

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization
CONCORDIA CIVIC CLUB

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 586

City or town, state or country, and ZIP + 4
CONCORDIA, MO 64020

D Employer identification number
23-7164283

E Telephone number
(660) 674-2495

F Group Exemption Number

G Accounting method: Cash Accrual
Other (specify):

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

I Website: N/A

J Tax-Exempt status (check only one): 501(c)(4) (Insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 31,562

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

		1	2	
Revenue	1 Contributions, gifts, grants, and similar amounts received		0	
	2 Program service revenue including government fees and contracts		0	
	3 Membership dues and assessments		4,593	
	4 Investment income		465	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b	0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	26,504	
b Less direct expenses other than fundraising expenses	6b	35,700		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-9,196		
7a Gross sales of inventory, less returns and allowances	7a			
	b Less cost of goods sold	7b	0	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe)	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9		-4,138	
Expenses	10 Grants and similar amounts paid (attach schedule)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12		
	13 Professional fees and other payments to independent contractors	13		
	14 Occupancy, rent, utilities, and maintenance	14		
	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe)	16		12,319
17 Total expenses. Add lines 10 through 16	17		12,319	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18		-16,457
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		44,277
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21		27,820

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

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		44,277	22 27,820
23 Land and buildings			23
24 Other assets (describe)			24
25 Total assets		44,277	25 27,820
26 Total liabilities (describe)			26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		44,277	27 27,820

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: ***** Date: 2010-04-20

ROSS WIENBERG TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: RANDALL C FIENE Date: 2010-04-27 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: RANDALL C FIENE CPA, 30896 OLD HWY 40 EAST, CONCORDIA, MO 640200108

Preparer's identifying number (See instructions): EIN: Phone no: (660) 463-2130

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 23-7164283

Name: CONCORDIA CIVIC CLUB

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STEVE BEERMAN 310 S BISMARK CONCORDIA, MO 64020	CHAIRMAN 0 00	0		
DARIN CALDWELL 809 S ORANGE CONCORDIA, MO 64020	VICE-CHAIRMAN 0 00	0		
BEN RENNO 1214 S ST LOUIS CONCORDIA, MO 64020	SECRETARY 0 00	0		
ROSS WIENBERG 1109 S MAIN CONCORDIA, MO 64020	TREASURER 0 00	0		

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CONCORDIA FALL FESTIVAL (event type)	(event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	21,151		5,353	26,504
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	21,151		5,353	26,504
Direct Expenses	4 Cash prizes	6,354			6,354
	5 Non-cash prizes	530			530
	6 Rent/facility costs	8,203			8,203
	7 Food and beverages	2,181			2,181
	8 Entertainment				
	9 Other direct expenses	11,710		6,722	18,432
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				35,700
11 Net income summary Combine lines 3, column d, and line 10. ▶				-9,196	

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

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

9 Enter the state(s) in which the organization operates gaming activities _____		Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a		No
b If "No," Explain THIS ORGANIZATION DOES NOT OPERATE GAMING ACTIVITIES			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b If "Yes," Explain _____			
11 Does the organization operate gaming activities with nonmembers?	11		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?	12		No

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	No
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			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	No
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

TY 2009 Other Expenses Schedule

Name: CONCORDIA CIVIC CLUB

EIN: 23-7164283

Description	Amount
ANNUAL MEETING/COMMUNITY SERVICE	12,319