Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01/01 **, 2008, and ending** 12/31 **, 20** 08

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CALVARY COMMUNITY OUTREACH NETWORK

Number and street (or P.O. box, if mail is not delivered to street address) / Room/suite: 2940 Holmes

City or town, state or country, and ZIP + 4: Kansas City, MO 64109-1432

D Employer identification number 43 1686109

E Telephone number (816) 531-4683

F Group Exemption Number . . ▶

● ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method: ☐ Cash ☑ Accrual
Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.ccon-kc.org

J Organization type (check only one)— ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 276,529

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	265,672
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	210
	4	Investment income		4	1,673
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 1,005 of contributions reported on line 1)	6a 6,010		
	b	Less: direct expenses other than fundraising expenses	6b 6,010		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ See Statement 1)		8	2,964
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	270,519
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	80,906
	13	Professional fees and other payments to independent contractors		13	20,607
	14	Occupancy, rent, utilities, and maintenance		14	5,394
	15	Printing, publications, postage, and shipping		15	26,024
	16	Other expenses (describe ▶ See Statement 2)		16	111,486
	17	**Total expenses.** Add lines 10 through 16 ▶		17	244,417
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	26,102
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	210,084
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	236,186

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	185,352	22	104,839
23	Land and buildings		23	
24	Other assets (describe ▶ See Statement 3)	51,317	24	188,024
25	**Total assets**	236,669	25	292,863
26	**Total liabilities** (describe ▶ See Statement 4)	26,585	26	56,677
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	210,084	27	236,186

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat. No. 10642I Form **990-EZ** (2008)

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? Social services & health education to youth and families

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	See Statement 5 (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	214,090

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Statement 6				

Part V **Other Information** (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✔
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✔
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✔
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✔
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✔
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✔
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		✔
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✔

41 List the states with which a copy of this return is filed. ▶

42a The books are in care of ▶ Calvary Community Outreach Network Telephone no. ▶ (816) 531-4683

Located at ▶ 2940 Holmes St, Kansas City, MO 64109 ZIP + 4 ▶ 64109

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✔
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✔

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✔
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✔

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✔
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✔
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✔
49a	Did the organization make any transfers to an exempt non-charitable related organization?		✔
49b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date

▶ Frank Thompson, Board Chair
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Support Kansas City Inc 5960 Dearborn Ste 200, Mission, KS 66202	EIN ▶ Phone no. ▶ (913) 831-4752	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: CALVARY COMMUNITY OUTREACH NETWORK

Employer identification number: 43 1686109

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ----------

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1–9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col. **(i)** listed in your governing document?		**(v)** Did you notify the organization in col. **(i)** of your support?		**(vi)** Is the organization in col. **(i)** organized in the U.S.?		**(vii)** Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45,260	95,643	194,313	308,853	265,671	909,740
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1-3	45,260	95,643	194,313	308,853	265,671	909,740
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						117,797
6 **Public support.** Subtract line 5 from line 4.						791,943

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	45,260	95,643	194,313	308,853	265,671	909,740
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	4,072	1,673	5,745
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	187	2,964	3,151
11 **Total support.** Add lines 7 through 10						918,636

12 Gross receipts from related activities, etc. (see instructions) 12 11,654

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . 14 86.21 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 100 %

16a **33⅓ % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓ % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

2007: Video sales $187; 2008: Video sales and Misc income $2,964.

Statement 1 : Other Revenue Schedule
Statement 2 : Other Expenses Schedule
Statement 3 : Other Assets
Statement 4 : Liabilities Schedule
Statement 5 : Program Service Accomplishments
Statement 6 : Officers, Directors, Trustees and Key Employees Compensation

Statement 1
Form: 990-EZ
Page: 1
Line Number: Part I Line 8
OtherRevenuesSchedule2

CALVARY COMMUNITY OUTREACH NETWORK
43-1686109

Other Revenue Schedule

Description	Amount
Video Sales and Misc Income	$2,964
Total:	**$2,964**

Statement 2
Form: 990-EZ
Page: 1
Line Number: Part I Line 16
OtherExpensesSchedule2

CALVARY COMMUNITY OUTREACH NETWORK
43-1686109

Other Expenses Schedule

Description	Amount
Payroll Taxes	$6,388
Office Supplies	$2,541
Office Equipment Exp	$3,390
Travel Expense	$9,933
Program Supplies	$5,098
Honorariums	$15,540
Program Food and Refrestmts	$9,813
Youth Fees and Incentives	$1,425
Production and Air Time Costs	$22,055
Equipmt Maintenance	$485
Program Advertising and Mktg	$4,296
Other Program Expenses	$19,513
Bank Charges	$1,504
Insurance	$119
Dues and Subscriptions	$716
Depreciation Exp	$8,670
Total:	**$111,486**

Statement 3
Form: 990-EZ
Page: 1
Line Number: Part II Line 24
OtherAssetsSchedule3

CALVARY COMMUNITY OUTREACH NETWORK
43-1686109

Other Assets

Description	BOY Amount	EOY Amount
Accounts Receivable	$41,752	$24,000
Contracts Receivable	$0	$55,978
Equipmt and Leasehold Impr	$9,565	$108,046
Total:	**$51,317**	**$188,024**

Statement 4
Form: 990-EZ
Page: 1
Line Number: Part II Line 26
OtherLiabilitiesSchedule3

CALVARY COMMUNITY OUTREACH NETWORK
43-1686109

Liabilities Schedule

Description	BOY Amount	EOY Amount
Accounts Payable	$8,774	$38,866
Refundable Advance Gvmt Grant	$17,811	$17,811
Total:	**$26,585**	**$56,677**

Program Service Accomplishments

Achievement	Grants And Allocations	includes Foreign Grants	Program Service Expenses
The organization is dedicated to improving the quality of life by attending to the spiritual, physical, economic, and social needs of individuals and families through innovative programming. Its purpose is to provide a network of services for the greater Kansas City community related to its mission. The Black Church Week of Prayer for the Healing of AIDS of Greater Kansas City is an effort to mobilize area African American churches in the fight againist HIV AIDS. Black Church Week of Prayer activities are coordinated by a dedicated group of volunteers and staff from CCON. Partners include clergy and lay leaders from black churches, elected officials, community leaders, and poople living with HIV/AIDS. Other partners include policy advocates, school personnel, and representatives from public health and community-based organizations throughout the metropolitan area. Each day during the Week of Prayer features an event targeted to a specific audience. Events include worship services, speakers, workshops, dramatic presentations, concerts, exhibits, and discussion groups. CCON realizes that Churches play an essential role in the lives of most African Americans. Therefore, it is imperative that religious organizations lead the struggle to stop the spread of HIV and to care for those who are infected or affected in the African-American community. CCON is the convener and fiscal agent for the Black Church Week of Prayer. Approximately 5,000 people were served.	$0		$57,239
The Season of Hope Luncheon is a special event designed to create a venue for corporations and small businesses to become more supportive, aware and involved in the effort to reduce the spread of HIV/AIDS in the African American community through continued participation and sponsorship. 110 people were served.	$0		$16,761
The World AIDS Day campaign targets the AIDS service organizations, churches, and other community based organizations. The goal of the Campaign is to energize and support an effective and sustained response to the AIDS epidemic. The Campaign aims to broaden the partnership of those shaping the response to AIDS. Goals include increasing public awareness of past policy commitments, including the Declaration of Commitment on HIV/AIDS. 550 people were served.	$0		$3,199
HIV Prevention, Action and Compassion Tool Kit is an endeavor to build the capacity of African-American churches to educate their congregations on HIV and AIDS. The goals are three-fold: 1) to mobilize a coalition of churches equipped with the information and tools needed to launch health ministries focused on HIV/AIDS prevention and care, 2) to develop HIV/AIDS Prevention Tool Kit materials to asist in implementation of prevention activities in Black churches, and 3) to collect church needs assessment data and report recommendations on findings in order to guide CCON/BCWP in strengthening their capacity building efforts to assist and meet needs of churches interested in developing HIV/AIDS ministries. 14 churches participated and approximately 4,600 people were served.	$0		$86,926
Talent of the Next Generation (TNG) A performing arts group creates a positive setting for urban youth ages 12-18. The project utilizes students involved in the performing arts as the vehicle to establish on-going youth development activities. TNG produces Helping Youth Plan for Excellence (HYPE): a live television taping that presents lively music, insightful interviews and discussions, innovative skits and dance routines. HYPE provides a safe	$0		$38,534

atmosphere for teens that allows for free expression and lots of fun and fellowship. 2,850 youth participated.		
The Calvary Community Wellness Center provided structured fitness opportunities and information to youth and families living and working in urban Kansas City. The 10,000 square foot warehouse located at 3002 Holmes Street has been converted into a state of the art fitness center to serve youth and families in the target group. Health screenings, nutrition demonstrations and fitness classes are among the offerings. The center opened in the 2nd quarter of 2008. 63 members joined.	$0	$11,431
Total:		**$214,090**

Officers, Directors, Trustees and Key Employees Compensation

Name	Title and Hrs	Compensation	Benefits	Expense
Ellis McGee 2940 Holmes Kansas City, MO 64109-1432	Board Member 0.5	$0	$0	$0
Patrick Mitchell 2940 Holmes Kansas City, MO 64109-1432	Board Member 0.5	$0	$0	$0
Paul Washington 2940 Holmes Kansas City, MO 64109-1432	Board Member 0.5	$0	$0	$0
Eric Williams 2940 Holmes Kansas City, MO 64109-1432	Exec Director/CEO 30.00	$18,180	$0	$0
Frank Thompson 2940 Holmes Kansas City, MO 64109-1432	President 3.0	$0	$0	$0
Bettye Williamson 2940 Holmes Kansas City, MO 64109-1432	Secretary 12.0	$0	$0	$0
Carole Bowe Thompson 2940 Holmes Kansas City, MO 64109-1432	Deputy Director 50.00	$31,744	$0	$0
Charlene Weathersby 2940 Holmes Kansas City, MO 64109-1432	Treasurer 0.5	$0	$0	$0
Total:		**$49,924**	**$0**	**$0**