	نہا		/	Amended R	leturn - Sect	ion 5	512(a)(7)	Repea	al					
	٠	000 T	Exem	pt Organiza	ntion Busin	ess	Income	Tax	Retur	n	01	MB No 1545-0	687	
	Form	990-T			y tax under				010	•		004 <i>e</i>		
•	•		For calendar year 2018 or other tax year beginning , 2018, and ending									2018	5	
		nent of the Treasury	► Go to www.irs.gov/Form9907 for instructions and the latest information										tion for	
		Revenue Service Check box if		SSN numbers on th					ion is a 50	· · · · ·		o Public Inspec (3) Organization		
	A 💛 🤅	address changed	Name of organization (dentification ni trust, see instru		
	_	ipt under section 01(c)(3)			1067711									
	☐ 4i	· —	Or L	Number, street, and room or suite no. If a P.O. box, see instructions 503 E 23rd Street							ated bu	usiness activity	code	
	☐ 40	_		r town, state or province, country, and ZIP or foreign postal code						(See	(See instructions)			
	5:	29(a)	Independence MO 64055-1502											
	C Book	yalue of all assets of year		mption number (04(-)1		7 4047-				
	H E	ter the number		anization type ion's unrelated tr				01(c) tru			O1(a) trust Other trust only (or first) unrelated			
		ide or business	-	ion's officiated to	ades of busines		nly one, con	nolete P				-		
				d of the previou	s sentence, con									
		ide or business,			•	•		•						
) Du	iring the tax year,	was the corpora	ition a subsidiary i	n an affiliated gro	up or a	a parent-subs	sidiary co	ntrolled g	roup? .	, ▶	☐ Yes [No	
				tifying number of	the parent corp	oratio								
		e books are in o					(A) Inco		e numbe			816-252-8388 (C) Net		
		Gross receipts		siness Income	 	Γ	(A) 11100	1110	(6) (7)	rpenses	.	(0) 1461		
0 1 2020		Less returns and a			c Balance ▶	1c				1.				
	2	Cost of goods		A, line 7) .	<i>(</i>	2			`					
	3	Gross profit S	btract line 2 fr	om line 1c	1	3			,					
	4a	- 1		•		4a					'		 	
	b			rt II, line 17) (attad	ch Eorm 4797)	4b								
JUN.	с 5	Capital loss de		r an S corporation (. (.	4c							-	
	6	Rent income (S		r an 3 corporation	6		+		-			 		
	7			ne (Schedule E)	7									
Z	8			rom a controlled orga	8									
Z	9	Investment income	of a section 501(c)	(7), (9), or (17) organi							1			
SCANNED	10			me (Schedule I)		10							—	
$\ddot{\circ}$	11 12	Advertising inc	•	J) attach schedule)		11		-					+	
	13	Total. Combin		•	•	13		+-1					 	
				Elsewhere (See	instructions fo		ations on d	eduction	ns.) (Exc	ept for	contri	butions,		
				ctly connected v						<u> </u>				
	14			ctors, and truste	es (Schedule K)	DE	CEIVE	<u>D</u> .] ·	_	14			
	15	Salaries and w			1 –	17.	OLIVE.	O	,		5		 	
	16 17	Repairs and m Bad debts	intenance			o 4 2020 Ø					16		 	
	18	Interest (attach	schedule) (see	instructions).	[월]	MΑ	MAR 0 4 2020 9				8		-	
	19	Taxes and lice									19			
	20	Charitable con	ibutions (See i	nstructions for li	mitation rules)	OG					20			
	21	Depreciation (a		•										
	22	•	on claimed on	Schedule A and	elsewhere on re	turn					2b		<u> </u>	
	23 24	Depletion .	deferred com	pensation plans	•				•		23			
	2 4 25	Employee bene		pensation pians			•			<u> </u>	25		 	
	26	Excess exemp	. •	nedule I)						_	26		 	
	27		hip costs (Schedule J) .						[2	27				
	28	Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from lin									8			
	29										9		 	
	30 31			ome before net o arising in tax year						13 3 ne) 3	30 31		 	
	32			arising in tax year come Subtract II			uanuany 1, 21	010 (SEE)	. 1311 UC (101		32		 	
		Onrelated bush			no or nominie c		Cat No. 11	1001			T	Form 990-T	(2018)	

	90-T (2018)	_			Page 2
Part	ll III	otal Unrelated Business Taxab	le Income			
33			e computed from all unrelated trades	or businesses (se	e	
	instruc	tions)			33	0
34		nts paid for disallowed fringes			34	O
35			in tax years beginning before Janu	uary 1, 2018 (sei	e	
	instruc	· •			35	0
36			before specific deduction. Subtract lin	ne 35 from the sun	n	
		33 and 34		· · · · · · · · · · · · · · · · · · ·	36	0
37			ee line 37 instructions for exceptions)	5	D 37	1000
38	Unrela	ted business taxable income. Sub	tract line 37 from line 36. If line 37 is g	reater than line 36	5 1	
			·	<u> </u>	88	0
Part		ax Computation				
39	-	izations Taxable as Corporations.		▶	89	0
40			instructions for tax computation	Income tax or	1 1 1	
			hedule or Schedule D (Form 1041)	•	40	0
41	_	tax. See instructions .			41	0
42		\ //		•	42	0
43		Noncompliant Facility Income. Se		•	43	<u> </u>
44		Add lines 41, 42, and 43 to line 39 or	40, whichever applies	· · ·	44	0
Part		ax and Payments	110	·- 		
45a	_	tax credit (corporations attach Form 1 credits (see instructions)	118, trusts attach Form 1116) 45			
b		I business credit Attach Form 3800	L		┤`,, │	ļ
c C		for prior year minimum tax (attach Fo			⊣ '∣	
d e		redits. Add lines 45a through 45d	Jilli 6601 01 6621) .	iu l	45e	
46				•	46	0
47		· · · · · · · · · · · · · · · · · · ·		v (attach schodula)	47	0
48		ax. Add lines 46 and 47 (see instruct		(attach schedule) .	48	0
49			5-A or Form 965-B, Part II, column (k),	line 2	49	0
50a		nts A 2017 overpayment credited to	· · ·		17-	
b		stimated tax payments .			-	
		posited with Form 8868				
ď		organizations Tax paid or withheld	1—1		┦ `┃	
e	_				7	
f		for small employer health insurance i	├─1			ľ
g		redits, adjustments, and payments	_			ļ
Ū	☐ Form			g 92		
51	Total p	ayments. Add lines 50a through 50g			51	92
52		ed tax penalty (see instructions) Ch		. ▶□	52	0
53	Tax du	e. If line 51 is less than the total of lir	nes 48, 49, and 52, enter amount owed	· 🔈	_{>} 5β	0
54	Overpa	lyment. If line 51 is larger than the to	otal of lines 48, 49, and 52, enter amou	nt overpaid . 🏂	7 54	92
55		amount of line 54 you want Credited to		Refunded	5 \$	92
Part \	71 s	tatements Regarding Certain A	ctivities and Other Information (s	ee instructions)		
56			did the organization have an interest in			
			r other) in a foreign country? If "Yes,"			
		Form 114, Report of Foreign Bank	and Financial Accounts If "Yes," enter	the name of the f	foreign count	try
	here •					
57		· •	a distribution from, or was it the grantor of,	or transferor to, a fo	oreign trust?	
		" see instructions for other forms the	•	_		
_58			eived or accrued during the tax year			-d-a a-d 5-1-d d
Sian			d this return, including accompanying schedules and than taxpayer) is based on all information of which pr		e -	
Sign	14	wh Illaka k		hie Directo		discuss this return parer shown below
Here		re of officer	//		(see instruction	ons)? [Yes [No
	Signati			Data		PTIN
Paid		Print/Type preparer's name	Preparer's signature	- 1	Check I if	
Prepa	arer	Elizabeth Liddle			self-employed	P01076573
Use (Only	Firm's name ► Support Kansas City I			irm's EIN ►	31-1717077
		Firm s address ► 5960 Dearborn Suite 2	200, WISSION NO 00202			113-831-4752 rm 990-T (2018)
					ru	

Form 9	90-T (2018)							Page 3		
Sche	dule A-Cost of Goods	Sold. Er	nter method	of inven	tory va	aluation >				
1	Inventory at beginning of y		1		6		at end of year	6		
2	Purchases .	1	2		7	•	goods sold. Subtract	WE		
3	Cost of labor	F	3		7		n line 5 Enter here and			
4a	Additional section 263A	costs			7	ın Part I, III	пе 2 .	7		
	(attach schedule)		4a		8	Do the ru	les of section 263A (wi			
b	Other costs (attach schedu	}	4b		┨	-	produced or acquired for	· · · · · · · · · · · · · · · · · · ·		
5	Total. Add lines 1 through	· · · · · · · · · · · · · · · · · · ·	5		┪	to the orga	•	, , , , , , , , , , , , , , , , , , , ,		
	dule C-Rent Income (F			and Per	sonal			nerty)		
	instructions)		ai i i opeity i	3110 1 01	50	rioporty	Louded William House	, po. (y)		
	ription of property						 			
(1)			·							
(2)										
(3)										
(4)										
(4)	2	Rent receiv	ed or accrued							
								and the state of t		
	om personal property (it the percenta personal property is more than 10% more than 50%)		(b) From re percentage of a 50% or if the	ent for per	sonal pro	perty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)										
(4)						· - · · · · · · · · · · · · · · · · · ·				
Total			Total							
	-1 A-I-I-A-A-I	0()					(b) Total deductions.	4		
	al income. Add totals of colum id on page 1, Part I, line 6, colui		3 2(b) Enter . ▶				Enter here and on page Part I, line 6, column (B)			
	dule E-Unrelated Debt			ee instri	ctions		Tarri, iine o, colanii (b)			
00170	date E Officialed Debt	1 1110110	ed moome je				3. Deductions directly con	nnected with or allocable to		
	1 Description of debt-fin	anced prop	ertv		2 Gross income from or allocable to debt-financed property		debt-financed property			
		,	,				(a) Straight line depreciation (b) Other deduction (attach schedule) (attach schedule			
(1)							(attaon solicosic)	(anson senses)		
(1)	 							 		
(2)				_						
(3)										
(4)	4 Amount of average	5 Averan	o adjusted basis							
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)				6 Column 4 divided by column 5		7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))			
(1)						%				
(2)						%				
(3)				\neg		%				
(4)						%		i		
<u> </u>				<u>_</u>			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals						>				
Total d	ividends-received deductions	included	in column 8 .							
								Form 990-T (2018)		

Schedule F-Interest,	Annuities	s, Royalties,	and Ren Exempt	ts From Controlled	Controlled Organizations	ganizations (se	ee instrud	ctions)		
Name of controlled organization		2. Employer tification number	3 Net unrel	lated income instructions)	T		controlling	conn	leductions directly lected with income in column 5	
(1)										
(2)								↓		
(3)				·						
(4)			l		<u> </u>			1		
Nonexempt Controlled Or	ganization	IS						т.		
/ Lavanie income			Net unrelated income oss) (see instructions)		otal of specified yments made	included in the	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)					<u> </u>			1	·	
(3)								1		
(4)		·								
Totals						Add columns to Enter here and o Part I, line 8, co	on page 1,	Enter I	columns 6 and 11 here and on page 1, , line 8, column (6)	
Schedule G-Investme	ent Incor	ne of a Secti	ion 501(d	c)(7), (9),	or (17) Organi	zation (see ins	tructions			
1 Description of incom	ne	2. Amount of	income	dire	Deductions ctly connected ach schedule)	4 Set-aside (attach sched		and s	otal deductions set-asides (col. 3 plus col. 4)	
(1)										
(2)										
(3)										
(4)				ļ.——		L				
Totals Schedule I—Exploited	•	Part I, line 9, co	olumn (A)	The second	Advantiaina la			Part I, II	re and on page 1, ne 9, column (B)	
Description of exploited		2. Gross unrelated business incon from trade or business	ne prod	expenses irectly ected with luction of irelated ess income	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 Exp	• •	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)	45	<u></u>				- <u>-</u> -	<u> </u>			
Totals	•	Enter here and page 1, Part I line 10, col (A	. page	ere and on 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26	
Schedule J-Advertision	ng Incom	ne (see instruc	tions)		<u> </u>				·	
		licals Report		Consoli	dated Basis					
1 Name of periodica	al	2. Gross advertising income		Direct ising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	·	T	-							
(2)		 	- 						1	
(3)										
(4)									1	
										
Totals (carry to Part II, line (5)) •	<u> </u>			<u> </u>		<u> </u>	F	orm 990-T (2018)	

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 gain or (loss) (col 2 minus col 3) If costs (column 6 minus column 5, but 2. Gross 3 Direct 5. Circulation 6. Readership 1 Name of periodical advertising advertising costs income costs not more than income a gain, compute cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I Enter here and Enter here and on Enter here and on on page 1, Part II, line 27 page 1, Part I, line 11, col (A) page 1, Part I, 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 unrelated business (1) % (2) % (3) % % Total. Enter here and on page 1, Part II, line 14 \blacktriangleright

Form 990-T (2018)

Child Abuse Prevention Association EIN 43-1067711

2018 Form 990-T Amended Return - Section 512(a)(7) Repeal

Line#	Originally Filed	Amended	Reason
34	1,440	0	Repeal of Section 512(a)(7)
36	1,440	0	Repeal of Section 512(a)(7)
38	440	, 0	Repeal of Section 512(a)(7)
39	92	0	Repeal of Section 512(a)(7)
44	92	0	Repeal of Section 512(a)(7)
46	92	0	Repeal of Section 512(a)(7)
48	92	0	Repeal of Section 512(a)(7)
50g		92	Repeal of Section 512(a)(7)
51		92	Repeal of Section 512(a)(7)
53	92	0	Repeal of Section 512(a)(7)
54		92	Repeal of Section 512(a)(7)
55		92	Repeal of Section 512(a)(7)