this line has been changed from \$0 to \$2,373

Part V, Line 53

Due to the repeal of section 512(a)(7) and all changes made in the previous sections there is no longer tax due

Part V, Lines 54 and 55

These amounts have been changed from \$0 to \$2,373, to reflect the amount of overpayment made and that a refund of this amount is requested