Return of Organization Exempt From Income Tax Under section 501(c), 527, or 9474(q1) of the Internal Revenue Gode (except private foundations)  P to not enter social security numbers on this form as it may be made public.  P on the 2018 celeratory year, or tax year beginning A for the 2018 celeratory year, or tax year beginning A for the 2018 celeratory year, or tax year beginning A for the 2018 celeratory year, or tax year beginning A for the 2018 celeratory year, or tax year beginning A for the 2018 celeratory year, or tax year beginning A for the 2018 celeratory A for the 2018 cel	•	_			Short Form				l	OMB No 1545	ı-1150
Under section 501(c), \$27, or 4947(a)(t) of the Internal Revenue Code (except private foundations)  ▶ Do not enter social security numbers on this form as it may be made public.  Possible Programs Service  ♣ Go to www.ims.gor/Form890EZ for instructions and the latest information.  Alternative American Programs And	<b>990-EZ</b> Return of Organization Exempt From Income Tax				Tax		@@ <b>⊿</b>	0			
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For the 2018 calendar year, or tax year beginning   July 1   ,2018, and ending   Jun-30   ,20   19			_	► Do not enter social securi	ty numbers on this for	m as it ma	y be made pu	blic.			
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Post			-	Number and street (or P.O. box, if mail is no	t delivered to street address	s)	Hoom/suite	E relepi	none n	umber	
City or town, state or province, country, and 21° of toreign presult close   F Group Exemption   Application provided   Cash   Z Accrual   Other (specify)   F   Check   If the organization is not recovered   Tax-exempt status [check only one] -   Sot(ck)   Z   Sot(c)   A   4   (insert no.)   4947(a(t)) or   527   Composition   Z   Corporation   Z   Z   Corporation   Z   Z   Z   Z   Z   Z   Z   Z   Z	=							ļ			
Petrostro   Cash   Zash   Za	=			City or town, state or province, country, and	ZIP or foreign postal code		(4)		-	=	
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Form of organization											
Part						<del></del>	or527	(Form 99	0, 990	J-EZ, or 99U-PF	<u>).                                    </u>
Part II   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)   Check if the organization used Schedule O to respond to any question in this Part I   Contributions, gifts, grants, and similar amounts received   1   6,000								1			
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory b Less cost or other basis and sales expenses c Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than soft such gross income and contributions sexceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events b Less: cost of goods sold c Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 6d 65,932  7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b 7c 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 76,103 10 Grants and smilar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 11 Drotal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 76,103 11 Gross sport of Chess and other payments to independent contractors 11 Sexcess or (defict) for the year (Subtract line 7f from line 9) 15 Chessional fees and other payments to independent contractors 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (defict) for the year (Subtract line 17 from line 9) 19 Not assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior y						OU,UUU or	more, or it tota	ıı assets			
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16 Other expenses (describe in Schedule O)	S	12	Salaries, o	ther compensation, and employee t	penefits		•	L			
16 Other expenses (describe in Schedule O)	Š	13	Profession	al fees and other payments to indep	pendent contractors			Ļ	13		
16 Other expenses (describe in Schedule O)	ĝ	14	Occupancy	y, rent, utilities, and maintenance							
Total expenses. Add lines 10 through 16	ũ	15			•			[			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16	•	•				. [	<del></del> 1		50,413
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)							<u>.                                    </u>	<b>•</b>			
21 Net assets of fund balances at end of year Combine lines 18 through 20	S							:	18		-7,560
21 Net assets or fund balances at end of year Combine lines 18 trirough 20	se	19				olumn (A	)) (must agre	e with			
21 Net assets or fund balances at end of year Combine lines 18 trirough 20	As	ļ	-	=				·			
21 Net assets or fund balances at end of year Combine lines 18 trirough 20	É	i .						· [· ]	$\overline{}$		
	_	21	Net assets	or fund balances at end of year Co	ombine lines 18 throu	gh 20	<u> </u>	<u> </u>	21	OOO -	





Form	990-EZ (2018)					Page 2
Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to ar				🗸
				(A) Beginning of year		B) End of year
22	Cash, savings, and investments			30,736		22,986
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			430		620
25	Total assets			31,166	25 26	23,606
26	Total liabilities (describe in Schedule O)		· · · ·	31,166		22 506
27 Det	Net assets or fund balances (line 27 of column  till Statement of Program Service Accom				21	23,606
ı eı	Check if the organization used Schedule					Expenses
Wha	it is the organization's primary exempt purpose?	See Schedule O	,, 4			ured for section
	cribe the organization's program service accompli	shments for each of	its three largest no	ogram services		)(3) and 501(c)(4) lizations, optional for
as r	neasured by expenses. In a clear and concise m	nanner, describe the	services provided	, the number of	other	s)
	ons benefited, and other relevant information for ea					
28	From golf tournament, concert and auction net proce	eds are provided to t	he Special Learning	Center in		
	Jefferson City, Missouri and for diabetes programs a	ind research in Centra	l Missouri			
			•			•
	(Grants \$ 33,250) If this amount	ıncludes foreign gra	nts, check here .	▶ 📙	28a	37,810
29	•••••					
	(O		uta alaadi bara		29a	
30	(Grants \$ ) If this amount			•	29a	
30						
	(Grants \$ ) If this amount	ıncludes foreign gra	nts, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
		ıncludes foreign gra	nts, check here	▶ □	31a	
32	Total program service expenses (add lines 28a			▶	32	37,810
Pai	t IV List of Officers, Directors, Trustees, and Ke				nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar				<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee ( <b>e)</b> l	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		her compensation
_			(ii not paid, enter -0-/	deletted compensation	+	
	ly Davis, President	1				
	Sox 1653, Jefferson City, MO 65102	5				
	ie Wilson, Secretary 3ox 1653, Jefferson City, MO 65102	3				
	Gerling, Treasurer			<del>-</del>	+	
	3ox 1653, Jefferson City, MO 65102	3				
		<u> </u>			+	
	· · · · · · · · · · · · · · · · · · ·	<del> </del>				<del></del>
		<del>                                     </del>				
		<u> </u>				
		1			$\perp$	
		]				

Part	unstructions for Part V ) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part V ) Check if the organization used Schedule C to respond to any question in the	J I WIL	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		<b>✓</b>
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	34		1
<b>3</b> 5a	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		1
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	35b		1
c	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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<b>/</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	68.10	7.33	374
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	86.320	1384387 FE
	If "Yes," complete Schedule L, Part II and enter the total amount involved	- 1864		
39	Section 501(c)(7) organizations Enter  Initiation fees and capital contributions included on line 9	5 30 5 5	\$ 1.44°	
a	Initiation fees and capital contributions included on line 9		2.40	
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			100 m
<b>4</b> 0a	section 4911 ► , section 4912 ► , section 4955 ►	19707	24.75°	
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	1201		
J	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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	2000	<b>3.4</b>	
	on organization managers or disqualified persons during the year under sections 4912,		を必要	
	4955, and 4958		對蒙	
ģ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶ none			
42a	The organization's books are in our of a state of a sta	573-69		4
	Located at ▶ PO Box 1653, Jefferson City, Missouri ZIP + 4 ▶	651	102	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
		42D	£7.8g	_ <b>V</b>
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).		180 E	
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c	المستخدمة المستخدمة	<b>\</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		ı	▶ □
43	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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		<b>✓</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	22	<b>✓</b>
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		<b>✓</b>
	Form 990-EZ. See instructions	45b	28.54	<b>✓</b>

•	•							
Form 99	90-EZ (2018)			· · · · · · · · · · · · · · · · · · ·				age 4
46	Did the organization engage, directly or into candidates for public office? If "Yes," of			behalf of or in	opposition	46	Yes	No _/
Part		s Only s must answer que	stions 47-49b and	52, and comp	lete the tab		or line	:s
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a			ng the tax		Yes	No
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organizatio five highest compen	rritable related organiz on? sated employees (othe	zation? .  er than officers				d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions to el benefit plans, and compensati	efits, mployee (e) Es deferred oth	stimatei er com	d amou	
				:				<del></del>
f	Total number of other employees paid ov Complete this table for the organization'		►ensated independent	contractors w	no each rece	eived	more	thar
	\$100,000 of compensation from the orga							
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Comp	ensatio	on	
			-				_	
d	Total number of other independent contra	actors each receiving	over \$100,000	<u> </u>				
52	Did the organization complete Schedu completed Schedule A	ule A? Note: All se	ection 501(c)(3) orga	nizations must		] Yes		No
Under p	penalties of perjury, I declare that I have examined this irrect, and complete Declaration of preparer lether than	return, including accompan n officer) is based on all info	nying schedules and statement ormation of which preparer i	ents, and to the bes nas any knowledge	t of my knowled	ige and	belief,	ıt ıs
Sign Here	Signature of officer	com Treasus	e e r	Date	1/3/2/	C_ v	<del></del>	-
11616	Type or print name and title	1100741		<i></i>	11100			

Preparer's signature

Paid **Preparer** 

Use Only

Print/Type preparer's name

Firm's address 

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

Firm's name

► ☐ Yes ☐ No

PTIN

Check I if self-employed

Firm's EIN ▶

Phone no

Date

## **SCHEDULE G** (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

► Go to www.irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 43-6062746 Cosmopolitan International, Inc Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants g 

Special fundraising events Phone solicitations d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by) (III) Did fundraiser have (I) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? fundraiser listed in col (i) or entity (fundraiser) from activity organization Yes No 1 2 3 4 5 6 7 8 9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

			gross receipts greater tha	π φο,σσσ			
	İ			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	İ			Golf Tournament	Concert/Auction	Pancake Day	(add col (a) through
				(event type)	(event type)	(total number)	col <b>(c)</b> )
ē							
Revenue	1	l G	iross receipts .	45,595	53,917	9,166	108,678
æ				-			
	2	2 L	ess Contributions .				
	3	3 G	iross income (line 1 minus				
			ne 2) . ` .	45,595	53,917	9,166	108,678
	4	C	ash prizes				
	5	5 N	loncash prizes				
			·				· ····
Direct Expenses	6	R	ent/facility costs	9,807		1,450	11,257
ĕ							
X	7	7 F	ood and beverages .				
ਹ			-				
ē	8	3 E	ntertainment		4,800		4,800
ט	İ						
	9	0	ther direct expenses	22,648	555	3,486	26,689
			•				
	10	<b>)</b> D	rect expense summary Ad	d lines 4 through 9 in co	olumn (d)	▶	42,746
	11		et income summary Subtra			🕨	65,932
Pa	rt I	П	Gaming. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
			\$15,000 on Form 990-E2	z, line 6a.			
æ				(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ē					bingo/progressive bingo	., , ,	col (a) through col (c))
Revenue							
	1	G	ross revenue		- · · · · · · · · · · · · · · · ·		
æ	2	2 C	ash prizes				
Direct Expenses							
×	3	3 N	oncash prizes				
#							
ĕ	4	R	ent/facility costs .		· · · · · · · · · · · · · · · · · · ·		
Ω							
	5	<u> </u>	ther direct expenses .				
				☐ Yes%	☐ Yes%	☐ Yes%	
	6	<b>5</b> V	olunteer labor . [	∐ No	∐ No	∐ No	
				_		_	
	7	, D	irect expense summary Ad	d lines 2 through 5 in co	olumn (d)	. •	
	_ ا			0.11	4 1 (-N		
	8	S N	let gaming income summary	/ Subtract line / from II	ne 1, column (a)	, <b>P</b>	
_							
8	)	Enter	the state(s) in which the or	ganization conducts ga	ming activities:		
			e organization licensed to co	• •			
	b	If "No	o," explain				***************************************
10			any of the organization's g	_	Territoria de la companya della companya della companya de la companya della comp	_	
	b	It "Y∈	es," explain				

Schedu	le G (Form 990 or 990-EZ) 2019		Fage 0
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
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?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		<u>%</u>
b	An outside facility	L	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐Yes	□No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ lf "Yes," enter name and address of the third party.		
	Name ▶		
	Address ▶		
16	Garning manager information.		
	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	spent in the organization's own exempt activities during the tax year ▶ \$		_
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions	(iii) and ( inal infor	(v), and mation
		*******	
		•	
			•

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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.

► Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Employer identification number Name of the organization 43-6062746 Cosmopolitan International, Inc Form 990-EZ, Part I, Line 10 - Grants and similar amounts paid to the Special Learning Center, 1115 Fairgrounds Road, Jefferson City, Missourı 65109 - \$33,250 Form 990-EZ, Part I, Line 16 - Other Expense - \$ 50,413 Total Conferences, Conventions and Meetings \$ 1,490 Donations \$31,646 Membership Recruitment S 59 \$ 2,503 Dues, Awards and Memorials \$ 4,773 Scholarships \$ 3,000 Meeting Expense \$ 254 TA Expenses \$ 2,063 Other Fundraising Expense \$ 1,200 Other Miscellaneous Expenses \$ 3,425 Form 990-EZ, Part II, Line 24 - Other Assets Beginning Ending Accounts Receivable \$430.00 \$620.00 Form 990-EZ, Part III, Organization's Primary Purpose Cosmopolitan International is a civic organization dedicated to finding a cure for diabetes