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Form	990-T	Ex	empt Organization (n	OMB No 1545-0047
	-	For cale	ndar year 2019 or other tax year begin					19	୭ଲ10
Dogget	ment of the Treasury	TOT CLICK	► Go to www irs.gov/Form990					·—-	<u> </u>
	Revenue Service	▶ Do	not enter SSN numbers on this form a)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Check bo					D Emplo	yer identification number
	address changed	i	METROPOLITAN ORGANIZ	ITAS	ON TO			(Employ	yees' trust see instructions)
ВЕхе	mpt under section	ĺ	COUNTER SEXUAL ASSAU	JLT					
X	501(C)(0 3)	Print	Number, street, and room or suite no	faPO	box, see instructions			43-10	061620
	408(e) 220(e)	or Type							ited business activity code
	408A 530(a)		3100 BROADWAY, SUITE	€ 40	0			(See ins	structions)
	529(a)]	City or town, state or province, country	, and Z	IP or foreign postal code	е			
	k value of all assets		KANSAS CITY, MO 6411	11-2	591				
at e	nd of year	F Gro	up exemption number (See instructi	ons) l	>				
	6,031,718.	G Che	ck organization type ▶ X 501	(c) coi	poration	501(c)	trust	401(a)	trust Other trust
H Er	iter the number of	the orga	nization's unrelated trades or busine	sses	>		Describe	the only	(or first) unrelated
	ide or business her						•		than one, describe the
fır	st in the blank spa	ice at the	end of the previous sentence, cor	nplete	Parts I and II, comple	ete a So	chedule M for eac	h addition	al
	ide or business, th								
I Du	iring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subs	idiary c	controlled group? .		▶ Yes X No
			identifying number of the parent cor	poration	on 🕨		. 01	6 001	45.07
			SSICA JOHNSON			lephon	e number > 81		
Par	Unrelated	Trade (or Business Income		(A) Income		(B) Expens	ses	(C) Net
1 a	Gross receipts or s	sales					•		
	Less returns and allowa		c Balance ▶						
2	-		ule A, line 7)	2			<u> </u>		1
3	•		2 from line 1c	3		-	171-0-171	13 5500	
4a			ttach Schedule D)	4a					
b			Part II, line 17) (attach Form 4797)	4b		Č.		-	101
C -			rusts	4c 5		13	1 OCT 15	2020	191
5			r an S corporation (attach statement)	6		18		2020	(0)
6 7			come (Schedule E)	7		-	OGDEN	1 1 17	
8			ints from a controlled organization (Schedule F)				UUDLI	4, U 1	
9			1(c)(7) (9), or (17) organization (Schedule G)	9					
10			ncome (Schedule I)	10					
11	•	-	fule J)	11			-		
12			tions, attach schedule)	12					
13	•		ough 12	13		0.			
Par			Taken Elsewhere (See instr ne unrelated business incom				leductions) ([ons must be directly
14			directors, and trustees (Schedule K)		· · · · · · · · · · · · · · · · · · ·				
15	Salaries and wage	es						. 15	
16	Repairs and main	tenance						. 16	
17	Bad debts							. 17	
18	Interest (attach s	chedule)	(see instructions)					. 18	
19									
20			4562)						
21	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn	<u>21a</u>			21b	
22									
23			compensation plans						
24			s						
25			Schedule I)						
26		-	chedule J)						
27			schedule)						-
28			s 14 through 27						-
29			le income before net operating						
30		•	g loss arising in tax years beginning	-					
31 For F			e income Subtract line 30 from line Notice, see instructions	. 29 ,_	<u> </u>	<u></u>	<u> </u>	. 31	Form 990-T (2019)

FORTI	990-1 (2019)				uge =
Par	t III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	32			
22	Amounts paid for disallowed fringes	33			
33	·	34			
34	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line				^
	34 from the sum of lines 32 and 33 \dots	35			0.
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			
	,	38		1.0	000.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	30			
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,				0
	enter the smaller of zero or line 37	39			0.
Par	t IV Tax Computation				
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40			
41	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on				
71	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41			
42	Proxy tax. See instructions				
43	Alternative minimum tax (trusts only)	43			
44	Tax on Noncompliant Facility Income See instructions	44			
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Par					
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
	Other credits (see instructions)	1 1			
С	General business credit Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits Add lines 46a through 46d	46e			
47	Subtract line 46e from line 45	47			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48			
		49			Ö.
49	Total tax Add lines 47 and 48 (see instructions)				
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3,	50			
	Payments A 2018 overpayment credited to 2019				
b	2019 estimated tax payments]			
С	Tax deposited with Form 8868				
d	Foreign organizations Tax paid or withheld at source (see instructions)]			
	Backup withholding (see instructions)	1			
-		1			
t	Credit for small employer health insurance premiums (attach Form 8941)	1			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ [51g]	.			
52	Total payments Add lines 51a through 51g	52		2,	376.
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		2,3	376.
55	the state of the s	F			376.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded				,, ,,
Pai	tVI Statements Regarding Certain Activities and Other Information (see instruction			1	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay hav	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		
	here ►				Х
E 0	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ian talet			Х
58		igii uusi	}		
	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 ▶ \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete—Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	pest of m	y knowledge a	and beli	er it is
Sig		av the	IRS discuss	this r	retum
Her		,	preparer sh		
		e instructi			No
	Productive expects name	T	PTIN		
Paid	1		2015	5012	, 6
	AFRIL ARNOLD CIA	mployed			
	Only Firm's name PBRD, BBE		44-0160		
	Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phon	eno 81	16-221 - 6		
ISA			OC	T OC	(2010

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Total dividends-received deductions included in column 8

Schedule F - Interest, Ann	uities, Royalties	s, and Re	ents Fro	om Contro	lled O	rganiza	tions (see	e instructio	ons)		
				ntrolled Or							
Name of controlled organization	2 Employer identification numb	er i		ated income nstructions)	l .	of specifie nts made	included			6 Deductions directly connected with income in column 5	
(1)											
(2)	-										
(3)											
(4)											
Nonexempt Controlled Organia	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made		inclu	art of column ded in the co zation's gros	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)	·										
Totals		tion 501	(c)(7).	 (9), or (17	► ′) Orga	Enter Part	columns 5 a here and on I, line 8, column n (see inst	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of			3 Deduction of the directly contact (attach sch	tions nected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)										<u></u> -	
(2)											
(3)				1.50							
(4)	<u> </u>										
Totals ▶	Enter here and a Part I, line 9, co								Enter here and on page 1, Part I, line 9, column (B)		
Schedule I-Exploited Exe	empt Activity In	come, O	ther Th	an Advert	ising Ir	come	see instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direc connect product unrela business	enses ctly ed with lion of ated	4 Net incor from unrelat or business 2 minus co If a gain, c cols 5 thre	me (loss) led trade (column lumn 3) ompute	5 Gro from a	5 Gross income from activity that is not unrelated business income 5 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)	1									-	
<u>(1)</u> <u>(2)</u>				-						-	
(3)				 						-	
(4)				 		-	_				
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, e	Part I,		•					Enler here and on page 1, Part II, line 25	
Totals ▶ Schedule J- Advertising Ir	100mc (222 :====	uctions.\								<u> </u>	
	<u> </u>		Consol	idated Ba	eie	_					
Part I Income From Per	iouicais Report	eu on a	COLISOI	iuateu Dă	اداد اداد	1	-				
1 Name of periodical	2 Gross advertising income	3 Di advertisir	1 2 manua ani 2) if 1			7 Excess readership costs (column 6 minus column 5, but not more than column 4)					
(1)											
(2)											
(3)											
(4)											
							<u> </u>				
Totals (carry to Part II, line (5))								<u> </u>		Form 990-T (2019	

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 26
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) ATCH 2		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
LAURA MCCARTHY 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
WILLIAM PRYOR 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	TREASURER	0	0.
ANN ABERCROMBIE 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	CHAIR	0	0.
JAMIE ALLEN 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
MELANIE FENSKE 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	SECRETARY	0	0.
KATE MITCHELL 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
STACEY MCLEY 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
JOSHUA ROWLAND 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	VICE CHAIR	0	0.
INGRID VANBIBER 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
JENNIFER LAUE 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR ,	0	0.

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
VINCENT N SABIA 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
DENISE DELCORE 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
TERRY HILLMAN 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
KAREN MIYAWAKI 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
SÓNYA NUTTER 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
KERRI THURSTON 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
KATHY WOODWARD 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
LAUREN BARRETT 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
MARTIN T. RUCKER II 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
JULIE DONELON 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	CEO/PRESIDENT	0	0.

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
JESSICA JOHNSON 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	VICE PRESIDENT FINANCE & ADMIN	0	0.
JESSI BIXLER 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
CAPT. M. SEAN HUTCHENSON 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
CAPT. ROY TRUE 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
DANA KRAMER 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	. 0.
CAPT. JONATHAN PATTON 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
LAUREN ALLEN 3100 BROADWAY, SUITE 400 KANSAS CITY, MO 64111-2591	DIRECTOR	0	0.
TOTAL COMPENSATION			0.