

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 private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150  
**2014**  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COUNCIL OF CONSERVATIVE CITIZENS INC	<b>D</b> Employer identification number 36-3354434
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 2412 Park Ave	<b>E</b> Telephone number (636) 940-8474
	City or town, state or province, country, and ZIP or foreign postal code Saint Charles, MO 633011463	<b>F</b> 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: [www.cofcc.org](http://www.cofcc.org)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) (insert no )  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 58,093**

**Part I 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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received							58,093																						
	<b>2</b> Program service revenue including government fees and contracts							0																						
	<b>3</b> Membership dues and assessments							0																						
	<b>4</b> Investment income							0																						
	<b>5a</b> Gross amount from sale of assets other than inventory							0																						
	<b>b</b> Less cost or other basis and sales expenses							0																						
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								0																					
	<b>6</b> Gaming and fundraising events																													
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)								0																					
	<b>b</b> Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)								0																					
<b>c</b> Less direct expenses from gaming and fundraising events								0																						
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)								0																						
<b>7a</b> Gross sales of inventory, less returns and allowances								0																						
<b>b</b> Less cost of goods sold								0																						
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								0																						
<b>8</b> Other revenue (describe in Schedule O)								0																						
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8								58,093																						
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)							0																						
	<b>11</b> Benefits paid to or for members							0																						
	<b>12</b> Salaries, other compensation, and employee benefits							0																						
	<b>13</b> Professional fees and other payments to independent contractors							21,588																						
	<b>14</b> Occupancy, rent, utilities, and maintenance							9,150																						
	<b>15</b> Printing, publications, postage, and shipping							15,827																						
	<b>16</b> Other expenses (describe in Schedule O)							21,173																						
<b>17 Total expenses.</b> Add lines 10 through 16								67,738																						
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)							-9,645																						
	<b>19</b> 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)							10,831																						
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)							0																						
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20								1,186																					



Part V 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 this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed
42a The organization's books are in care of Linda Baum Telephone no (636) 940-8474
Located at 2412 Park Avenue Saint Charles, MO ZIP +4 63301

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

Yes No

47 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 . . . . . 47

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

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

b If "Yes," was the related organization a section 527 organization? . . . . . 49b

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

Table with 5 columns: (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 benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . Yes No

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.

Sign Here Signature of officer Date 2015-08-16 Linda Baum Acting Treasurer Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no

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

## Additional Data

**Software ID:** 14000267

**Software Version:** v1.00

**EIN:** 36-3354434

**Name:** COUNCIL OF CONSERVATIVE CITIZENS INC

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
William D Lord Jr Vice President	4	0	0	0
Gordon Lee Baum Treasurer	12	0	0	0
Linda G Baum Director	15	0	0	0
A J Barker Director	2	0	0	0
John Casteel Director	2	0	0	0
James Edwards Director	4	0	0	0
Paul Fromm Director	4	0	0	0
Arthur Furniss Director	2	0	0	0
Robert J Lee Director	4	0	0	0
Ray Martin Director	2	0	0	0
Brent Nelson Director	2	0	0	0
Mark Palazzolo Director	2	0	0	0
Kyle Rogers Director	10	0	0	0
Phillip L White Director	2	0	0	0
Miles D Wolpin Director	2	0	0	0

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

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Earl P Holt III President	6	0	0	0
William David Hill Director	2	0	0	0
Keith Alexander Director	2	0	0	0
William A Smith Director	2	0	0	0
Thomas H Pierce Director	4	0	0	0
Sidney Secular Director	12	0	0	0

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization  
COUNCIL OF CONSERVATIVE CITIZENS INC

Employer identification number

36-3354434

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Header, Line A	No explanation needed
Form 990-EZ, Part I, Line 16	Description,Amount^Secretary of State Fees,80 Office Equipment and Supplies,8614 Travel and Conferences,10885 Dues to Local Chapters,816 Bank and Credit Card Processing Fees,778^Total,21173^

**TY 2014 Reasonable Cause Explanation**

**Name:** COUNCIL OF CONSERVATIVE CITIZENS INC

**EIN:** 36-3354434

**Software ID:** 14000267

**Software Version:** v1.00

**Explanation:** We received an automatic extension so it is not really late