

**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)

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **SWOPE COMMUNITY ENTERPRISES**  
 Number and street (or P.O. box if mail is not delivered to street address): **4001 BLUE PARKWAY**  
 City or town, state or country, and ZIP + 4: **KANSAS CITY, MO 64130**

**D** Employer identification number: **54-2081401**

**E** Telephone number: **(816) 627-2101**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: **WWW.SWOPECOMMUNITYENTERPRISES.ORG**

**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,726,339.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **N/A**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:						
a	Direct public support	1a					
b	Indirect public support	1b					
c	Government contributions (grants)	1c					
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d				0.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2					
3	Membership dues and assessments	3					
4	Interest on savings and temporary cash investments	4				106,223.	
5	Dividends and interest from securities	5				3,590,116.	
6a	Gross rents	6a					
b	Less: rental expenses	6b					
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c					
7	Other investment income (describe _____)	7					
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
b	Less: cost or other basis and sales expenses	8a		8b		508,486.	
c	Gain or (loss) (attach schedule)	8c		8c		-508,486.	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				STMT 1 -508,486.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a					
b	Less: direct expenses other than fundraising expenses	9b					
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c					
11	Other revenue (from Part VII, line 103)	11				30,000.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12				3,217,853.	
13	Program services (from line 44, column (B))	13				4,060,727.	
14	Management and general (from line 44, column (C))	14				1,471,346.	
15	Fundraising (from line 44, column (D))	15					
16	Payments to affiliates (attach schedule)	16					
17	Total expenses (add lines 16 and 44, column (A))	17				5,532,073.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18				-2,314,220.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19				114,203,101.	
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, 19, and 20)	21				111,888,881.	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc. **	25	545,901.	436,721.	109,180.	0.
26 Other salaries and wages	26	220,283.	176,226.	44,057.	
27 Pension plan contributions	27				
28 Other employee benefits	28	34,769.	27,815.	6,954.	
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	211,894.	211,894.		
33 Supplies	33	57,978.	57,978.		
34 Telephone	34	1,821.	1,821.		
35 Postage and shipping	35	2,500.	2,500.		
36 Occupancy	36				
37 Equipment rental and maintenance	37	269,359.	269,359.		
38 Printing and publications	38				
39 Travel	39	11,911.	11,911.		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	146,651.	146,651.		
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g <b>SEE STATEMENT 2</b>	43g	4,029,006.	2,717,851.	1,311,155.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,532,073.	4,060,727.	1,471,346.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

\*\* SEE STATEMENT 3