Form <b>990-T</b>	E	kempt Organization					ırn	ОМ	18 No 1545-0687	
Form JJJ-1	For cale	(and proxy ta) ndar year 2018 or other tax year begin			•	• •	20	(	୭ <b>⋒</b> 1Ω	
Department of the Treasury		► Go to www irs.gov/Form990							<u> </u>	
Internal Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form	as it ma	ay be made public if	your orga	nization is a 501	(c)(3)	Open t 501(c)(	to Public Inspection for (3) Organizations Only	
A Check box if		Name of organization ( Check b	ox if na	me changed and see i	nstructions	;)			tification number see instructions )	
address changed	_	METROPOLITAN YOUNG					, ,	mproyees treet	aco monaciono ,	
B Exempt under section	l	ASSOCIATION OF GREA					ا		•	
X 501( C <b>23</b> )	Print	Number, street, and room or suite no	If a P O	box, see instructions				35-0886850		
408(e) 220(e	Type	2.2		. •				E Unrelated business activity code (See instructions )		
408A530(a	)	347 W BERRY ST SUIT					-			
529(a)	4	City or town, state or province, country	•	ZIP or foreign postal co	ode					
C Book value of all assets at end of year	-	FORT WAYNE, IN 4680								
•		up exemption number (See instruct			T 504(1)		1404	(=) (==)		
		eck organization type ► X 501			501(c)	"		(a) trust	Other trust	
	•	anization's unrelated trades or busine	esses		-1			only (or first)		
trade or business he		e end of the previous sentence, co	malata	<del></del>	•	•			ne, describe the	
trade or business, th			riipiete	e Parts I and II, com	piete a St	aleuule IVI IOI E	acii auu	itionar		
		corporation a subsidiary in an affil	isted o	roup or a parent-sul	hsidiary c	ontrolled group	?		Yes X No	
		identifying number of the parent co			osidiai y G	oriti olica group				
J The books are in car			роган	<u> </u>	elephone	e number ▶ 2	60-42	22-6488		
		or Business Income		(A) Income		(B) Expe			(C) Net	
1a Gross receipts or										
b Less returns and allow		c Balance ▶	1 c						i,	
		lule A, line 7)							1	
=		2 from line 1c								
4a Capital gain net	income (a	attach Schedule D)	4a			•				
b Net gain (loss) (F	orm 4797,	Part II, line 17) (attach Form 4797)	4b							
c Capital loss dedi	action for t	trusts	4c							
5 Income (loss) from a	partnership o	r an S corporation (attach statement)	5							
6 Rent income (Sc	hedule C)		$\overline{}$							
7 Unrelated debt-f	nanced in	come (Schedule E)	7							
	alties and re	ents from a controlled organization (Schedule F								
		(1(c)(7), (9) or (17) organization (Schedule G)		-				_		
•		ncome (Schedule I)	10	<del> </del>	Ī			_		
		dule J)	11	11	716.	ATCH	1	<del></del>	11,716.	
•		ctions, attach schedule)		·	716.	AICT .	L	<del></del>	11,716.	
		Taken Elsewhere (See inst				eductions )	(Eycer	ot for con		
		be directly connected with t					(=,000)	J. 101 COII	andanono,	
14 Compensation o	f officers	directors, and trustees (Schedule K)						14	-	
15 Salaries and wag	es	R	上し					15		
		1_1		Š	1::::		· · · —	16	_	
17 Bad debts			ŮŇ.	1 0 2019	1			17		
18 Interest (attach s	schedule)	(see instructions)					[	18		
					1			19		
Charitable contri	butions (S	See instructions for limitation rules	<u>GD</u>	LIV, OI	لِدِ		] :	20		
2,1 Depreciation (att	ach Form	4562)		21						
	n claimed	on Schedule A and elsewhere on re	eturn	225	a		2	2b		
23 Depletion							نــا ا	23		
24 Contributions to		compensation plans						24		
	t programs	s					· ·   <u>:</u>	25		
26 Excess exempt e		Schedule I)						26		
•		ichedule J)					- 1	27		
		schedule)					· · · —	28	<u>_</u>	
••		es 14 through 28						29		
<b></b>		ole income before net operating					_	30	11,716!,	
	•	ig loss arising in tax years beginning	_	•				31	11,716.	
Unrelated busine	tion Act N	e income Subtract line 31 from line Notice, see instructions.	30 .	<u> </u>	<u></u>	<del></del>		32	Form <b>990-T</b> (2018)	
8X2740 1 000 JSA		30/2019 10:02:21 AM	<u>τ</u> η 1	8-4 5F		$\cap$	١		PAGE	
	4/.	50,2015 10.02.21 AM	٠ T			1 1	1		17.04	

Form	990-1 (2016)				age 2
Par	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33		11,7	116.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
•	of lines 33 and 34	36		11,7	716.
27		37			000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<del>"</del>			
38	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		10,7	116
Da		30		10, ,	
	t IV Tax Computation	T		2 2	250.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39		2,2	250.
40	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)				
41	Proxy tax See instructions				
42	Alternative minimum tax (trusts only)				
43	Tax on Noncompliant Facility Income See instructions	43			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		2,2	250.
Par	t V Tax and Payments	_			
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
	Other credits (see instructions)	1			
	General business credit Attach Form 3800 (see instructions)	1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1			
٥	Total credits Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	$\vdash$		2,2	250.
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	$\vdash$			
47	<u> </u>			2.2	250.
48	Total tax Add lines 46 and 47 (see instructions)			-/-	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	Payments A 2017 overpayment credited to 2018	-			
	2016 estimated tax payments	4			
	Tax deposited with Form 8868	-			
	Foreign organizations Tax paid or withheld at source (see instructions)	4			
	Backup withholding (see instructions)	4			
f	Credit for small employer health insurance premiums (attach Form 8941)	1 1			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 50g	]			
51	Total payments Add lines 50a through 50g	51		3,1	100.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶	52			
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		8	350.
55	Enter the amount of line 54 you want  Credited to 2019 estimated tax ▶850. Refunded ▶				
	Statements Regarding Certain Activities and Other Information (see instruction	ıs)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		uthority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		I .		
	here <b>&gt;</b>	-	, l	- 1	Х
		ion truct?	<del></del>		Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	igii uusti.	· · · · ·		
<b>5</b> 0	If "Yes," see instructions for other forms the organization may have to file				
58	Enter the amount of tax-exempt interest received or accrued during the tax year   Under penaltic of perjury 1 declare that have examined this return including accompanying schedules and statements and to the	best of my	knowledge ar	nd belie	ef it is
۸.	true, correct and complete. Decleration of prepaler (other than taxpayer) is based on all information of which preparer has any knowledge		Kilomicogo di	10 00.11	
Sigr		•	S discuss		
Her			reparer sho		ı I
		e instructions	_	Ц	No
Date.	Print/Type preparer's name Preparer's signature Date Chec	k L ıf	PTIN		_
Paid	ENOUGH & DENION Sen-	employed	P0157		υ
•			44-0160		
USE	<sub>e no</sub> 260	-460-4	000		

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Schedule A - Cost of G	oode Sold Ea	tor mother	l of invent	ory valuation			_	rage J
1 Inventory at beginning of y	1 1	ter method	i oi ilivelli			ar	6	
, , ,	·	2				Id Subtract line	F-9-1	
					-	ter here and in		
	· · · · <del>                                      </del>						7	
4a Additional section 263A co	\$ I		•					Yes No
(attach schedule)						section 263A (w	•	163 140
b Other costs (attach schedule) . 4b  5 Total Add lines 1 through 4b . 5					•	or acquired for		X .
Schedule C - Rent Income	VErom Pool P	roporty a	nd Porco	nai Property	Leased V	Vith Peal Proper		Λ
(see instructions)	e (From Real F	operty at	iu Perso	mai Property	Leaseu V	vitti Keai Fropei	ty)	
<del></del>								
1 Description of property				··			·	
(1)								
(2)		-				<del></del>		
(3)								
(4)	2 Dont recov					<u> </u>		
	2. Rent receiv					-		
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percenta	age of rent f	I personal property or personal property s based on profit or	exceeds		rectly connected with a) and 2(b) (attach sc	
(1)								
(2)							_	
(3)							,	
(4)				•				
Total		Total						
(c) Total income Add totals of chere and on page 1, Part I, line 6						(b) Total deduction Enter here and on Part I, line 6, column	page 1,	
Schedule E - Unrelated D			e instruct	ions)				
1 Description of del			2 Gross	income from or		Deductions directly con debt-financ		ble to
- Description of dea				allocable to debt-financed property		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)	
(1)					_			
(2)	•			· · · ·				
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		4			income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%				
(2)				%				
(3)				%				
(4)	4			%				_
	f					e and on page 1, e 7, column (A)	Enter here and Part I, line 7, co	
Totals								

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Page 4

Schedule F-Interest, Annu	intes, Royantes			ntrolled Org			410113 (30	e manucin	01137	<del></del> _
Name of controlled organization	2 Employer identification numb	er		ated income nstructions)	4 Total payme	of specif nts mad	ied included	f column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5
(1)				_						
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	ations					- 10	5 4 7 1 1	0.11 -1 -		Dad catalog describe
7 Taxable Income	Net unrelated income (loss) (see instructions)			Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10	
(1)										
(2)										
(3)										
(4)							ld columns 5			Id columns 6 and 11
Totals	come of a Sec	tion 501(c	;)(7),	(9), or (17				tructions)	Pa	rt I, line 8, column (B)  5 Total deductions
1 Description of income	2 Amount of	income		directly cor (attach sch	nected	4 Set-asides (attach schedule)			and set-asides (col 3 plus col 4)	
(1)			-	-						
(2)				<del></del>		-				
(3)	<u> </u>		-			-				
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, or	olumn (A)	er Th	an Adverti	sing Ir	icome	(see instri	uctions)		Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	with n of d	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	5 Gross income 6 from activity that attr		6 Expe attribut: colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			<del></del>							
(2)	-									
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, co! (A)	Enter here a page 1, Pa line 10, col	ırt I,							Enter here and on page 1, Part II, line 26
Schedule J-Advertising In  Part I Income From Peri			neoli	idated Bas	ie					
income From Fen	Calcals Report	ca on a ot	11301					1		T
1 Name of periodical	2 Gross advertising income	3 Directadvertising (		4 Advertigain or (los 2 minus co a gain, coi cols 5 thro	s) (col I 3) If npute	5 Circulation income		6 Read cos	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				1						
(3)				1						
(4)				1						
· · · · · · · · · · · · · · · · · · ·		• •								
Totals (carry to Part II, line (5))				<u> </u>						Form 990-T (2018

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 )

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 ▶						
•	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) ▶						

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			

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