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Form **990-EZ**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.

OMB No 1545-1150

2009**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning <u>7/1/2009</u> , and ending <u>6/30/2010</u>							
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"> <tr> <td>C Name of organization COSMOPOLITAN INTERNATIONAL LUNCHEON CLUB</td> <td>D Employer identification number 23-7151039</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite c/o 104 EAST BROADWAY</td> <td>E Telephone number</td> </tr> <tr> <td>City, town, or country State ZIP + 4 COLUMBIA MO 65203</td> <td>F Group Exemption Number</td> </tr> </table>	C Name of organization COSMOPOLITAN INTERNATIONAL LUNCHEON CLUB	D Employer identification number 23-7151039	Number and street (or P O box, if mail is not delivered to street address) Room/suite c/o 104 EAST BROADWAY	E Telephone number	City, town, or country State ZIP + 4 COLUMBIA MO 65203	F Group Exemption Number
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City, town, or country State ZIP + 4 COLUMBIA MO 65203	F Group Exemption Number						

• **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**J** Tax-exempt status (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **442,031**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	290	
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3	6,618	
	4 Investment income	4	16,706	
	5a Gross amount from sale of assets other than inventory	5a	51,261	
	b Less: cost or other basis and sales expenses	5b	51,262	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-1	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>			
	a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	326,441	
	b Less: direct expenses other than fundraising expenses	6b	245,605	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	80,836	
	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	0	
	8 Other revenue (describe ► See Attached Statement)	8	40,715	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	145,164	
	Net Assets	10 Grants and similar amounts paid (attach schedule)	10	33,984
		11 Benefits paid to or for members	11	
		12 Salaries, other compensation, and employee benefits	12	
		13 Professional fees and other payments to independent contractors	13	2,450
		14 Occupancy, rent, utilities, and maintenance	14	80,972
15 Printing, publications, postage, and shipping		15		
16 Other expenses (describe ► See Attached Statement)		16	41,694	
17 Total expenses. Add lines 10 through 16		17	159,100	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-13,936	
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	720,500	
20 Other changes in net assets or fund balances (attach explanation)		20	30,949	
21 Net assets or fund balances at end of year Combine lines 18 through 20		21	737,513	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	254,354	22 241,676
23 Land and buildings	197,004	23 176,959
24 Other assets (describe ► Investments (Market Value))	269,242	24 318,978
25 Total assets	720,600	25 737,613
26 Total liabilities (describe ► Repurchase Agreement)	100	26 100
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	720,500	27 737,513

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

(HTA)

Form **990-EZ** (2009)

69

Part 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.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
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		
a	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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37 a	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?		X
38 a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	0	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 ; section 4955 0		
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 40b		X
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 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0		
e	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		X
41	List the states with which a copy of this return is filed.		
42 a	The organization's books are in care of HOWE & ASSOCIATES PC CPA Telephone no. 573-874-1040 Located at 104 EAST BROADWAY City COLUMBIA ST MO ZIP + 4 65203		
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)? 42b		X
	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		X
	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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44		X
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		X

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 46–49b and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

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."

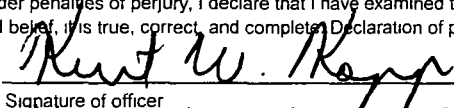
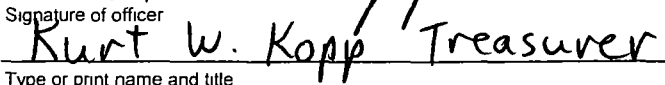
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0

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
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

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

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 10-27-10	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	Date 8/5/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) P00531400
	Firm's name (or yours if self-employed) address, and ZIP + 4 Howe and Associates, PC, CPA's 104 E Broadway, Columbia, MO 65203		EIN 93-1433737	Phone no (573) 874-1040

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

2009

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

Employer identification number

COSMOPOLITAN INTERNATIONAL LUNCHEON CLUB

23-7151039

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?

(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? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		
11g(ii)		
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	
									0
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%
16a 33 1/3% support test—2009. 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 type="checkbox"/>		
b 33 1/3% support test—2008. 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—2009. 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—2008. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,348	8,956	24,572	-972	6,909	46,813
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	133,402	108,293	130,452	303,728	326,441	1,002,316
3 Gross receipts from activities that are not an unrelated trade or business under section 513				46,857	40,715	87,572
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	140,750	117,249	155,024	349,613	374,065	1,136,701
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						1,136,701

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	140,750	117,249	155,024	349,613	374,065	1,136,701
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,727	9,193	6,578	21,138	16,706	57,342
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	3,727	9,193	6,578	21,138	16,706	57,342
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	144,477	126,442	161,602	370,751	390,771	1,194,043
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 2009 (line 8, column (f) divided by line 13, column (f))	15	95.20%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95.33%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	4.80%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	4.67%

19a 33 1/3% support tests—2009. 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. ▶ ☒

b 33 1/3% support tests—2008. 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. ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

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. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

Page 1, Part I, Line 10, Grants and Allocations

COSMO DIABETES FOUNDATION	Columbia, Missouri	\$2,500
JEFF CITY COSMOS	Columbia, Missouri	\$1,000
SHOW ME COSMO CLUB	Columbia, Missouri	\$1,000
BOONE COUNTY FAMILY RESOURCES	Columbia, Missouri	\$250
RECORD COMMUNITY MMA TRANSACTIONS	Columbia, Missouri	\$4,000
COSMO COMMUNITY CENTER	Columbia, Missouri	\$100
BOONE COUNTY RELAY FOR LIFE	Columbia, Missouri	\$500
JOB POINT	Columbia, Missouri	\$250
RECORD COMMUNITY CHECK	Columbia, Missouri	\$1,800
DIAMOND COUNCIL OF COLUMBIA	Columbia, Missouri	\$300
BOY'S STATE	Columbia, Missouri	\$350
COSMO INTERNATIONAL	Columbia, Missouri	\$700
SHOW ME CLUB	Columbia, Missouri	\$200
COLUMBIA PARKS & REC	Columbia, Missouri	\$5,000
LAWN & LIGHTSCAPE	Columbia, Missouri	\$344
CENTRAL MO FOOD BANK	Columbia, Missouri	\$5,000
ST JUDE'S GOLF CLASSIC	Columbia, Missouri	\$160
GREAT RIVERS BOY SCOUTS	Columbia, Missouri	\$5,000
GREAT RIVERS BOY SCOUTS	Columbia, Missouri	\$2,500
GREAT RIVERS BOY SCOUTS	Columbia, Missouri	\$3,030

TOTAL GRANTS AND DONATIONS

\$33,984

Department of the Treasury
Internal Revenue Service

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

2009

Open To Public Inspection

COSMOPOLITAN INTERNATIONAL LUNCHEON CLUB

23-7151039

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Missouri

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Bingo Concessions (event type)	(b) Event #2 P & S (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	2,052	13,249	0	15,301
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	2,052	13,249	0	15,301
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	7,856	0	7,856
	10 Direct expense summary. Add lines 4 through 9 in column (d)				7,856
	11 Net income summary. Combine line 3, column (d), and line 10				7,445

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	213,947	97,193		311,140
Direct Expenses	2 Cash prizes	153,400	54,600		208,000
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses	21,241	8,508		29,749
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				237,749
	8 Net gaming income summary. Combine line 1, column d, and line 7				73,391

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: MO		
a Is the organization licensed to operate gaming activities in each of these states?	9a X	
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?		X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

		Yes	No
13	Indicate the percentage of gaming activity operated in.		
a	The organization's facility	13a	100.00%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► Kurt Kopp			
Address ► 379 E. Cedar Ct Columbia, MO 65203			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	X
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 of the third party		
Name ►			
Address ►			
16	Gaming manager information:		
Name ► Phillip Hanson			
Gaming manager compensation ► \$ 0			
Description of services provided ►			
<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	X
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 100%		

Part 1, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	290
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8	Returned Contribution	8	
9		9	
10		10	
11	Total	11	290

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	3,954
2	Dividends and interest from securities	2	12,752
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	16,706

Totals

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improve- ments	Depreciation	Description of Basis Method
									Cost	Donated value			
1	STOCKS							51,261	51,262				PURCHASE PRICE
2													
3													
4													
5													
6													
7													
8													
9													
10													
Totals													
Public Securities													
Non-Public Securities													
Other sales													
									0				0
									0				0
									51,261				51,262
									0				0

Part I, Line 8 (990-EZ) - Other Revenue

40,715

Description		Amount
1	Building Revenue - Rental, Concessions, etc	33,515
2	CCC Revenue Sharing	7,200
3	Other Income	
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part I; Line 16 (990-EZ) - Other Expenses

41,694

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	7,738
6	Depreciation	6	20,045
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	1,238
11	Telephone	11	
12	Unrelated business income taxes	12	0
13		13	
14	Dues	14	8,479
15	Insurance	15	1,883
16	Misc	16	64
17	Public Relations	17	2,247
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances 30,949

Description		Amount	
1	Unrealized Gain or Loss on Investment	1	30,949
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Cosmopolitan International Columbia Luncheon Club
Attachment to Form #990

#23-7151039

Page 2, Part IV, List of Officers, Directors, Trustees, and Key employees

(a) Name and Address	(b) Title and average hours worked	(c) Compensation
Steve Pease 1104 Pheasant Run Columbia, MO 65201	President	\$0
John Hubert 2553 W. Oak Ridge Columbia, MO 65202	President-Elect	\$0
Phillip F. Hanson 801 Canterbury Dr. Columbia, MO 65203	Past President	\$0
Erin Carrillo 370 E. Cedar Ct. Columbia, MO 65202	Secretary	\$0
Kurt Kopp 379 Crown Pt. Columbia, MO 65203	Treasurer	\$0
John Baltz 4108 Meadow View Rd. Columbia, MO 65201	Membership Vice Pres	\$0
Jim McNabb 2633 E. Alfalfa Dr. Columbia, MO 65203	Past President	\$0
Board of Manager:		
Robert Stanley 4350 Cindy Lane Columbia, MO 65202	Director	\$0
Larry Mauldin 6603 Madison Creek Dr. Columbia, MO 65203	Director	\$0

Susan Cunningham 1019 Harvard Columbia, MO 65203	Director	\$0
John Hanson 801 Canterbury Dr. Columbia, MO 65203	Director	\$0
Patrick Zenner 1214 S. Bridgewood Drive Columbia, MO 65203	Director	\$0

Page 1, Part I, Line 16 and Part II, Line 23

	<u>Basis</u>	<u>Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Building	\$340,000	\$13,600	\$272,000	\$68,000
Fixtures	\$158,335	\$6,445	\$145,376	\$12,959
Land	\$96,000		\$0	\$96,000
TOTAL	\$594,335	\$20,045	\$417,376	\$176,959