



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

0806

OMB No 1545-1150

2007

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection► 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		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.	Air Capital Cosmopolitan Club International of Wichita		27-4928351	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
<input type="checkbox"/> Initial return		301 N. Main Street		1350	(316) 262-6277
<input type="checkbox"/> Termination		City or town, state or country, and ZIP + 4			
<input type="checkbox"/> Amended return		Wichita		KS 67202	F Group Exemption Number
<input type="checkbox"/> Application pending					► 1057

• 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: ► N/A	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (4) ▶ (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 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.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 9,564.
	4 Investment income	4
	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 schd)	5c
	6 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ 0. of contributions reported on line 1)	6a 31,684.
	b Less direct expenses other than fundraising expenses	6b 17,288.
	c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c 14,396.
	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
	8 Other revenue (describe ► _____)	8
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 23,960.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	See L-10 Stmt
	11 Benefits paid to or for members	10 15,009.
	12 Salaries, other compensation, and employee benefits	11
	13 Professional fees and other payments to independent contractors	12
	14 Occupancy, rent, utilities, and maintenance	13
	15 Printing, publications, postage, and shipping	14
	16 Other expenses (describe ► See Other Expenses Statement MAY 09 2011)	15 277.
	17 Total expenses (add lines 10 through 16)	16 7,611.
ASSETS	18 Excess or (deficit) for the year Subtract line 17 from line 9	17 22,897.
	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)	18 1,063.
	20 Other changes in net assets or fund balances (attach explanation)	19 11,133.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	20 12,196.
	21	21 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
22 Cash, savings, and investments		10,858.	22 12,196.
23 Land and buildings		0.	23 0.
24 Other assets (describe ► See L-24 Stmt)		275.	24 0.
25 Total assets		11,133.	25 12,196.
26 Total liabilities (describe ►)		0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		11,133.	27 12,196.

615

Party **Other Information** (Note the statement requirement in the instructions.) (Continued)**40a** 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
40b		X
40e		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 ►**42a** 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

	Yes	No
42b		X
42c		X

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.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

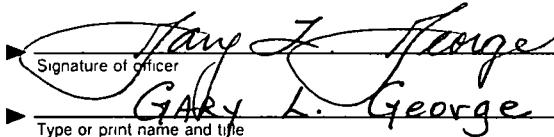
If 'Yes,' enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 |

N/A

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	
Please Sign Here	 Signature of officer  Gary L. George Type or print name and title
	Date 4-28-2011 Treasurer
Paid Preparer's Use Only	Preparer's signature ► Firm's name (or yours if self-employed), address, and ZIP + 4 ► Non-Paid Preparer
	Date Check if self-employed ► <input type="checkbox"/> Preparer's SSN or PTIN (See General Instruction X) EIN ► Phone no ►

BAA

TEEA0812 12/27/07

Form 990-EZ (2007)

Miscellaneous StatementForm 990-EZ, Part III, Page 2

Cosmopolitan International is a charted 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 StatementForm 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

Total

11,951.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

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

<u>Total</u>	<u>7,611.</u>
--------------	---------------

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	<u>31,684.</u>	<u>0.</u>	<u>31,684.</u>	<u>17,288.</u>	<u>14,396.</u>

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts PaidPurpose 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
Grants and Similar Amounts Paid

Continued

Purpose of Payment to Affiliate 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	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 Affiliate 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	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 Affiliate 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	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

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