

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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.

**A For the 2009 calendar year, or tax year beginning** 01/01, **2009, and ending** 12/31, **20** 09

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - 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) ▶

**I Website:** ▶ [www.ccon-kc.org](http://www.ccon-kc.org)

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

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

**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **120,610**

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	66,240	10	Grants and similar amounts paid (attach schedule) . . . . .	10	0
2	Program service revenue including government fees and contracts . . . . .	2	54,002	11	Benefits paid to or for members . . . . .	11	0
3	Membership dues and assessments . . . . .	3	0	12	Salaries, other compensation, and employee benefits . . . . .	12	68,741
4	Investment income . . . . .	4	135	13	Professional fees and other payments to independent contractors . . . . .	13	37,408
5a	Gross amount from sale of assets other than inventory . . . . .	5a	0	14	Occupancy, rent, utilities, and maintenance . . . . .	14	20,813
b	Less: cost or other basis and sales expenses . . . . .	5b	0	15	Printing, publications, postage, and shipping . . . . .	15	6,590
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0	16	Other expenses (describe ▶ <a href="#">See Statement 3</a> ) . . . . .	16	77,022
6	Special events and activities (complete applicable parts of Schedule G. If any amount is from gaming, check here ▶ <input type="checkbox"/> )			17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	210,574
a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) . . . . .	6a	0	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-89,964
b	Less: direct expenses other than fundraising expenses . . . . .	6b	0	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	236,186
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	0	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	0	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	146,222
b	Less: cost of goods sold . . . . .	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0				
8	Other revenue (describe ▶ <a href="#">See Statement 2</a> ) . . . . .	8	233				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	120,610				

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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 . . . . .	104,839	73,761
23	Land and buildings . . . . .	0	0
24	Other assets (describe ▶ <a href="#">See Statement 4</a> ) . . . . .	188,024	91,645
25	<b>Total assets</b> . . . . .	292,863	165,406
26	<b>Total liabilities</b> (describe ▶ <a href="#">See Statement 5</a> ) . . . . .	56,677	19,184
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	236,186	146,222

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)</small>
What is the organization’s primary exempt purpose? <b>Social services &amp; health education to youth and families.</b> 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, and other relevant information for each program title.	
<b>28 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 (Continued on Statement 6)</b> (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> <b>10,433</b>
<b>29 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 (Continued on Statement 7)</b> (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b> <b>46,957</b>
<b>30 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 (Continued on Statement 8)</b> (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b> <b>18,929</b>
<b>31 Other program services (attach schedule) See Statement 9.</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses (add lines 28a through 31a)</b>	<b>32</b> <b>172,652</b>

**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
Frank Thompson 2940 Holmes, Kansas City, MO 64109-1432	President, 4.0	0	0	0
Patrick Mitchell 2940 Holmes, Kansas City, MO 64109-1432	Treasurer, 4.0	0	0	0
Betty Williamson 2940 Holmes, Kansas City, MO 64109-1432	Secretary, 4.0	0	0	0
Ellis McGee 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 4.0	0	0	0
Paul Washington 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 4.0	0	0	0
Malinda Maddox 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 4.0	0	0	0
Vanessa Plantt 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 4.0	0	0	0
Rev Eric Williams 2940 Holmes, Kansas City, MO 64109-1432	Executive Director CEO, 30.00	18,180	0	0

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	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 outstanding at the end of the period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>0</u>		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0</u>		
<b>e</b>	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. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ _____		
<b>42a</b>	The organization's books are in care of ▶ <u>Calvary Community Outreach Network</u> Telephone no. ▶ <u>816-531-4683</u> Located at ▶ <u>2940 Holmes St, Kansas City, MO 64109</u> ZIP + 4 ▶ <u>64109</u>		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	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: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <u>          </u>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	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 . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- |  | Yes        | No                                  |
|--|------------|-------------------------------------|
| <b>46</b> 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 . . . . . | <b>46</b>  | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> | <input type="checkbox"/>            |
- 50** Complete this table for the organization's 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
<b>None</b>				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's 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
<b>None</b>		

**d** Total number of other independent contractors each receiving over \$100,000 . . ▶ \_\_\_\_\_

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.

**Sign Here**

▶ \_\_\_\_\_ Date \_\_\_\_\_

▶ **Frank Thompson, Board President**  
Type or print name and title

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>Support Kansas City Inc</b> <b>5960 Dearborn Ste 200, Mission, KS 66202</b>	EIN ▶	Phone no. ▶ <b>913-831-4752</b>	

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**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

<b>Name of the organization</b> <b>CALVARY COMMUNITY OUTREACH NETWORK</b>	<b>Employer identification number</b> <b>43 1686109</b>
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**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: (For lines 1 through 11, check only one box.)

- 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).**
- 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).**
- 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?
  - (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?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**h** Provide the following information about the supported organization(s).

(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	
<b>Total</b>									

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	95,643	194,313	308,853	265,671	66,240	930,720
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 <b>Total.</b> Add lines 1 through 3 . . . . .	95,643	194,313	308,853	265,671	66,240	930,720
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) . . . . .						117,401
6 <b>Public support.</b> Subtract line 5 from line 4.						813,319

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	95,643	194,313	308,853	265,671	66,240	930,720
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	4,072	1,673	135	5,880
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	187	2,964	233	3,384
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						939,984
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	60,088
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	86.52	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	86.21	%
16a <b>33⅓% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>			
<b>b 33⅓% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>b 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**General Explanation - 2007: Video sales \$187; 2008: Video sales & Misc income \$2,964; 2009: Honorarium, copy reimbursement, and Mo Comp deduction \$233.**

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- Statement 1 : General Explanations
- Statement 2 : Other Revenue Schedule
- Statement 3 : Other Expenses Schedule
- Statement 4 : Other Assets
- Statement 5 : Liabilities Schedule
- Statement 6 : First Program Service Accomplishments Description
- Statement 7 : Second Program Service Accomplishments Description
- Statement 8 : Third Program Service Accomplishments Description
- Statement 9 : Other Program Service Accomplishments

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**General Explanations**

Reference	Explanation
Form 990-EZ, Part III, Line 32	An in-kind contribution of event space was received which was valued at \$1,047.

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Statement 2

Form: 990-EZ

Page: 1

Line Number: Part I Line 8

Other Revenue Schedule

Description	Amount
Honorarium, Copy Reimbursmt, Mo Comp Deductns	233
<b>Total:</b>	<b>233</b>

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Statement 3

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

Other Expenses Schedule

Description	Amount
Office Supplies	853
Office Equipment Rental	4,818
Travel Expense	780
Computer Expense	821
Program Supplies & Expense	16,083
Honorariums	2,950
Food & Refreshments	4,817
Youth Incentives	485
Dues, Subscriptions, & Licensing	896
Equipment Maintenance	715
Staff Development	730
Program Advertising	2,900
Security Expense	4,811
Volunteer Expense	140
Meeting & Event Expense	15,615
Miscellaneous Expense	768
Bank Charges	1,974
Depreciation	16,866
<b>Total:</b>	<b>77,022</b>

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Statement 4

Form: 990-EZ

Page: 1

Line Number: Part II Line 24

Other Assets

Description	BOY Amount	EOY Amount
Accounts Receivable	24,000	0
Contracts Receivable	55,978	0
Equipmt and Leasehold Impr	108,046	91,645
<b>Total:</b>	<b>188,024</b>	<b>91,645</b>

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Statement 5

Form: 990-EZ

Page: 1

Line Number: Part II Line 26

Liabilities Schedule

Description	BOY Amount	EOY Amount
Accounts Payable	38,866	1,373
Refundable Advance Gvmt Grant	17,811	17,811
<b>Total:</b>	<b>56,677</b>	<b>19,184</b>

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**First Program Service Accomplishments Description**

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**Description**

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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 against 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 people 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 in 2009.

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**Second Program Service Accomplishments Description**

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**Description**

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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 assist 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.

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**Third Program Service Accomplishments Description**

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**Description**

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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 atmosphere for teens that allows for free expression and lots of fun and fellowship. Approximately 1,500 youth participated.

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**Other Program Service Accomplishments**

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
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.	0		89,157
General program expenditures to educate and serve youth and families in 2009.	0		7,176
<b>Total:</b>			<b>96,333</b>

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