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Form **990-EZ****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)

OMB No 1545-1150

**2007****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

- Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

**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: Air Capital Cosmopolitan Club International of Wichita  
Number and street (or P.O. box, if mail is not delivered to street address): 301 N. Main Street Room/suite: 1350  
City or town, state or country, and ZIP + 4: Wichita KS 67202

**D** Employer identification number: 27-4928351

**E** Telephone number: (316) 262-6277

**F** Group Exemption Number: 1057

**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: N/A

**J** Organization type (check only one) — ☒ 501(c) ( 4 ) (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 \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 41,248.

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

<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b> Membership dues and assessments	<b>3</b>	9,564.
<b>4</b> Investment income	<b>4</b>	
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schd)	<b>5c</b>	
<b>6</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	31,684.
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	17,288.
<b>c</b> Net income or (loss) from special events and activities. Subtract line 6b from line 6a	<b>6c</b>	14,396.
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b> Less: cost of goods sold	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	<b>7c</b>	
<b>8</b> Other revenue (describe _____)	<b>8</b>	
<b>9</b> Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	23,960.
<b>10</b> Grants and similar amounts paid (attach schedule) See L-10 Stmt	<b>10</b>	15,009.
<b>11</b> Benefits paid to or for members	<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	277.
<b>16</b> Other expenses (describe See Other Expenses Statement)	<b>16</b>	7,611.
<b>17</b> Total expenses (add lines 10 through 16)	<b>17</b>	22,897.
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 9	<b>18</b>	1,063.
<b>19</b> 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)	<b>19</b>	11,133.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	12,196.

**Part II Balance Sheets** — If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See instructions)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	10,858.	12,196.
<b>23</b> Land and buildings	0.	0.
<b>24</b> Other assets (describe See L-24 Stmt)	275.	0.
<b>25</b> Total assets	11,133.	12,196.
<b>26</b> Total liabilities (describe _____)	0.	0.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,133.	12,196.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0812 12/27/07

Form 990-EZ (2007)

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**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? See Attached Statement

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

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

28	<u>See Attached Statement</u>		
	(Grants \$ <u>11,951.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	11,951.
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> Add lines 28a through 31a	32	11,951.

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

(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 and deferred compensation	(E) Expense account and other allowances
See List of Officers, Etc. Statement				

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

Yes No

33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
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		X
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		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	

**Part V Other Information** (Note the statement requirement in the instructions.) (Continued)**40 a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ N/A; section 4912 ▶ N/A, section 4955 ▶ N/A

**b** 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,' attach an explanation

	Yes	No
<b>40 b</b>		X
<b>40 c</b>		
<b>40 d</b>		
<b>40 e</b>		X

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958**d** Enter amount of tax on line 40c reimbursed by the organization**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?**41** List the states with which a copy of this return is filed ▶**42 a** The books are in care of ▶ Gary L. George, Treasurer Telephone no ▶ (316) 262-6277  
Located at ▶ 301 N. Main, Suite 1350 Wichita KS ZIP + 4 ▶ 67202**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)?

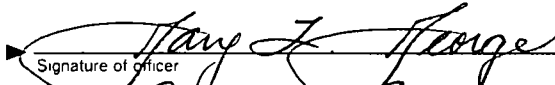
	Yes	No
<b>42 b</b>		X
<b>42 c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**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 ▶

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check hereand enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/APlease  
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 4-28-2011
Type or print name and title GARY L. George	Treasurer

Paid  
Pre-  
parer's  
Use  
Only

Preparer's signature	Date	Check if self employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General instruction X)
Firm's name (or yours if self-employed), address, and ZIP + 4	Non-Paid Preparer		
EIN		Phone no	

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Form 990-EZ (2007)

**Miscellaneous Statement**

Form 990-EZ, Part III, Page 2

Cosmopolitan International is a chartered not-for-profit civic service organization that consists of some 70 individual clubs located throughout the United States, Canada and Mexico and includes the Air Capital Cosmopolitan Club International of Wichita. The Club's mission is to contribute to community well-being through charitable donations and volunteer service with special emphasis on supporting efforts to prevent and find a cure for diabetes however, member clubs also support community service projects and charitable causes in the communities where they are located. Members of Cosmopolitan International also support the Cosmopolitan Diabetes Foundation, Inc., the charitable arm of the international organization.

Total

**Miscellaneous Statement**

Form 990-EZ, Part III, Page 2, Line 28

During the fiscal year ended June 30, 2008,  
the Air Capital Cosmopolitan Club  
International of Wichita provided  
support to the following local organizations  
and/or community service projects:

American Diabetes Association - Kansas Affiliate  
Camp Discovery (summer camp for diabetic children)  
Great Plains Diabetes Research, Inc. -  
ongoing support for diabetes research projects

8,951.

3,000.

Total

11,951.

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

Lunch meeting expenses	2,290.
Club group activities:	
Inauguration of officers banquet	1,942.
Christmas Party/Wine Tasting event	1,525.
Summer BBQ Picnic	413.
Baseball picnic & game attendance	813.
Indoor professional football game	120.
Other events	113.
Administration expenses	395.
Total	7,611.

Form 990-EZ, Page 2, Part IV

**List of Officers, Etc. Statement**

(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 and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Brent Doonan 1127 N. St. Andrews Court Wichita KS 67230	President 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Allen Guyot 22455 Adams Road Douglass KS 67039	1st Vice-President 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Larry Gurney 6669 N. 127th Street East Wichita KS 67226	2nd Vice-President 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Gary George 301 N. Main, Suite 1350 Wichita KS 67202	Sec/Treas 3.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ted Hayes 2922 Meadows Oaks Court Wichita KS 67220	Board Member 0.25	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mike Horton 10103 E. Mainsgate Circle Wichita KS 67226	Board Member 0.25	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Larry Lingafelter 26 Linwood Wichita KS 67207	Board Member 0.25	0.	0.	0.

Form 990-EZ, Page 2, Part IV  
**List of Officers, Etc. Statement**

Continued

(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 and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Greg Meadows 420 Lancaster Court Wichita KS 67230	Board Member 0.25	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ted Milligan 22433 SW Meadowlark Douglass KS 67039	Board Member 0.25	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> George Morrison 641 N. Woodlawn #20 Wichita KS 67208	Board Member 0.25	0.	0.	0.

Form 990-EZ, Part I, Line 6

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Golf Tournament	26,649.	0.	26,649.	14,590.	12,059.
Art Auction	5,035.	0.	5,035.	2,698.	2,337.
Total	31,684.	0.	31,684.	17,288.	14,396.

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**Purpose of Payment to Affiliate To Provide Operating Funds for Summer Camp Conducted for Diabetic Children

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Donation	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> American Diabetes Association - Kansas Affiliate 837 S. Hillside Wichita KS 67211	None	8,951.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined



Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid**Purpose of Payment to Affilate To Provide Funds for Diabetic Research Projects

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Donation	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Great Plains Diabetes Research, Inc. P.O. Box 3833 Wichita KS 67201	None	3,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment to Affilate Assessment of Per Member Dues

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Dues	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Cosmopolitan International P.O. Box 4588 Overland Park KS 66204	International Affiliate	2,898.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment to Affilate Assessment of Per Member Dues

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Dues	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> MO-KAN Federation 1824 Lisa Drive Jefferson City MO 65101	Cosmopolitan International Federation Affiliate	160.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part II, Line 24

**Other Assets Statement**

<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Member dues receivable	275.	0.
Total	<u>275.</u>	<u>0.</u>