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Form 990-EZ

Short Form

DLN: 93492230000000 OMB No 1545-1150

2009

Department of the Treasury

Internal Revenue Service

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) ▶ 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.

Open to Public **Inspection**

			ear, or	tax year beginning 01-01-2009	, and ending	g 12-31-2009			
_		applicable PI	lease	C Name of organization Cosmopolitan Intl Rapid City Club			D Emp	loyer ic	lentification number
Address change use IRS label or 46-6008170									
Initial return print or PO Box 994								ımber	
_	erminat	Ly	ype. ee						
		d roturn S _I	pecific nstruc-	City or town, state or country, and ZIP + 4		<u>'</u>		Exemp	
Γ_{A}	pplication		ons.	Rapid City, SD 577090994			Numb	er	► 1057
→ Se	ection			ns and 4947(a)(1) nonexempt charit mpleted Schedule A (Form 990 or 990		G Accounting m Other (specif		V Cas	sh FAccrual
		_				H Check ► F	ıfthe	organ	ızatıon
Ј Та		mpt status (check		e)— 501(c) (4) 4 (insert no) 4947(.7 Is not requir	ed to at (Form 99	tach 90,99	0-EZ, or 990-PF)
				s not a section 509(a)(3) supporting of n 990 return is not required, but if the c					
				etermine gross receipts, if \$500,000 or more, fil			<u>be sure</u> ►\$	to me	63,394
	art I			ses, and Changes in Net Asse				ons foi	
	1			rants, and similar amounts received				1	192
	2	Program servic	e rever	nue including government fees and cont	racts			2	
	3	Membership du	ies and	assessments				3	7,893
	4	Investmentinc					_	4	238
	5a			le of assets other than inventory .			•	- 	
а.				·		5a			
Ĭ	Ь			sis and sales expenses		5b			
Revenue	C			e of assets other than inventory (Subtr				5c	
œ	6	Special events check here	iming,						
	a	Gross revenue	(not in	cluding \$ _of contributions		1 1			
		reported on line	e 1)			6a	40,718		
	ь	Less direct ex	penses	other than fundraising expenses .		6b			
	С .	Net income or ((loss) fi	rom special events and activities (Subt	ract line 6b fro	m line 6a)		6c	40,718
	7a	Gross sales of	ınvento	ry, less returns and allowances .		7a			
	Ь	Less cost of go	oods so	old		7b			
	c	Gross profit or	(loss) f	rom sales of inventory (Subtract line 71	o from line 7a)			7c	
	8	Other revenue			·		,	8	14,353
	9						——, ►	9	63,394
	10			ounts paid (attach schedule) 💯 .				10	29,114
	11	Benefits paid to					•	11	
		•					•		
un.	12	ŕ	•	nsation, and employee benefits				12	
95	13			other payments to independent contrac	tors		•	13	978
Expenses	14	, ,,	•	cies, and maintenance			•	14	
Ë	15		•	postage, and shipping			•	15	462
	16	Other expenses	s (desc	rıbe 🏲 🚟 💮 💮)	16	33,667
	17	Total expenses	. Add lı	nes 10 through 16			•	17	64,221
Þ	18	Excess or (defi	cıt) for	the year (Subtract line 17 from line 9)			•	18	-827
NetAssets	19	Net assets or f	und bal	ances at beginning of year (from line 27	7, column (A))	(must agree with			
4		end-of-year figi	ure rep	orted on prior year's return)				19	24,497
Ž	20	Other changes	ın net a	assets or fund balances (attach explana	ation)			20	
	21	Net assets or fo	und bal	ances at end of year Combine lines 18	through 20		•	21	23,670
Pa	rt II	Balance Sh	neets-	—If Total assets on line 25, column (B)	are \$1,250,00	00 or more, file Form	990 inst	tead of	Form 990-EZ
					-				
			(See th	e instructions for Part II)		(A) Beginning of ye	ar	(B)	End of year
22	Cash	n, savings, and in	vestme	ents	[23	,437 22	:	22,610
23		and buildings					23	:	
24	Othe	r assets (describ	oe ► 2)	1	,060 24	-	1,060
25	Total	lassets			[24	,497 25	i	23,670
26	Total	l liabilities (desci	rıbe 🟲)		26	,	
_27	Net a	assets or fund ba	lances	(line 27 of column (B) must agree with l	ıne 21) .	24	,497 27	'	23,670

Part III Statement of Program What is the organization's primary exempt		nents (See the instruction	s for Part III)		Expenses uired for section 501
CHARITABLE					3) and 501(c)(4) nizations and section
Describe what was achieved in carrying ou describe the services provided, the numbe program title				494	7 (a)(1) trusts, onal for others)
28 THE RAPID CITY COSMOPOLITAN CORGANIZATIONS FOR BOTH YOUTH O (Grants \$ 30,073)		DIABETES RESEARC	Н	28a	0
29			,		
	ıs amount ıncludes foreıgn (grants, check here .	▶┌	29a	
30					
	is amount includes foreign	grants, check here .	▶┌	30a	
	is amount includes foreign	grants, check here		31a	
Part IV List of Officers, Directors, True		List each one even if not co		32 tructions	for Part IV)
Part IV List of Officers, Directors, The	(b) Title and average	(c) Compensation	(d) Contributions		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit pl deferred compensa	ans &	account and other allowances
Steve Ferley 1930 Galaxy Dr Rapid City, SD 57702	President elect 0	0		0	0
Susan Rodriguez PO Box 8054 Rapid City,SC 57709	Sec Treasurer 0	0		0	0
James Schuh 3224 Grenoble Crt Rapid City,SD 57702	President 0	0		0	0

Р	а	a	e	3
٠.	ч	9	_	_

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	22		N. o
24	· · · · · · · · · · · · · · · · · · ·	33		No No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		N o
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	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?	35a		Νο
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	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	36		N o
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
ь	Did the organization file Form 1120-POL for this year?	37b		Νo
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 outstanding at the end of the period covered by this return?	38a		Νo
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
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	40Ь		No
c	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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		Νο
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🏲 Susan Rodriguez Telephone no	(60	5) 343-	7700
	PO Box 8054 Located at Fapid City, SC ZIP + 4	► _ <u>57</u>	709	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	. 03	No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			_
	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			▶ □
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44		Νo
45	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.	45		No.
	E CONTRACTOR OF THE CONTRACTOR		90-F7	(2009)

	D-EZ (2009)							Page 4
Part V	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	4947(a)(1) nonex	-			-	stions
46 Dıd	the organization engage in direct	or indirect political cam	ipaign activities on be	ehalf of or in opp	osition to		Yes	No
car	candidates for public office? If "Yes," complete Schedule C, Part I							
47 Did	l the organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C	, Part II		47		
48 Is t	the organization a school describe	d ın section 170(b)(1)(۹)(۱۱)۶ If "Yes," comple	ete Schedule E		48		
49a Dıd	I the organization make any transfe	ers to an exempt non-cl	narıtable related orgaı	nızatıon?		49a		
b If"	Yes," was the related organization	a section 527 organiza	tion?			49b		
	mplete this table for the organizati ployees) who each received more t							
	ne and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	ion employee	tributions to benefit plans & compensation	a	e) Expe count a rallowa	and
51 Cor	otal number of other employees pa mplete this table for the organizati	on's five highest compe	•		• each received n	•	an \$10	0,000
	compensation from the organization Name and address of each indepe			(b) Type	e of service	(c) C	ompen	sation
	·	·	, ,					
51(d) ⊤	otal number of other independent o	ontractors each receiv	ing over \$100,000					
Please	Under penalties of perjury, I declare t and belief, it is true, correct, and com							
Sign	****** Signature of officer			2010-0 Date	08-11			
Here	Susan Rodriguez Secretary Treas Type or print name and title							
	Preparer's		Date 2010-08-17	Check if self-	Preparer's identif		nber	
Paid .	signature James Postma		2010-08-17	empolyed 🕨 🔽		, 		
Preparer'	signature James Postma S Firm's name (or yours James Post if self-employed),	ma CPA	2010-06-17		EIN Þ			
	signature James Postma S Firm's name (or yours James Post	ma CPA	2010-06-17				7700	

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DLN: 93492230000000

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service Name of the organization Cosmopolitan Intl Rapid City Club

Employer identification number

						46-6008170	0		
Part I Fundraising Ac Form 990-EZ filer						to Form 990, Part I\	V, line 17.		
1 Indicate whether the orgai	nızatıon raısed funds	through a	any of the	follov	ving activities Ch	eck all that apply			
a Mail solicitations			e	Γ	Solicitation of noi	n-government grants			
b Internet and e-mail so	licitations		f	Γ	Solicitation of gov	ernment grants			
c Phone solicitations			g	굣	Special fundraisir	ig events			
d	5								
2a Did the organization have or key employees listed in							Γ Yes Γ No		
b If "Yes," list the ten higher to be compensated at least									
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or control of		fundraiser have custody or) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No						
			_						
otal			<u> </u>						
3 List all states in which th	o organization is to	aictored e	rliconco	d to ca	licit funds or has	haan natified it is aver	ant from registration or		
licensing	ic organization is re	gistereu U	i iicelise(Andre runus of flas	been notined it is exem	ipt nom registration of		

Pa	rt I.	Fundraising Events. Commore than \$15,000 on Form					, or r	eport	ea
			(a) Event #1 Sport Show	(b) Event #2 Ushering	(c) O ther Events		col (al Ever (a) thr (c))	
			(event type)	(event type)	(total number)				
Revenue	1 2	Gross receipts Less Charitable	22,000	14,200		+		36	5,200
<u>~</u>	3	contributions Gross income (line 1 minus line 2)	22,000	14,200				36	5,200
	4	Cash prizes							
ω.	5	Non-cash prizes							
DSe.	6	Rent/facility costs							
Expenses	7	Food and beverages							
Dreat -	8	Entertainment							
à	9	Other direct expenses .							
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n(d)					
	11	Net income summary Combine I	ines 3, column d, and line	10		•		36	5,200
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted	more	than	ļ
<u>Ф</u>			(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d)	Tota	algam	ıng
Revenue				bingo/progressive bingo		(A dd		(a) thr (c))	ough.
	1	Gross revenue							
မွ	2	Cash prizes							
Expenses	3	Non-cash prizes							
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	│ Yes	Г Yes% Г No	│ Yes% │ No				
	7	Direct expense summary Add line	s 2 through 5 in column ((d)					
	8	Net gaming income summary Con	nbine lines 1. column d. a	nd line 7					
			·-····································					Yes	No
9		ter the state(s) in which the organiz		· · · · · · · · · · · · · · · · · · ·					
a b		the organization licensed to operate No," Explain	gaming activities in eac	n orthese states?		•	9a		Νο
_		, , , , , , , , , , , , , , , , , , ,							
10a	— We	re any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	\dashv	10a		
Ь	If "	Yes," Explain							
44	_					\dashv	_		
11 12		es the organization operate gaming the organization a grantor, beneficia				L 	11		
		med to administer charitable gamin					12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: Cosmopolitan Intl Rapid City Club

Item No.	1
Class of Activity	Charitable Contribution
Donee's Name	Bethany Christian Services
Donee's Address	2525 West Main St Rapid City, SD 57702
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Charitable Contribution
Donee's Name	Rapid City Club for Boys
Donee's Address	320 N 4th St Rapid City, SD 57701
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Charitable Contribution
Donee's Name	Daisy House
Donee's Address	2800 Jackson Blvd Rapid City, SD 57702
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Charitable Contribution
Donee's Name	Character Counts
Donee's Address	1641 Deadwood Ave Rapid City, SD 57702
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	Charitable Contribution
Donee's Name	Disabled American Veterans
Donee's Address	101 E Madison St Rapid City, SD 57701
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	Charitable Contribution
Donee's Name	Diabetes Inc
Donee's Address	12955 Bogus Jim Rd Rapid City, SD 57702
Amount (FMV)	8,800
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	Charitable Contribution
Donee's Name	Gırl Scouts
Donee's Address	140 North St Rapid City, SD 57701
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	Charitable Contribution
Donee's Name	Storybook Island
Donee's Address	1301 Sheridan Lake Rd Rapid City, SD 57702
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	Charitable Contribution
Donee's Name	Childrens Care Fund
Donee's Address	7110 Jordon Dr Rapid City, SD 57702
Amount (FMV)	414
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	Charitable Contribution
Donee's Name	Youth and Family Services
Donee's Address	120 East Adams St Rapid City, SD 57701
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

	4
Item No.	11
Class of Activity	Charitable Contribution
Donee's Name	Volunteers of America
Donee's Address	24 E New York St Rapid City, SD 57701
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	Charitable Contribution
Donee's Name	Rapid City Regional Hospital
Donee's Address	353 Fairmont Blvd Rapid City, SD 57701
Amount (FMV)	5,300
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	Charitable Contribution
Donee's Name	Black Hills Food Bank
Donee's Address	814 N Maple Ave Rapid City, SD 57701
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	Charitable Contribution
Donee's Name	Cosmopolitan International Org
Donee's Address	7341 West 80th St Overland Park, KS 66204
Amount (FMV)	5,800
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

	1
Item No.	15
Class of Activity	Charitable contribution
Donee's Name	Other 501 c3 organizations
Donee's Address	1 Main St Rapid City, SD 57701
Amount (FMV)	2,650
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: Cosmopolitan Intl Rapid City Club

Description	Beginning of Year Amount	End of Year Amount
Furniture and Fixtures	1,060	1,060

TY 2009 Other Expenses Schedule

Name: Cosmopolitan Intl Rapid City Club

Description	Amount
Federation and International Dues	8,764
Awards	616
Flowers	399
Convention Travel	6,136
Weekly Meeting Costs	1,392
Other Administrative expenses	2,290
Cost of Meals	7,267
Club party expenses	4,870
Duece of Diamonds winner	163
Fundraising expenses	1,747
Nemo Road cleanup	23

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TY 2009 Other Revenues Schedule

Name: Cosmopolitan Intl Rapid City Club

Description	Amount
Meals	8,375
Meeting Income	1,474
Jacket Sales	2,004
Christmas Anniversery Party	2,490
Other income	10