

Short Form Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
- All other organizations with gross receipts less than \$200,000 and total assets less than \$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.*

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01/01 , 2011, and ending 12/31 , 20 11												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CALVARY COMMUNITY OUTREACH NETWORK</td> <td>D Employer identification number 43-1686109</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number 816-531-4683</td> </tr> <tr> <td colspan="2">2940 Holmes</td> <td rowspan="2">F Group Exemption Number ▶</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 Kansas City, MO 64109-1432</td> </tr> </table>	C Name of organization CALVARY COMMUNITY OUTREACH NETWORK		D Employer identification number 43-1686109	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 816-531-4683	2940 Holmes		F Group Exemption Number ▶	City or town, state or country, and ZIP + 4 Kansas City, MO 64109-1432	
C Name of organization CALVARY COMMUNITY OUTREACH NETWORK		D Employer identification number 43-1686109										
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 816-531-4683										
2940 Holmes		F Group Exemption Number ▶										
City or town, state or country, and ZIP + 4 Kansas City, MO 64109-1432												
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).										
I Website: ▶ www.ccon-kc.org												
J Tax-exempt status (check only one) – <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527												
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.												
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 156,331												

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	128,125
	2	Program service revenue including government fees and contracts	2	25,943
	3	Membership dues and assessments	3	0
	4	Investment income	4	49
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c	Less: direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a	174	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	174	
8	Other revenue (describe in Schedule O)	8	2,040	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	156,331	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	49,156
	13	Professional fees and other payments to independent contractors	13	39,576
	14	Occupancy, rent, utilities, and maintenance	14	40,817
	15	Printing, publications, postage, and shipping	15	2,073
	16	Other expenses (describe in Schedule O) <i>See Schedule O, Statement 1</i>	16	52,105
17	Total expenses. Add lines 10 through 16 ▶	17	183,727	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-27,396
	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	150,494
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-1
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	123,097

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	68,896	22 67,982
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O) <i>See Schedule O, Statement 2</i>	101,863	24 67,416
25 Total assets	170,759	25 135,398
26 Total liabilities (describe in Schedule O) <i>See Schedule O, Statement 3</i>	20,265	26 12,301
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	150,494	27 123,097

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? *See Schedule O, Statement 4*

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 <u>Helping Youth Plan for Excellence (HYPE) is a media leadership group that creates a positive setting for urban youth ages 10 thru 21. The project utilizes student involvement in media as the vehicle to establish</u> (Continued on Schedule O, Statement 5) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	12,122
29 <u>The National Week of Prayer for the Healing of AIDS of Greater Kansas City is designed to encourage the faith community to assist in educating the community on the risk factors associated with HIV/AIDS and to</u> (Continued on Schedule O, Statement 6) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,549
30 <u>Taking It to the Pews (TIPS) is a church based health promotion program that mobilizes and empowers churches to help in reducing the spread of HIV/AIDS. TIPS partners disseminate pre-developed, culturally</u> (Continued on Schedule O, Statement 7) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	16,516
31 Other program services (describe in Schedule O) <i>See Schedule O, Statement 8</i> (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	127,329
32 Total program service expenses (add lines 28a through 31a)	32	161,516

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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, 1.0	0	0	0
Betty Williamson 2940 Holmes, Kansas City, MO 64109-1432	Secretary, 1.0	0	0	0
Ellis McGee 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 1.0	0	0	0
Paul Washington 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 1.0	0	0	0
Malinda Maddox 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 1.0	0	0	0
Lisa Pelofsky 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 4.0	0	0	0
Lisa Krigsten 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 4.0	0	0	0
Alan M Dubois 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 4.0	0	0	0
Ed Atkins 2940 Holmes, Kansas City, MO 64109-1432	Board Member, 1.0	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 Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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
None		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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	Signature of officer ▶ Frank Thompson, President Type or print name and title	Date
------------------	---	------

Paid Preparer Use Only	Print/Type preparer's name Frances Mayer	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00225160
	Firm's name ▶ Support Kansas City Inc			Firm's EIN ▶ 31-1717077	
	Firm's address ▶ 5960 Dearborn Ste 200, Mission, KS 66202			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)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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: (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 33 1/3% 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 33 1/3% 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?

	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 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	
(A)									
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	308,853	265,671	66,240	215,080	128,125	983,969
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 through 3	308,853	265,671	66,240	215,080	128,125	983,969
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)						115,159
6 Public support. Subtract line 5 from line 4.						868,810

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	308,853	265,671	66,240	215,080	128,125	983,969
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,072	1,673	135	33	49	5,962
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.)	187	2,964	233	670	2,040	6,094
11 Total support. Add lines 7 through 10						996,025
12 Gross receipts from related activities, etc. (see instructions)					12	95,292
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	87.23 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	88.44 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2010. 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		<input type="checkbox"/>
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		<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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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. Also complete this part for any additional information. (See instructions).

General Explanation - Amounts from 2007, 2008, 2009, and 2010 are from voided checks; amounts from 2011 are voided checks and refunds.

Dotted lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

CALVARY COMMUNITY OUTREACH NETWORK

Employer identification number

43-1686109

Form 990-EZ, Part I, Line 8 - Voided prior year checks and refunds.

Form 990-EZ, Part I, Line 20 - Difference due to rounding.

Other Expenses Structured Explanation

Description	Amount
Office Expense	3,715
Travel Expense	1,903
Program Specific Expenses	17,469
Special Events Expense	11,224
Bank Charges	1,458
Depreciation	16,196
Miscellaneous Expense	140
Total:	52,105

Other Assets Structured Explanation

Description	EOY Amount
Production Equipment	8,593
Office Equipment	4,830
Wellness Ctr Equipment	105,129
Leasehold Improvements	9,782
Less Accumulated Depreciation	-60,918
Total:	67,416

Other Liabilities Structured Explanation

Description	EOY Amount
Accounts Payable	11,129
Payroll Tax Liabilities	1,172
Total:	12,301

Primary Exempt Purpose

Primary Exempt Purpose

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.

First Program Service Accomplishments Description

Description

ongoing youth development activities. Since 1999, HYPE members have produced quality television programming giving accurate, culturally sensitive HIV/AIDS and substance abuse prevention information to their peers in an up-beat entertaining way. Students learn the basics of video work including camera operation, editing and audio as well as interviewing techniques. The show airs weekly on Time Warner Channel 4 on Saturdays at 11:00 am.

Second Program Service Accomplishments Description

Description

mobilize area AfricanAmerican churches in reducing the spread of the disease. The CCON is a certified partner of the Balm in Gilead, Inc. and is the convener and fiscal agent for the local observance, which is held the first full week in March annually.

Third Program Service Accomplishments Description

Description

and religiously tailored materials from the HIV Prevention & Compassion Tool Kit to congregants and affiliates. CCON staff and volunteers provide technical assistance and resources including testing. Services are provided at no cost to participating churches and include church specific materials for distribution, staff support, and activities tailored to the needs of congregations. Churches have always been the source for help and healing in the minority community. TIPS is the resource needed to help congregations provide services with grace and dignity.

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
<p>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 health of people living in Kansas City is very important to the Calvary Community Outreach Network (CCON). Over the years, we have learned that many of the diseases that people suffer with could be prevented or controlled. The conclusion is obvious - it makes more sense to keep people healthy than wait until they are broken and need medical attention. We have created a safe, friendly, culturally diverse gathering place where individuals from all walks of like can establish individual fitness goals, receive critical health information and start on a journey of wellness. We have initiated a comprehensive approach to good health through a combination of assessment, education, motivation, and re-evaluation. This approach includes assisting people as they manage lifestyle, risk identification, fitness enhancement, health education, and the resources necessary to improve our members' health through long-term, personal action plans.</p>	0		127,329

Total: **127,329**