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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)

► 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
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning		Jul 1	, 2009, and ending	Jun 30	, 2010
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	Air Capital Cosmopolitan Club International of Wichita		27-4928351	
<input type="checkbox"/> Initial return	<input type="checkbox"/> See Specific Instructions	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number
<input type="checkbox"/> Termination		301 N. Main		1350	(316) 262-6277
<input type="checkbox"/> Amended return		City or town, state or country, and ZIP + 4			F Group Exemption Number
<input type="checkbox"/> Application pending		Wichita		KS 67202	► 1057

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

I Website: ► N/A	G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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 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	► \$ 42,820.

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 565.	
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	
	4 Investment income	
	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)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ 0. of contributions reported on line 1)	6a 29,887.
	b Less: direct expenses other than fundraising expenses	6b 11,999.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 17,888.
	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 30,821.
EXPENSES	10 Grants and similar amounts paid (attach schedule) See L-10 Stmt	10 16,944.
	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
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 244.
	16 Other expenses (describe ► See Other Expenses Statement)	16 10,068.
	17 Total expenses. Add lines 10 through 16	17 27,256.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3,565.
	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 6,458.
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	► 21 10,023.

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.)		
22 Cash, savings, and investments	(A) Beginning of year 6,088.	(B) End of year 9,693.
23 Land and buildings	0.	23 0.
24 Other assets (describe ► See L-24 Stmt)	370.	24 330.
25 Total assets	6,458.	25 10,023.
26 Total liabilities (describe ►)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,458.	27 10,023.

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

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? <u>See Attached Statement</u>		
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		

28	<u>See attached statement</u>		
	(Grants \$ 13,200.) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 13,200.
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	Total program service expenses (add lines 28a through 31a)		► 32 13,200.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(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
Larry Gurney 6669 N. 127th East Wichita KS 67226	President 2.00	0.	0.	0.
Doug Lampton 7314 Cedaridge Wichita KS 67226	1st Vice-President 1.00	0.	0.	0.
Chad Phipps 511 N. 2nd Avenue Mulvane KS 67110	2nd Vice-President 1.00	0.	0.	0.
Gary George 3216 N. Lake Ridge Wichtia KS 67205	Secretary-Treasurer 3.00	0.	0.	0.
Michael Horton 10103 E. Mainsgate Circle Wichita KS 67226	Board Member 0.25	0.	0.	0.
Gary Jacks 6655 N. 127th East Wichita KS 67226	Board Member 0.25	0.	0.	0.
Larry Lingafelter 26 Linwood Wichita KS 67207	Board Member 0.25	0.	0.	0.
Ted Milligan 22433 SW Meadowlark Douglass KS 67039	Board Member 0.25	0.	0.	0.
George Morrison 641 N. Woodlawn #20 Wichita KS 67208	Board Member 0.25	0.	0.	0.
Chris Richardson 3828 Watercress Court Maize KS 67101	Board Member 0.25	0.	0.	0.
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Part V Other Information (Note the statement requirements in the instrs 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	33	X
34 Were any changes made to the organizing or governing documents? 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, 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?	35a	X
b 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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	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 outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:	39a	
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	
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	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 ► _____		
42a The organization's books are in care of ► <u>Gary George</u> Located at ► <u>301 N. Main Street, Suite 1350</u> Wichita	Telephone no ► (316) 262-6277 KS ZIP + 4 ► 67202-4839	
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 ► _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts	42c	X
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		
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.

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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.'

	Yes	No
46		
47		
48		
49a		
49b		

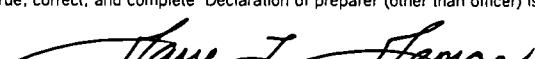
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

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

¶ 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		
		Date <u>4/28/2011</u>	
	Signature of officer Gary L. George Type or print name and title Secretary/Treasurer		

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Supplemental Information Regarding Fundraising or Gaming Activities

2009

**Open to Public
Inspection**

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.

Name of the organization

Employer identification number

Air Capital Cosmopolitan Club International of Wichita

27-4928351

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grant
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have 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

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

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.

REVENUE		(a) Event #1 Golf Tournament (event type)	(b) Event #2 Art Auction (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	22,687.	7,200.		29,887.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	22,687.	7,200.		29,887.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,484.	550.		6,034.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,918.	1,047.		5,965.
	10 Direct expense summary Add lines 4- through 9 in column (d)				► 11,999.
	11 Net income summary Combine lines 3, column (d) and line 10				► 17,888.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Combine lines 1, column (d) and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain:

YES NO

9a

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

10a

11 Does the organization operate gaming activities with nonmembers?

11

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?

12

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

	YES	NO
13a		%
13b		%

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 contact 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 of the third party.

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided: ► _____

Director/officer Employee 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?
 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 ► \$ _____

17a

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Lunch meeting expense	2,686.
Club group activities:	
Inauguration of officers banquet	3,338.
Christmas party/wine tasting	2,311.
Summer BBQ picnic	725.
Baseball picnic & attendance	399.
Administration expenses	509.
Liability insurance	100.
 Total	 <u>10,068.</u>

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment

To Provide Operating Funds for Summer Camp Conducted for Diabetic Children

Class of Activity	Grantee's Name and Address	Grantee'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	
			7,685.

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 Provide Funds for Diabetic Research Projects

Class of Activity	Grantee's Name and Address	Grantee'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	
			5,000.

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

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

Continued

Purpose of PaymentTo Provide Funds for Organization's Events

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Donation</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Ark Valley Trials Association 626 South Willow Douglass KS 67039	None	
			415.

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 PaymentTo Provide Funds for the Organization's Foundation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Donation</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Washburn Endowment Association 1729 SW MacVicar Ave. Topeka KS 66604	None	
			100.

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 PaymentAssessment of Per Member Dues

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Dues</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Cosmopolitan International P.O. Box 4588 Overland Park KS 66204	International Affiliate	
			3,551.

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****Assessment of Per Member Dues**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Dues	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>MO-KAN Federation</u> <u>1824 Lisa Drive</u> <u>Jefferson City</u> MO <u>65101</u>	<u>Cosmopolitan International Federation Affiliate</u>	193.

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

Miscellaneous Statement**Form 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 July 31, 2010,
the Air Capital Cosmopolitan Club
International of Wichita provided
support to the following local organizations
and/or community service projects:

<u>American Diabetes Association - Kansas Affiliate</u>	
<u>Camp Discovery (summer camp for diabetic children)</u>	<u>7,685.</u>
<u>Great Plains Diabetes Research, Inc. -</u>	
<u>ongoing support for diabetes research projects</u>	<u>5,000.</u>
<u>Ark Valley Trails Association - memorial</u>	
<u>contribution on behalf of a deceased</u>	
<u>club member</u>	<u>415.</u>
<u>Washburn University Endowment Foundation -</u>	
<u>memorial contribution on behalf of a deceased</u>	
<u>club member</u>	<u>100.</u>

Total

13,200.