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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning Jul 1 2009, and ending 2010 D Employer Identification Number C Name of organization Check if applicable IRS label Cosmopolitan Diabetes Foundation Inc. Address change 52-1077958 or print or type. See specific Number and street (or P O box if mail is not delivered to street addr) Telephone number Name change Initial return 7341 West 80th Street (913) 648-4330 Instruc-City, town or country State ZIP code + 4 Termination 66204 Amended return Overland Park KS G Gross receipts \$ 538,177 F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending H(b) Are all affiliates included? Yes Tom Gustafson 129 s. Phelps Avenue #8 Rockford IL 61108 If 'No,' attach a list (see instructions) X 501(c) (3) ◄ (insert no) 527 Tax-exempt status 4947(a)(1) or Website: ► N/A H(c) Group exemption number L Year of Formation: 1977 Form of organization M State of legal domicile KS Part I Summarv Briefly describe the organization's mission or most significant activities Activities & Governance Check this box ► If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, Icolumn (C), ine 12 7 a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 63,128 72,134. Program service revenue (Part VIII, line 2q) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 53,171 67,199. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 116,299 139,333. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 26,750 85,345. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part-IX, column (D), line 25) ▶ 594. Other expenses (Part X, column A, lines 11a 11d, 11f-24f) . . . 57,024 40,121. Total expenses, Add lines 13-17 (must equal Rart IX, column (A), line 25) 83,774 125,466. Revenue less expenses FSubtract line, 18 from line 12 19 32,525 13,867. **Beginning of Year End of Year** Total assets (Part X type 16), Total liabilities (Part X, line 26 1,007,080 1,136,666. 21 Net assets or fund balances. Subtract line 21 from line 20 1,007,080. 1,136,666. Part II Signature Block 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.

Paid

Signature of office

Phone no

TEEA0101

Tom Gustafson Type or print name and title

Preparer's signature Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 Üse Only

&

Management

A	01/08/11
	Inc.

Date

Serv.

Preparer's identifying number (see instructions) Check if employed

Rockford IL 61103 May the IRS discuss this return with the preparer shown above? (see instructions)

(815) Yes 07/20/09

Form 990 (2009)

No

877-4411

Accounting

3424 N Main St #

	m 990 (2009) Cosmopolitan Diabetes Foundation Inc.		52-1077958	Page 2
	artilli縣 Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission:			
	Diabetes Research			
2			• — –	-
	Form 990 or 990-EZ?		Yes X	∐ No
_	If 'Yes,' describe these new services on Schedule O.			
3		onducts, any program services	s? ∐ Yes ⊠] No
4	If 'Yes,' describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three	largest pregram convers by		(2)
4	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report expenses, and revenue, if any, for each program service reported.	t the amount of grants and allo	expenses. Section 501(c) ocations to others, the tot	al
	4a (Code) (Expenses \$ 112,090. including grants of	\$ 85,345.)(Re	venue \$ 67,	199.)
	Diabetes Research and Treatment: Funds raised a			-
	to grant funds to hospitals and diabetic resear			auses.
		···		
4	4b (Code.) (Expenses \$ including grants of	\$) (Re	venue \$)
4	4c (Code:) (Expenses \$ including grants of	\$) (Re	venue \$)
_	4100			
4	4d Other program services (Describe in Schedule O.)	\ /D		
_	(Expenses \$ including grants of \$) (Revenue \$		
	4e Total program service expenses ► 112,090.			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	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	3_		<u>x</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	_6_	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		_x_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13		
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X X
_0	and the organization operate one of more needed. If you, complete officials if	_ ںعے		

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х_
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
ŀ	b Is the organization 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	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	:	x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		阿斯	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV .	28a		<u>x</u>
ا	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
•	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_x_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		_ <u>x</u> _
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		_x_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	

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Form 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance No Yes 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1 c F. E. 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a 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)? **4** a X 4 **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? х 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a . . b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b THE PARTY Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c ¥ d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X a For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g 7h h For contributions of ears, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . 8 X 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х 9 b b Did the organization make any distribution to a donor, donor advisor, or related person? X 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders . 11a

Form 990 (2009) BAA

11 b

12a 是心态。

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them.)

Pair VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A.	Governing E	Body and Ma	nagement									
												Yes	No
1 a	Enter the	number of voting	g members of t	he governing b	oody				1a 7			5074	
b	Enter the	number of voting	g members tha	are independ	ent	•	••		1b 7				
2	Did any o officer, d	officer, director, tr irector, trustee or	rustee, or key e key employee	mployee have	a family	relations	ship or a busi	ness rela	ationship wil	h any other	2		X
3	Did the o	rganization deleg s, directors or tru	jate control ove istees, or key e	r managemen mployees to a	t duties c manager	customari ment con	ly performed npany or othe	by or uner person	ider the dire	ct supervisior	3		х
4	Did the o	rganization make	any significan	t changes to it	s organiz	zational d	locuments				4		х
	since the	prior Form 990 v	was filed?			•							
5	Did the o	organization beco	me aware durir	g the year of a	a materia	al diversio	on of the orga	inization'	s assets?		5		Х
6	Does the	organization hav	e members or	stockholders?							. 6		<u> </u>
7 a	Does the governing	organization hav g body?	re members, st	ockholders, or	other per	rsons wh	o may elect o	one or me	ore member	s of the	7a		x
b	Are any	decisions of the g	overning body	subject to app	roval by r	members	s, stockholder	s, or oth	er persons?		. 7b		x
8	Did the o	organization conte wing:	emporaneously	document the	meetings	s held or	written action	ns undert	aken during	the year by			
	•	erning body?									8a	х	
		mmittee with auth	-	-	-	-	•		•		8b	х	
	organıza	any officer, direct tion's mailing add	ress? If 'Yes,'	provide the na	mes and	l addresse	es ın Schedul	le O .			. 9		<u>x</u>
	tion B.	•	This Section	B requests	ınform	ation al	bout polici	es not i	required l	y the Inter	rnal		
Reve	nue Code	e)				<u>.</u>							
10 a	Does the	e organization hav	ve local chapter	s, branches, o	r affiliate	es? .	•				10a	Yes	No_X
		•	•	•			rning the acti	vities of	such chapte	rs. affiliates.	1.55		<u></u>
		does the organization									10ь		
		organization prov					-	-	efore filing th	ne form?	11	X	TECHNICA.
		e in Schedule O the e organization hav		•	•			rm 990.			5543543	ADS (FEW)	
		ers, directors or t						toroste th	ant could an		12a	X	
	to conflic	cts? .									12b	х	
C	Schedul	e organization reg e O how this is do	pularly and cons one	astentiy monit	or and en	norce cor	nphance with	the poin	cy if res,	aescribe in	12c		<u>x</u>
13		e organization hav		•	•				•	•	13	Х	
14		e organization hav					. ,				. 14	X	Par table
15	Did the persons,	process for detern , comparability da	mining compens ata, and contem	sation of the fo poraneous sub	illowing p ostantiatio	ersons in on of the	nclude a revie deliberation :	ew and ap and deci	pproval by II sion?	ndependent			
	-	anızatıon's CEO, E		•	nagement	t official	• •				15 a		<u>x</u>
b		ficers of key empl	•	~							15 b	Harrist Little	X
		o line 15a or 15b,				•							
	entity du	organization investiging the year?									16 a		X
t	If 'Yes,' in joint v status w	has the organizat venture arrangement with respect to suc	tion adopted a vents under applich arrangements	vritten policy o icable federal s?	r procedu tax law, a	ure requir and taker	ring the orgar n steps to saf			s participatio ion's exempt	n 16b		
Sec		Disclosures							· ·				
17	List the	states with which	a copy of this f	orm 990 is re	quired to	be filed	-						
18	inspection	6104 requires an on. Indicate how y	you make these	available Che	eck al <u>l th</u> a	at apply.							blic
	_	n website	Another's		x	•	•						
	stateme	e in Schedule O w nts available to th	ne public				_			·			al
		e name, physical									ganızatıon		
١	Cosmopol	litan Diabetes Fou	indation I 73	<u>41 West 80t</u>	h Stree	et Ov	erland Pa	ark K	<u>s662</u>	94	(913) 6	48-4	330

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

Check this box if the organization did not		ate at	ıy Cı			iicei, c	JILEC			
(A)	(B)	Pos	ition 4		c)	hat appl	v)	(D)	(E)	(F)
Name and Title	Average hours per week	or director	anstitutional faistee	Officer	Key employee	High est compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Tom Gustafson chairman	2.00	х						0.	0.	0.
Bob Williams v chairman	2.00	x						0.	0.	0.
Jerry Nelson Board Member	2.00	х						0.	0.	0.
Bobbie Clifton Board Member	2.00							0.	0.	0.
Bill Kubat Board Member	2.00							0.	0.	0.
Dean Barry Board Member	2.00							0.	0.	0.
Jim Walker Board Member	2.00							0.	0.	0.
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >

.Fai	MINITED Statement of Revenue	- *L (#)			· · · · · · · · · · · · · · · · · · ·	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
8.0	1a Federated campaigns 1a		的影響的是人员不斷	的認識的學問語	DATE OF THE PARTY	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b		这些 。于我是完全	医经验证证	[] [] [] [] [] [] [] [] [] [] [] [] [] [
88	· — — · ·		自至實理的程	高麗雅·本里		
S. G	c Fundraising events 1c					
듩 본	d Related organizations 1d					
S, C	e Government grants (contributions) . 1e		医神经系统			温度的建筑
S S			医医验验 医皮肤	对那些新疆外	是在大學學學就是	
들빞	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,134.		ACT OF THE REAL PROPERTY.		新发验。2018年
문이		<u> </u>		是是非然是		
돌림	g Noncash contribns included in lns 1a-1f . \$			建造的产生产业		
	h Total. Add lines 1a-1f		72,134.	但能。任何是特定	是在10年代 20年代	經歷紀期的
3	Busine	ss Code		THE SHOPE THE PARTY OF THE PART	的主题的主义的主义	
ĕ	2a					
Æ	b		· · · · · · · · · · · · · · · · · · ·		·	
S	 					
₹	^c				· · · · · · · · · · · · · · · · · · ·	
SE	^a 					
₹	e					
5	f All other program service revenue					
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	•		に対する。	METERS ARTISE	ASTROPH WITH
		and		- A12212 AC 41	and as a comment of the comment	AND CONTRACTOR OF STATUTE
	3 Investment income (including dividends, interest other similar amounts) .	anu 🕨	49,661.	49,661.	0.	0.
	·	oooda 🕨	13,002.	13,001.		<u> </u>
i	4 Income from investment of tax-exempt bond prod	ceeus .				
	5 Royalties		PACE THE COLUMN ASSESSMENT OF THE LANGEST	All the second s	At a firm on branche on a china	- California per la il avalorati sui
	1	Personal				新疆中央
	6a Gross Rents				語言にはは、実践	
	b Less rental expenses		EVER SALES			
	c Rental income or (loss)					
ł	d Net rental income or (loss)	>	tend treatment backs in the	The state of the s	The Fill of the State of the St	Halikie ne nietowiła Kielika Pili
	\	O45	ANTERIO CONTRACTOR SERVICIO DE LA CONTRACTOR DE LA CONTRA	America Particular Chicago	Prop regression in Proceeds	"DITTE SAME HER TO LOCAL PROBLEM TO
	/a Gross amount from sales of	Other				
	assets other than inventory 416,382.					的可以是是
	b Less: cost or other basis		可能是是一个人的		是155 指导程式	
	and sales expenses 398,844.		基本自然工作的	整心心 拉萨	第44年,"港市市	
	c Gain or (loss) 17,538.					美沙南瓜 流音的变为
	d Net gain or (loss)	▶	17,538.	17,538.	0.	
			HARRENGAL SELLEN	PARTICIPATION OF THE PARTY OF T	PRINCE TO BUT A PARKETO	Contraction of the contract
굨	8a Gross income from fundraising events					法判证对理的
	(not including \$		100 Sept. 100 Se		PER TENT	
2	of contributions reported on line 1c).		表別是實際			
R R	See Part IV, line 18 a					
OTHER REVEN	b Less: direct expenses b		No. of the last of			
Ö	c Net income or (loss) from fundraising events	>	Fig.	The second secon		
	1		"能利"。能通过的图像	可是特別的	Mark College British	EMPORTURE TOTAL
	9a Gross income from gaming activities. See Part IV, line 19 a		門。建設的建設	是是其一种		
	1				建筑建筑	
	b Less direct expenses b		MICROSPASSES.	MENTE BRIDER		Mark Control
	c Net income or (loss) from gaming activities	<u> </u>				
	10a Gross sales of inventory, less returns		是關語的執行政	阿斯斯斯拉斯	THE RESERVE THE PROPERTY OF THE PARTY OF THE	FACE AND THE PARTY OF THE PARTY
	and allowances a					
	b Less. cost of goods sold . b					
	c Net income or (loss) from sales of inventory		A SECTION OF THE PERSON OF THE	- Friend	war an water franchischer in gege.	ment in the Edition of Street
		ss Code	THE PROPERTY OF THE PARTY OF TH	ASSAGAMENTS A	THE PROPERTY OF THE PARTY OF TH	द्यारास च ४ - यानच्या हिल
			HERELE AND LESS HERE		emaye executed	
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			MACHE SHAPE	是是不知道	
	12 Total revenue. See instructions	>	139,333.	67,199.	0.	ारकाय र स्थान या हक्या कि जी ही ↑
	Tir Intal Leveline: See Ilipitantialis		1 23,333.	0/,133.	υ.	0.

Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (**D**) Fundraising (B) (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 85,345 85,345 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes ... 11 Fees for services (non-employees) . a Management **b** Legal c Accounting 8,900 8,900. 0. 0 . d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees 10,914 0 10,914 0. 12 Advertising and promotion. 13 Office expenses . 767. 76. 615 76. Information technology 2,410. 2,410. 0 Ο. Royalties 15 10,000. 500. 16 Occupancy 9,000. 500 17 Travel 4,977 4,977. 0. Ο. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . 1,028 1,028. 19 0. 0. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 148 0. 0. 148. 23 182 18 Insurance 146 18. Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 a Bank Fees and Charges 87 0 87 0. b Miscellaneous 372 0. 0. 372. 336 336 0 0. f All other expenses Total functional expenses. Add lines 1 through 24f 125,466 112,090 12,782. 594. Joint costs. Check here ► I If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational

campaign and fundraising solicitation

|Part X | Balance Sheet (B) End of year (A) Beginning of year Cash - non-interest-bearing 33,578 1 28,376. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 2,622 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. 10 a 1.563 Complete Part VI of Schedule D **b** Less accumulated depreciation. . 10b 1,489 222 10 c Investments - publicly-traded securities 970,658. 11 1,105,653. Investments - other securities. See Part IV, line 11. 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11. 15 Total assets Add lines 1 through 15 (must equal line 34) 1,007,080 16 16 1,136,666 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue. 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Pavables to current and former officers, directors, trustees, key employees highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117, check here N E T 27 through 29 and lines 33 and 34. 27 Unrestricted net assets -150,176 27 46,754 28 Temporarily restricted net assets 38,775. 28 33,631. 29 Permanently restricted net assets 118,481 29 8 R Organizations that do not follow SFAS 117, check here > and complete FUND lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances. 1,007,080. 33 1,136,666. Total liabilities and net assets/fund balances 34 1,007,080. 1,136,666.

BAA

Form 990 (2009)

• 7.	The state of the s			
			Yes	No
1	Accounting method used to prepare the Form 990	新·基		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:	建		
	Separate basis X Consolidated basis Both consolidated and separate basis	2	32.	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		х
b	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3.6		

ВАА

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

			tes Foundatio)7795			_
Part P		Reason for Pub	olic Charity Status	s (All organizations	must c	omple	te this	_part.)	See I	nstruct	ions		
The or	ganı	zation is not a priva	ate foundation because	e it is: (For lines 1 throug	gh 11, cł	eck onl	y one bo) (x					
1		A church, conventio	n of churches or asso	ciation of churches descr	ibed in s	ection	170(b)(1)(A)(i).					
2	\Box A	A school described	in section 170(b)(1)(A))(ii). (Attach Schedule E	.)								
3	\Box $_{\prime}$	A hospital or cooper	rative hospital service	organization described in	n sectio	n 170(b)	(1)(A)(iii).					
4	\sqcap_{A}	A medical research	organization operated	in conjunction with a ho	spital de	scribed	ın seçti	on 170(b)(1)(A)(iii). Ente	er the hospi	tal's	
	_	name, city, and stat	•	•	•			•			•		
5	\Box A		erated for the benefit o	f a college or university	owned o	roperat	ed by a	governr	nental u	nıt desci	ribed in sec	tion	_
6		A federal, state, or	local government or go	overnmental unit describ	ed in se	ction 17	0(b)(1)(A	4)(v).					
7		An organization tha n section 170(b)(1)	anization that normally receives a substantial part of its support from a governmental unit or from the general public described ion 170(b)(1)(A)(vi). (Complete Part II.)										
8	\sqcup	A community trust o	described in section 1 7	70(b)(1)(A)(vi). (Complete	e 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 org	anized and operated e	exclusively to test for pub	lic safet	y. See s	ection 5	i09(a)(4).				
11	_	more publicly suppo	orted organizations de	exclusively for the benefit escribed in section 509(a) ation and complete lines)(1) or s	ection 5	09(a)(2)	ons of, See s e	or carry ection 5	out the 09(a)(3).	purposes o Check the	f one or box that	
		a 🔲 Type I	b 🗌 Type II	c 🔲 Type III	l – Func	tionally	ıntegrate	ed		d 🗌	Type III-	Other	
е	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	,		eceived a written dete	rmination from the IRS th	hat is a ⁻	Гуре І, Т	Type II o	r Type I	ll suppo	rtıng org	janization,]
g	;	Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the foll	owing p	ersons?			
_		_	_				•					Yes No	,
	•	(i) a person who below, the go	directly or indirectly c verning body of the su	ontrols, either alone or to pported organization?	ogether v	vith pers	sons des	cribed	n (II) an	d (III)	11 g (i)		
		(ii) a famıly mem	ber of a person descr	ibed in (i) above?							. 11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide the following	ig information about th	e supported organization	ns.								
	(1)	Name of Supported Organization	(ii) EIN	(in) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ization (iv) is the (v) Did yi es 1-9 organization in col the organ ection (i) listed in your col (rou notify (vi) is the organization in co (i) organized in th U S.?			(vii) Amoun	nt of Support	
					Yes	No	Yes	No	Yes	No			
													_
]						
		'											_
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			A SHEET SHEET		THE SEC	1300	深深	F. 25.07.34	WAR THE	95.E.S.			_
Total			长沙社 沙海 李				陸發			13多個			
$\overline{}$		Privacy Act and Panery	vork Reduction Act Notice.	see the Instructions for Form	990 or 990	րողջ հենձեն)-EZ.	1	ממננבפר צריטן	Schedul	e A (For	m 990 or 99		_)Q
		,							_ 0,,000	(, 0,			,,,

Schedule A (Form 990 or 990-EZ) 2009 Cosmopolitan Diabetes Foundation Inc. 52-1077958

Rártill 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)

	(Complete only if you checke	u the box on line	3, 7, 01 6 01 Falt 1)			
Sect	ion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	122,300.	109,118.	106,920.	116,299.	72,133.	526,770.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		1				
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3	122,300.	109,118.	106,920.	116,299.	72,133.	526,770.
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)						
	Public support. Subtract line 5 from line 4						526,770.
Sec	tion 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	122,300.	109,118.	106,920. 116,299. 72,133.		526,770.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	72,144.	81,979.	79,247.	53,171.	67,199.	353,740.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						880,510.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			. 12	
	First five years. If the Form 990 organization, check this box and	stop here	<u></u>	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu					 	
	Public support percentage for 20 Public support percentage from 2			e 11, column (f) .	•	14	59.83 % 58.97 %
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization				he line 14 is 33-1/ · ·	3 % or more, chec	ck this box
ł	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box o licly supported org	n line 13, or 16a, ganization.	and line 15 is 33-	1/3% or more, che	ck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-ai	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	how
	or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances' test. The organiza	test, check this bation qualifies as	ox and stop here. a publicly supporte	Explain in Part IV ed organization .	how the
_18	Private foundation. If the organi	zation did not ched	ck a box on line, I	3, 16a, 16b, 1/a,	or 1/b, check this	pox and see instr	uctions

Partill簿 Support Schedule for Organizations Described in Section 509(a)(2)

<u> </u>	(Complete only if you chec	ked the box on lin	ne 9 of Part I.)				
Sect	tion A. Public Support						
	ndar year (or fisca! yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')		,,, <u> </u>	(7)	(4)		(y rom
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line						-
	7c from line 6).					数据源的	
Sec	tion B. Total Support						• •
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, secor			a section 501(c)(3)	▶ □
	tion C. Computation of Pu						
15	Public support percentage for 20	09 (line 8, column	(f) divided by lin	ne 13, column (f))	•	15	%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv	<u>restment Inco</u>	me Percentag	<u>je</u>			
17	Investment income percentage for	or 2009 (line 10c,	column (f) divide	ed by line 13, colum	nn (f))	17	%_
	Investment income percentage fi					18	%
	a 33-1/3 support tests — 2009. If the more than 33-1/3%, check this b	ox and stop here.	The organization	n qualifies as a pub	licly supported or	ganization	. ▶ [_]
	b 33-1/3 support tests — 2008. If the state of the state	ne organization die this box and <mark>stop</mark>	o not check a box o here. The organ	x on iine 14 or 19a, iization qualifies as	and line 16 is mo a publicly suppoi	ore than 33-1/3%, ar rted organization	na line 18 . ►∏
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, ch	eck this box and s	see instructions	▶ □

Schedule A	(Form	990 or 9	990-EZ)	2009	Cosi	nopol	itan	Dia	betes	For	unda	tion	Inc.		52-10	7795	8	Pa	age 4
PartilV	Supp	lemer	ital In	format	ion. C	omple	te this	s par	t to pr	ovide	the e	explar	nations	requ	ired b	y Part	II, line	10;	
	Part I	I, line	17a c	or 17b;	and F	Part III,	line	12. F	Provide	any	other	addıt	tional i	ınform	ation.	See i	nstruct	ions.	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 2009

Open to Public. Employer Identification number

Name	of the organization	•		Employer Identification	number
Cos	mopolitan Diabetes Foundation	n Inc.		52-1077958	
Par	tंहि Organizations Maintaining Donoi	Advised Funds or Other Similar Fur	nds or Acc	ounts Complete	ıf
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) F	unds and other acco	ounts
1	Total number at end of year	8.			12.
2	Aggregate contributions to (during year) .	67,665.			72,134.
3	Aggregate grants from (during year)	35,495.			35,495.
4	Aggregate value at end of year	32,170.		1,	183,420.
5	Did the organization inform all donors and done funds are the organization's property, subject to	or advisors in writing that the assets held in dor the organization's exclusive legal control?	nor advised	X Yes	No
6	Did the organization inform all grantees, donor	s, and donor advisors in writing that grant funds	s may be		_
	used only for charitable purposes and not for the purpose conferring impermissible private benefits	ne benefit of the donor or donor advisor or for a	ny other	. X Yes	□No
'Dăă	t.II. Conservation Easements Comple		to Form Of		
	· · · · · · · · · · · · · · · · · · ·		to Form 95	o, Part IV, line	/.
'	Purpose(s) of conservation easements held by		-f bl		
	Preservation of land for public use (e.g., re			ally important land a	rea
	Protection of natural habitat	Preservation	or certified his	storic structure	
2	Preservation of open space Complete lines 2a through 2d if the organization	n held a qualified conservation contribution in t	he form of a c	conservation easeme	ent on the
	last day of the tax year		(2)(多)		
	Total available of comments			Held at the End of	the Year
	Total number of conservation easements		2a		
	Total acreage restricted by conservation easen		2b		
	Number of conservation easements on a certification	• •	2c	·	
	Number of conservation easements included in	• • •	2d		
3	Number of conservation easements modified, t	ransierred, released, extinguished, or terminate	ed by the orga	nization during the t	ax
4	year ►Number of states where property subject to co	association associated by			
4			_		
5	Does the organization have a written policy reg and enforcement of the conservation easemen	parding the periodic monitoring, inspection, hand	dling of violati	ons, Yes	□No
6	Staff and volunteer hours devoted to monitorin		nents	. 🔛 162	☐ 140
-	during the year ►				_
,	Amount of expenses incurred in monitoring, induring the year ►	specting, and enforcing conservation easements	\$_		_
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion 	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and of the organization's financial statements that de	expense state scribes the or	ement, and balance ganization's accoun	sheet, and ting for
Pa	Trills Organizations Maintaining Colle	ections of Art. Historical Treasures, or	r Other Sin	nilar Accets	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.		
1	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or research in furtheran	nt and balance ice of public s	e sheet works of art, ervice, provide, in P	historical art XIV,
	b If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items.	SFAS 116, to report in its revenue statement ai ic exhibition, education, or research in furtheran	nd balance sh ice of public s	eet works of art, his ervice, provide the f	torical ollowing
	(i) Revenues included in Form 990, Part VIII,	line 1		►\$	
	(ii) Assets included in Form 990, Part X			►\$	
2	If the organization received or held works of a amounts required to be reported under SFAS 1	rt, historical treasures, or other similar assets fo 116 relating to these items	r financial gai	n, provide the follow	ving
	a Revenues included in Form 990, Part VIII, line	1		► \$	
	h Assets included in Form 990. Part X			► ¢	

Schedule D (Form 990) 2009 Cosmo						52-107			Page 2
Partill: Organizations Maintai	ning Collections	of Art, Histo	rical T	reasures, or	Other Sir	nilar Ass	ets (c	ontini	ued)
3 Using the organization's acquisition items (check all that apply):	on accession and othe	er records, check	any of	the following tha	t are a sign	ificant use	of its co	llection	1
a Public exhibition		d Loan c	r excha	nge programs					
b Scholarly research		e 🗌 Other							
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV.	ization's collections a	ind explain how t	hey furt	ther the organiza	tion's exem	pt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ther than to be maint	ained as part of	the orga	anization's collec	tion?		Yes		No
Ranti V Escrow and Custodia	l Arrangements (Complete if or	ganız	ation answere	ed 'Yes' to	Form 9	90, Pa	rt IV,	line
9, or reported an amo	unt on Form 990,	Part X, line 2	21.						
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, or othe	er intermediary fo	or contri	butions or other	assets not		Yes	ſ	No
b If 'Yes,' explain the arrangement	n Part XIV and comp	lete the following	table.						
- Danisana kalasaa					-		Amoun	<u> </u>	
c Beginning balance .		••	•		1c	 -			
d Additions during the year .		•		•	. 1d				
e Distributions during the year				•	. 1e				
f Ending balance		•			1f			 ,	
2a Did the organization include an ar		Part X, line 21?					∐ Yes	l	No
b If 'Yes,' explain the arrangement							_		
Part V Endowment Funds Co	mplete if organiza	ation answere	d 'Yes	s' to Form 990	<u>0, Part IV</u>	<u>, lıne 10.</u>			
	(a) Current year	(b) Prior year		(c) Two years back	(d) Thre	e years back	(e)	Four year	rs back
1 a Beginning of year balance	970,658.	1,193,88	87 . 🗔			學。然際		加加。	四學到
b Contributions	31,308.	38,0	14 . 📆			的研究	建類生		
c Net Investment earnings, gains, and losses	177,918.	-205,54	45. 🕸						
d Grants or scholarships .	34,375.	7,0	20. 🔯			All all the	NEW YORK		
e Other expenditures for facilities and programs .	39,856.	48,6	98.						
f Administrative expenses			图	泛起網網	可能能能	國家企業	經行部		時期間
g End of year balance .	1,105,653.	970,6	58.	種語的常體語的	列出版的	開門的	TO THE	MISS ACK	地類影響
2 Provide the estimated percentage	of the year end bala	nce held as:							
a Board designated or quasi-endow	ment ►	<u> </u>							
b Permanent endowment ►	%								
c Term endowment ►	8								
3 a Are there endowment funds not in organization by.	the possession of th	e organization th	at are h	eld and administ	tered for the		Γ	Yes	No
(i) unrelated organizations							3a(i)		x
(ii) related organizations .		·	•	•••		••	3a(ii)		x
b If 'Yes' to 3a(ıı), are the related o	roanizations listed as	required on Scho	odule Ri	· · · · · · · · · · · · · · · · · · ·			3b		- ^-
4 Describe in Part XIV the intended	_	•		• • • • • • • • • • • • • • • • • • • •			_ <u>30</u>		L
ফুরাঁংখে Investments—Land, B				990 Part X	line 10				
Description of investment	(a) Cos	t or other basis	(b) C	ost or other	(c) Accum	ulated	(d) E	Book Va	alue
1 a L and	(ir	ivestment)	bas	sis (other)	Deprecia En Bantable St.	ation			
1 a Land .		-			TENENT OF THE	MIT AN EST.			
b Buildings									
c Leasehold improvements									
d Equipment	-	1,563.				1,489.			74.
e Other									
Total. Add lines 1a through 1e (Column	n (d) must equal Form	990, Part X, col	umn (B)), line 10(c).) .		<u>. </u>			74.
BAA						Sched	ule D (F	orm 99	90) 2009

TEEA3302 02/02/10

Schedule D (Form 990) 2009 Cosmopolitan Diaber Part VIII Investments—Other Securities See Fo	rm 990 Part X lu	n Inc. 52-1077958 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Total or your market value
Closely-held equity interests		
Other	 	
		<u> </u>
		-
		
	· · · · · · · · · · · · · · · · · · ·	
		
		<u> </u>
	···	
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) ►		是我们就是这种的一种,他们就是这种的一种,他们就是这种的一种,他们就是这种的一种的一种。 第一个一种,我们就是这种的一种,我们就是这种的一种,我们就是这种的一种,我们就是这种的一种,我们就是这种的一种,我们就是这种的一种,我们就是这种的一种,我们就
Part VIII Investments-Program Related (See F	orm 990, Part X,	line 13)
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		
		
· · · · · · · · · · · · · · · · · · ·		
	·- ··,	
		
		might refer to the Sakerbay 200 ages (MAS) (Mass), New Yorks (Massachus and Dront Sakerbay (A.S.P., Wilder, and S.P.
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	15)	企业企业的企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业
PartiX Other Assets (See Form 990, Part X, I		
(a) Des	scription	(b) Book value
	· · · · · · · · · · · · · · · · · · ·	
	-	
		
	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col.(B), line		<u> </u>
Part X Other Liabilities (See Form 990, Part)	X, line 25)	
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		
2 FIN 49 Feetrate In Part VIV provide the text of the feetra	1 - 1 - 11 1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	52-1077958 Page 4
PartXI属 Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year. Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Rantixiii Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants . 2c	
d Other (Describe in Part XIV) 2d	30 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
PartixIIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	. 2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5
RantXIX Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this painformation	, lines 1b and 2b, Part V, art to provide any additional

Scriedule D (Form 990) 2009 Cosmopolitan Diabetes Foundation inc.	52-107/958	Page 3
Part-XIV Supplemental Information (continued)		
~		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

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OMB No 1545-0047

							C
Cosmopolitan Diabetes Foundation Inc. দুইটুরীজ্ঞী General Information on Grants and Assistance	Foundation Inc. on Grants and Assist	ance				27/07-76	000
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	ds to substantiate the grants or assistance procedures for monit	amount of the gran e? oring the use of gra	of the grants or assistance, the granteer use of grant funds in the United States	ntees' eligibility for the ates	grants or assistance,		. X Yes No
	nce to Governme by recipient that r (Form 990) if addi	ents and Organizations eceived more than \$5,0 Itional space is needed	Organizations in the United States. Complete if the organization answered 'Yes' to F more than \$5,000. Check this box if no one recipient received more than \$5,000. Use pace is needed	e d States. Complet his box if no one r	e if the organizat ecipient received	ion answered 'Y more than \$5,00	es' to Form 00. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cornbelt Diabetes Connect 4131 South 174th Street Omaha NE 68135	47-0770920		.000,6				Nursing/Diabet
	90-0294051		15,340.				Diabetes Treat
Crusaders Central Clinic 1200 West State St	23-7076080		.000,6				Diabetes Treat
Bastern Virginia Medical. PO Box 5 Norfold VA 23501	23-7053028		20,000.				Diabetes Resea
2 Enter total number of section 501(c)(3) and government organization 3 Enter total number of other organizations	 and government orgons 	ganizations	-				

Schedule I (Form 990) 2009

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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) 2009 Cosmopolitan Diabetes Foundation Inc.

[Earth 1870 | States | Stat

(f) Description of non-cash assistance				provide the information required in Part I, line 2, and any other additional information.	Grant requests are reviewed by the	recommends_accepting_or_declining_certain_applications	_to_the general board. The general board votes to accept, partially accept or decline grant requests.	a_cure_or_assisting_in_treating_Diabetes			!	; ; ; ; ; ; ; ; ; ; ; ; ; ;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	111111111111111111111111111111111111111
(e) Method of valuation (book, FMV, appraisal, other)				irt I, line 2, and any c	demand. Grant r	ting or declinin	_partially_accep	or assisting in			[
(d) Amount of non-cash assistance				ation required in Pa	available upon demand.	commends accept	votes to accept,	rching a cure c	 		 	! ! ! ! ! ! !	 	
(c) Amount of cash grant				provide the inform	are	committee re	general board	izations resea	 	; 	! ! ! ! !	 	 	! ! ! ! ! ! !
(b) Number of recipients					r_applying_fo	ee. The gran	board. The	iven to organ			1 1 1 1 1 1	 	 	
(a) Type of grant or assistance				Pargival Supplemental Information. Complete this part to	I Line 2Procedures for applying for grants.	I Line 2grant committee. The grant committee	Line 2	Pt_I_Line_2Priority_is_given_to_organizations_researching				. ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	.	
				Part	Pt I	Pt 1	Pt	ור ורי	i I	1	1	 	1	

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Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

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Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Internal Revenue Service	Attach to Form 990.	nspection is 2.
Name of the organization		Employer identification number
Cosmopolitan 1	Diabetes Foundation Inc.	52-1077958
	11A Board is emailed a copy of the 990 prior to filing. Board Pr	esident reviews for accuracy.
Pt_VI-C, Line	19 Policies and Tax Returns are available upon wri	tten request.
		*

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open(to Public 2009

OMB No 1545-0047

Employer identification number 52-1077958 Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. Cosmopolitan Diabetes Foundation Inc. Department of the Treasury Internal Revenue Service Name of the organization

मिनेस्सिजी Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity partification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A (E)
Public charity status (if section 501(c)(3)) (End-of-year assets (**D)** Exempt Code section (D) Total income 501 (c) (4) TEEA5001 02/05/10 (C) Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) KS Organizations participate in BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity 7341 W 80th Street, Overland Park KS 66204 Cosmopolitan International 75-0989692 (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity

Page 2

52-1077958

原本部門 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009 Cosmopolitan Diabetes Foundation Inc.

	(J) General or managing partner?	Yes No	•		 _		- -	
	Code V-UBI mount in box 0 of Schedule							
	ar Disproportionate a allocations?	Yes No		 -				
	(G) Share of end-of-year assets							
because it had one of more related organizations treated as a partite suit guie tax years.	Share of total income Share of end-of-year assets							T
eu as a partifici si il	Predominant income (related, unrelated, excluded from the contraction)	sections 512-514)						
IIIZAUOIIS UEA	(C) (D) Legal Direct domicile controlling entity (state or controlling entity							
ialeu orga		country)						
orie or more re	(B) Primary Activity							
	(A) Name, address, and EIN of related organization							

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Col	rporation or Trus treated as a corp	t (Complete	if the organiz	ation answered 'Ye tax year.)	s' to Form 990, Pa	يا),
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign cor country)	(D) Direct ntrolling entity	(E) Type of entity (C corp, S corp, or trust)	(B) (C) (D) (D) (E) Type of entity (C corp, S corp, country) (B) (C corp, S corp, country) (C) (D) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) (2009)

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限電磁体 Transactions With Related Organizations (Complete If the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

52-1077958

Schedule R (Form 990) 2009 Cosmopolitan Diabetes Foundation Inc.

			Yes	Ŷ
Note Complete line 1 if any entity is listed in Parts II, III, of 1V of this schedule.	~			
		1a		×
a necelpt of (f) interest (ii) annumes (iii) regarded (iii) regard		1 P		×
Digitally grantly of capital collisionates of garanteer of garanteers of the control of the cont		100		×
Collify grant, of capital continuous of the capital		P.		×
d Loans of loair guarantees to or for other organization(s)		-		>
e Loans or loan guarantees by other organization(s)		2		4
f Sale of assets to other organization(s)		Ξ		×
		19		×
g ruichase of assets noin outer organization(s)		=		×
Exchange of assets		;		: :
i Lease of facilities, equipment, or other assets to other organization(s)				×
i Lease of facilities, equipment, or other assets from other organization(s)	: : : : : : : : : : : : : : : : : : : :	i.		×
k Performance of services or membership or fundraising solicitations for other organization(s)		*		×
Performance of services or membership or fundraising solicitations		1	×	
		- m	X	
n Sharing of pard employees	:	֡֟֟֟֟ ֭֭֓֟֝֟֝֟֝		×
o Reimbursement paid to other organization for expenses		10	×	
p Reimbursement paid by other organization for expenses		10	in City and City	×
q Other transfer of cash or property to other organization(s)		-		×
r Other transfer of cash or property from other organization(s)		7		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction threshol	Js		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	C) Involv	pa
(1) Cosmopolitan International	1		1,2	200.
(2) Cogmonolitan International	1		,	6
COEMODOTT COM	m		~ !	
(3) Cosmopolitan International	0		2,5	500.
(4)				
(5)				
(9)				
BAA TEEASONS OSMERIA	- Fodes	10 D (Earm	1000	(0000)

Page 4

Schedule R (Form 990) 2009 Cosmopolitan Diabetes Foundation Inc.

[記載] Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity Prim:	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	rtners (in (3) ions?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1055)	(H) General or managing partner?) al or iging ier?
			Yes	S S		Yes	No	Yes	S.
									•
						•			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
1 1 1 1 1 1 1	_		-						
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				+		+			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
ВАА		TEEA5004 02/05/10					Schedule R (Form 990) (2009)) (066 L	2009)

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545 0172

Attachment

Name(s) shown on return Identifying number Cosmopolitan Diabetes Foundation Inc. 52-1077958 Business or activity to which this form relates Form 990 / Form 990EZ Part Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount. See the instructions for a higher limit for certain businesses \$250,000 Total cost of section 179 property placed in service (see instructions). 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000. Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year, Subtract line 4 from line 1, If zero or less, enter -0- If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Partilia Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Partill MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009. 148 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) (f) Method (g) Depreciation (e) (business/investment use Classification of property Recovery period Convention year placed deduction in service only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs q 25-year property S/L h Residential rental 27.5 yrs MM S/L property 27.<u>5 yrs</u> MM S/L i Nonresidential real 39 <u>yrs</u> MM S/L property MM S/L Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV题 Summary (See instructions.) 21 Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Form 4562 (2009) Cosmopolitan Diabetes Foundation Inc. 52-1077958 Page 2 Rart V. Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes No Yes (b) (d) (e) (a) (c) Business/ (i) **(f)** (g) (h) Elected section 179 cost Type of property (list vehicles first) Date placed Cost or Basis for degreciation Recovery Method/ Depreciation investment in service Convention deduction use only) percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (1) Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year. Add 33 lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI Amortization (a) (b) (c) (d) (e) **(f)** Description of costs Date amortization begins Amortizable amount Amortization Amortization period or percentage Amortization of costs that begins during your 2009 tax year (see instructions)

Amortization of costs that began before your 2009 tax year

43

44