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Form 990-EZ

Department of the Treasury

Internal Revenue Service

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)

OMB No 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Charme of organization Charmed organization Charm	A F	or	the	2011 calend	ar year, or tax year beginning $\mathtt{July}\ 1$, 2011, and ending	Ju	ne 30 , 20 12
Institut Hallow Cosmopolitan International, Inc. 43-6062746	В	heck	ıf ap	plicable	C Name of organization	D	Employer identification number
Number and street (or P o Dox of mail a not delivered to street address) Room/state E Telephone number Telephone numbe		_ Ad	dres	s change			
Terminate feature Proceedings Process		Na	me c	change	4	3-6062746	
City or town, state or county, and 2IP+4 9] Ini	tral re	etum	E	Telephone number	
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not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return L Add lines \$5, 6c, and 7b, to line 9 to determine gross recepts are \$200,000 or more, or if total assets (Part II). L Add lines \$5, 6c, and 7b, to line 9 to determine gross recepts are \$200,000 or more, or if total assets (Part II). L Add lines \$5, 6c, and 7b, to line 9 to determine gross recepts are \$200,000 or more, or if total assets (Part II). L Add lines \$5, 6c, and 7b, to line 9 to determine gross recepts are \$200,000 or more, or if total assets (Part II). L Add lines \$5, 6c, and 7b, to line 9 to determine gross recepts are \$200,000 or more, or if total assets (Part II). L Add lines \$5, 6c, and 7b, to line 9 to determine gross recepts are \$200,000 or more, or if total assets (Part II). L Add lines \$5, 6c, and 7b, to line 9 to determine gross recepts are \$200,000 or more, or if total assets (Part II). L Add lines \$5, 6c, and 7b, to line 9 to determine gross recepts are \$200,000 or more, or if total assets (Part II). L Add lines \$5, 6c, and 7b, to line 9 to determine gross recepts are \$200,000 or more, or if total assets (Part II). L Add lines \$5, 6c, and 7b, to line 9 to determine \$200,000 or more, or if total assets (Part II). L Add lines \$50, 6c, and 7b, to line 9 to determine \$200,000 or more, or if total assets (Part II). L Add lines \$50, 6c, and 7b, to line 9 to determine \$200,000 or more, or if total assets (Part II). L Add lines \$50, 6c, and \$60, and \$6					501(c)(3) × 501(c) (4) ◀ (Insert no) 4947(a)(1) or 527 (Form	n 990), 990-EZ, or 990-PF)
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Land times 5b, 6c, and 7b, to line 9 to determine gross recepts if gross recepts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file form 990-82 \$ 133,002 Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I \$ 10,781 1 Contributions, girls, grants, and similar amounts received 1 10,781 2 Program service revenue including government fees and contracts 2 262 3 Membership dues and assessments 3 4,704 4 Investment income 4 186 5 a 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 Gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions exceeds \$15,000) b Gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 73,885 7 a Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold 7b c Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) Rept 8 65 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 89, 903 10 Grants and similar amounts paid (list in Schedule O) 7b 10 55, 800 11 Grants and similar amounts paid (list in Schedule O) 7b 10 55, 800 12 Salaries, other compensation, and employes benefits 12 13 14 14 15 15 15	n	ot r	nore				
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For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Form 990-EZ (2011)					Page 2
Part II Balance Sheets. (see the instructions for Part II		an in Abia Dart II			
Check if the organization used Schedule O to re		_	· · · · ·		. x
20. Out and a state of	<u> </u>	(A) Beginning of year 50,77	10 00	(B) End of year	<u> </u>
Cash, savings, and investments		30,1	23		6,671
3		6′	24 24		660
Other assets (describe in Schedule O)		51,40		<u> </u>	7,33
Total liabilities (describe in Schedule O)			0 26		10
7 Net assets or fund balances (line 27 of column (B) must agree v		51, 15			7,32
Part III Statement of Program Service Accomplishme			/2 21		1,32.
Check if the organization used Schedule O to resp	•	· -	T (Regu	Expenses ured for section	
What is the organization's primary exempt purpose? See Sched)(3) and 501(c)(4))
Describe the organization's program service accomplishments for each		m services, as measure	_ organ	izations and section	on
y expenses In a clear and concise manner, describe the services pro			, 4947(a)(1) trusts, option	nal
elevant information for each program title	·		for oth	iers)	
8From a golf tournament and auction held	d annually, inc	ome is provide	d to		
donate to The Special Learning Center :	in Jefferson Ci	ty, Missouri.	_		
	 		_		
(Grants \$ 56,800) If this amount include	les foreign grants, check he	ere >	7 28a	38	8,274
9					
	·		_		
	· · · · · · · · · · · · · · · · · · ·		_		
(Grants \$) If this amount include	les foreign grants, check he	ere >	29a		
0					
(Grants \$) If this amount include	les foreign grants, check he	ere >	30a		
1 Other program services (describe in Schedule O)		<u>.</u>			
	les foreign grants, check he		31a		
2 Total program service expenses (add lines 28a through 31a)					8,274
Part IV List of Officers, Directors, Trustees, and Key Empl					
Check if the organization used Schedule O to response	ond to any question in th	ıs Part IV		 	•
(a) Name and address	(b) Title and average	(C) Reportable compensation	(d) Health be	enefits, employee (e) Estimated a	amount of
(a) Name and address	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans	s, and other compe	
Angle Mueller	,	(If not paid, enter -0-)	deferred comp	ensation	
Mark Mueller P.O. Box 1653, Jefferson City, MO 65102	President	0			
Duane Muck	3.00	 		0	
	President-Elect				
P.O. Box 1653, Jefferson City, MO 65102	1.00	0		0	
Cindy Davis P.O. Box 1653, Jefferson City, MO 65102	Secretary				
Lee Brown	3.00	0		0	
2.0. Box 1653, Jefferson City, MO 65102	Treasurer 3.00	اه		o	
Eric Burkett	VP-Membership	- 0			
P.O. Box 1653, Jefferson City, MO 65102	- -				
Jim Price	2.00	0		0	
P.O. Box 1653, Jefferson City, MO 65102	VP-Timber Acres				
	-i	0		0	
ynn Christie 2.O. Box 1653, Jefferson City, MO 65102	VP-Timber Acres				
	2.00	0		0	
Paul Gerling	Trustee				
2.0. Box 1653, Jefferson City, MO 65102	2.00	0		0	
Stacey Backues	Board Member				
2.0. Box 1653, Jefferson City, MO 65102	2.00	0		0	
like Evans	Board Member				
2.0. Box 1653, Jefferson City, MO 65102	2.00	0		0	
Jane Holtsman	Board Member			ا	
P.O. Box 1653, Jefferson City, MO 65102	2.00	0		0	
Linda Shields	Board Member	_			
P.O. Box 1653, Jefferson City, MO 65102	2.00	0		0	
SA E1009 1 000				Form 990-E 2	Z (2011

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in	the		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in t		art V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O			
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		'	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
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		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			ĺ
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities		> 3	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►N/A , section 4912 ►N/A , section 4955 ►N/A			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	. 3	X
С	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	;	1	
a	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		-	ĺ
_	reimbursed by the organization			١,
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	400		
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed None	40e	l	_ x
41 42a	The organization's books are in care of ► Lee Brown Telephone no ► 573-291	-022	22	
42 a	Located at ▶1709 Delta Place, Jefferson City, MO ZIP+4 ► 65109			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	r	Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		x
	If "Yes," enter the name of the foreign country ▶			<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С		42c		х
	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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		l	
	completed instead of Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		-	
	completed instead of Form 990-EZ	44b	 	_x
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ļ	<u> </u>
	explanation in Schedule O	44d	<u> </u>	<u> </u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	x
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			l
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	ļ	 	
	Form 990-EZ (see instructions)	45b		х

•								
Form 9	90-EZ (2011)							Page
	•			<u> </u>			Yes	T -
46	Did the organization engage, directly or indirectly,	in political c	ampai	an activities on beha	alf of or in oppositio	n	1	
	to candidates for public office? If "Yes," complete S	chedule C, Pa	art I.			46		×
Part	VI Section 501(c)(3) organizations and se	ection 4947	(a)(1	nonexempt char	ritable trusts only	. All se	ection	
	501(c)(3) organizations and section 4947	7(a)(1) none	exemp	t charitable trusts	must answer ques	stions 4	7-49	b
	and 52, and complete the tables for lines	50 and 51						
	Check if the organization used Schedule	O to respon	nd to a	any question in this	Part VI			\Box
47	7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II							
48	Is the organization a school as described in section	n 170(b)(1)(A	 ነ/።ነ? If	"Yes " complete Sch	edule F			
49a	Did the organization make any transfers to an exe							\vdash
b	If "Yes," was the related organization a section 527	organization	? ?	olatou organization		49b		
50	Complete this table for the organization's five high	hest compen	· sated	employees (other th	an officers director		es an	LL.
	employees) who each received more than \$100,00							וט אכ
	(a) Name and address of each employee	(b) Title and a		(c) Reportable	(d) Health benefits.			
	paid more than \$100,000	hours per w devoted to po		compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estima other co		
		0010100 10 pt		(1 01110 VV 27 1000 IIII00)	compensation		-	
		•						
		1						
		1						
							-	
					7,		-	
f 51	Total number of other employees paid over \$100,0 Complete this table for the organization's five his \$100,000 of compensation from the organization	ahest compe	ensate	d independent conti er "None"	actors who each re	eceived	more	tha
(a) Name and address of each independent contractor paid more that			(b) Type of service	(c) C	ompensate	on .	
				(-) ()	(5, 5			
								
								
					-			
d	Total number of other independent contractors ear	ch receiving	over \$	100.000	1			
52	Did the organization complete Schedule A? Note: A	_			1047(a)(1)	_		
92	nonexempt charitable trusts must attach a complete	ted Schedule	ι(υ)(3) Α	organizations and 4	1947(a)(1) 	►∏Ye	s F	Πo
Under p	penalties of perjury, I declare that I have examined this return, inclurrect, and complete. Declaration of preparer (other than officer) is based on the complete.	iding accompan	rına sch	edules and statements, an	d to the best of my know			
	La Bran -			-	11-14-12	>		
Sign	Signature of officer) //-/7-/2 Date			-
Here	Lee Brown, Treasurer				- 			
	Type or print name and title							

Preparer's signature

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

Date

Check

Phone no

self-employed

► Yes No
Form 990-EZ (2011)

Paid

Preparer Use Only Print/Type preparer's name

Firm's name

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

ame (or the organization					Employer identification	in number
osr	nopolitan International,	Inc.				43-6062746	
	- Fundraising Activities Com	plete if the organ	nization a	nswered	"Yes" to Form 9	90, Part IV, line	17.
art	Form 990-EZ filers are not r					,	
1	Indicate whether the organization rais				activities Check a	all that apply	
a	Mail solicitations	e			non-government g		
b	Internet and email solicitations	f			government grant		
	 	· ·			sing events	3	
C	Phone solicitations	g	Spec	iai iunura	ising events		
d	In-person solicitations						
2a	Did the organization have a written or or key employees listed in Form 990,						Yes No
b	If "Yes," list the ten highest paid indicompensated at least \$5,000 by the		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		<u> </u>	
1							
2							
3							
_						-	
4	,						
5							
6							
7		-					
8		-					
	<u> </u>						_
9							
10							
		<u> </u>					
otal				<u> ▶</u>			
3	List all states in which the organizar registration or licensing	tion is registered	or licensed	to solici	t contributions or	has been notified	it is exempt from
						- -	
			- -				
			- 				
		-				-	
				-			
			-				
					- 		-
	- 				-		
			-			-	
	-					-	
						- -	
						_	

	edule I rt Í	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,00	t contributions and gros	vered "Yes" to Form 99 s income on Form 990	0, Part IV, line 18, or r -EZ, lines 1 and 6b L	Page 2 reported more ust events with
		ground than to	(a) Event #1 Golf Tourname (event type)	(b) Event #2 ntAuction (event type)	(c) Other Events Pancake Day (total number)	(d) Total events (add col (a) through col (c))
Revenue	2	Gross receipts	73,380	34,306	9,298	116,984
	3	Gross income (line 1 minus	73,380	34,306	9,298	116,984
	4	Cash prizes				
	5	Noncash prizes				
sesuec	6	Rent/facility costs	· <u> </u>			
Direct Expenses		Food and beverages				· · · · · · · · · · · · · · · · · · ·
ā		Entertainment				
	10	Other direct expenses	through 9 in column (d)		4,825	43,099 (43,099 73,885
Pá	rt l		anization answered "Y			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Se Se	1	Gross revenue				
ses	2	Cash prizes	.,,			
Direct Expens	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %)		
	6	Volunteer labor	No No	Yes%	Yes%	
	7	Direct expense summary Add lines 2	through 5 in column (d)			(
	8	Net gaming income summary Combi	ne line 1, column d, and	l line 7		
	a Is	nter the state(s) in which the organizati the organization licensed to operate g "No," explain				. Yes No

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

b If "Yes," explain

Sched	ule G (Form 990 or 990-EZ) 2011 Page 3
11	Does the organization operate gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity operated in
. С	The organization's facility
_	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
c	If "Yes," enter name and address of the third party
Ū	The proof of the time party
	Name ►
	Name ▶
	Address >
	Address >
16	Gaming manager information
10	Garning manager information
	Name &
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
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 ▶ \$
Par	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b,
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions)
- -	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

Cosmopolitan I	nternational, Inc.		43-6062	746	
Form 990-EZ, P	art I, Line 10 - Grants and Sımılar	Amounts Paid:			
Special L	earning Center, 1115 Fairgrounds Rd,	Jefferson Cit	у, МО 65	109 -	\$56 , 800
Form 990-EZ, P	art I, Line 16 - Other Expenses				
Conferenc	es, Conventions and Meetings			\$	1,560
Donations					14,700
Florist					157
Membershi	p Recruitment				333
Insurance	·				1,365
Dues, Awa	rds, Memorials	~ ~~			5,086
Repairs a	nd Maintenance				810
Meetings	Expenses				353
Miscellan	eous Expenses				1 <u>,531</u>
		Total		\$	25,895
Form 990-EZ, P	art II, Line 24 - Other Assets				
Accounts	Receivable	Begir \$	nning 624		-
	art II, Line 26 - Total Liabilities				
	Payable & Accrued Expense	Begir \$	 nning 250	Endi \$.ng
	art III, Organization's Primary Exem	pt Purpose			
	tan International 1s a civic organiz		d to fin	ding a	a cure for
diabetes.					
					-