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Form **990-EZ**

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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning **1 July**, 2009, and ending **30 June**, 20 **10**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Concord Lions Club

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

9 Brokenground Drive

City or town, state or country, and ZIP + 4

Concord, NH 03301-0090

D Employer identification number

02 6012353

E Telephone number

603-224-7224

F Group Exemption Number

► **0239**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► **NA**

J Tax-exempt status (check only one) — ☐ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

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. ► \$

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	376
	5a	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	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	94,180
	b	Less: direct expenses other than fundraising expenses	6b	22,520
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	71660
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ►)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	72,036
	10	Grants and similar amounts paid (attach schedule)	10	34,692
	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	
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	954
	16	Other expenses (describe ►)	16	2050
	17	Total expenses. Add lines 10 through 16	17	37,696
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	34,340
	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	25,499
	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	59,840

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	25,499	59,840
23 Land and buildings	23	
24 Other assets (describe ►)	24	
25 Total assets	25,499	59,840
26 Total liabilities (describe ►)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,499	59,840

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED NOV 12 2010

23

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	NUMEROUS ORGANIZATIONS AND INDIVIDUALS BENEFIT - CLUB DONATIONS AND INVOLVEMENT IN THE COMMUNITY, DISTRICT, STATE, AND NATION. SEE UTILITY SCHEDULE FOR TYPES OF ASSISTANCE.			
	(Grants \$ 25 TO 4500) If this amount includes foreign grants, check here ▶	<input type="checkbox"/>	28a	34,692
29				
	(Grants \$) If this amount includes foreign grants, check here ▶	<input type="checkbox"/>	29a	
30				
	(Grants \$) If this amount includes foreign grants, check here ▶	<input type="checkbox"/>	30a	
31	Other program services (attach schedule)			
	(Grants \$) If this amount includes foreign grants, check here ▶	<input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶		32	

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		<input checked="" type="checkbox"/>
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?		
38a	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 period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 is it 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		<input checked="" type="checkbox"/>
c	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 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	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.		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>N-H-</u>		
42a	The organization's books are in care of ▶ <u>CMRLL - NCHN</u> Telephone no. ▶ <u>603-224-7224</u> Located at ▶ <u>9 Brookline Ave - Cambridge, MA</u> ZIP + 4 ▶ <u>02139-5899</u>		
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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

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.

- 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 **46** ☐ **Yes** ☐ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☐ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☐ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☐ **No**
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ **Yes** ☐ **No**
- 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."

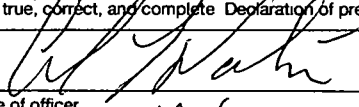
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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

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		18 Oct 2010 Date	
	CARL L. MOLIN TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Office of the New Hampshire Attorney General Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397

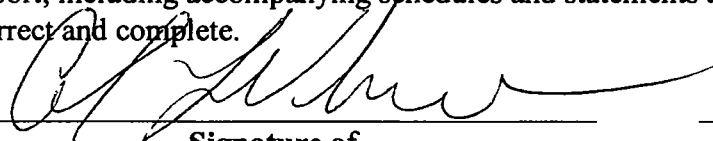
ANNUAL FILING FEE: \$75.00

Make check payable to:
State of New Hampshire

ANNUAL REPORT CERTIFICATE

CONCORD LIONS Club
Organization Name
CARL L. NOLIN, TREASURER
Fiscal Year End
5887
In Care of
P.O. Box 90
CONCORD
State Registration #
N.H. 63301
Address City State Zip

Under the penalties of perjury set forth in RSA 641:1-3, I declare that I have examined the attached report, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.


Signature of
PRESIDENT, TREASURER OR TRUSTEE
Date
19 Oct 2010
CARL L. NOLIN
(Print or Type) Name of Officer/Trustee
TREASURER
Title

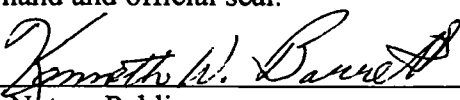
THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", please attach an explanation or definition of the authority vested in the signator.)

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

On this the 19th day of OCT, 2010 before me personally appeared the above-named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, Treasurer of the above-named organization and took oath or affirmed that the attached report including accompanying schedules and statements is to the best of his/her knowledge and belief true, correct and complete.

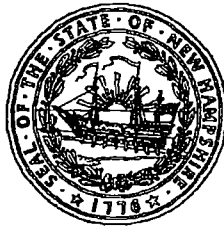
IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:


Notary Public

KENNETH W. BARRETT, Notary Public
My Commission Expires March 26, 2013

Department of Justice
33 Capitol Street
Concord, NH 03301-6397



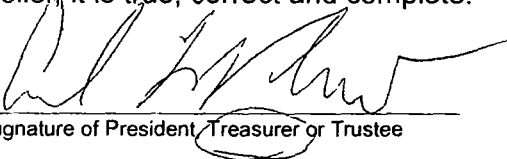
ANNUAL FILING FEE: \$75.00
Make check payable to:
STATE OF NEW HAMPSHIRE

ANNUAL REPORT CERTIFICATE

Concord Lions Club, Inc
PO Box 90
Concord NH 03302

Fiscal Year End: Aug 2010
State Registration # 5887

Under the penalties of perjury set forth in RSA 641:1-3, I declare that I have examined the attached report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.


Signature of President, Treasurer or Trustee

10 Oct 2010
Date

CARL L. NOLIN
(print or type) Name of Officer/Trustee

TREASURER
Title

THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", please attach an explanation or definition of the authority vested in the signator.)


STATE OF NEW HAMPSHIRE

COUNTY OF MERRIMACK

On this the 19TH day of OCT, 20 10 before me personally appeared the above named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, or Treasurer of the above named organization and took oath or affirmed that the attached report, including accompanying schedules and statements, is, to the best of his/her knowledge and belief, true, correct and complete

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires.


Notary Public

KENNETH W. BARRETT, Notary Public
My Commission Expires March 26, 2013

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street, Concord, NH 03301-6397

MUST BE COMPLETED
AND ATTACHED TO FILING

APPENDIX TO ANNUAL REPORT

Name of Organization: CONCORD LIONS CLUB

1. Is there currently a conflict of interest policy in effect? Yes ☒ No ☐
A Conflict of Interest Policy is required by law (see RSA 7:19 II)

2. Did any officer, Director, Trustee or member of the immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services rendered and expenses incurred in connection with their official duties?

Yes ☐ No ☒

If yes, complete the following:

A. Was any real estate transaction involved? Yes ☐ No ☐

B. Was a loan made to any director, officer or trustee? Yes ☐ No ☐

C. Was a pecuniary benefit paid in excess of \$500? Yes ☐ No ☐
If yes, attach copy of meeting minutes.

D. Was a pecuniary benefit paid in excess of \$5,000? Yes ☐ No ☐
If yes, attach a copy of:

- Public Notice
- Meeting Minutes
- Employment Contract

E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of the immediate family. Include names of recipient(s) and amount(s) of benefit as required under RSA 7:28.

NOTE: The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as required under RSA 7:24.

Organization Name: CONCORD LIONS CLUB

PART IV OFFICERS AND DIRECTORS

List ALL Officers, Directors and Trustees. Boards of Directors of voluntary corporations MUST have at least five (5) members who are not related by blood or marriage.

Name TOM GENO
Home Address INTERVALE ROAD
CANTERBURY, NH 03224
Position Held PRESIDENT
Daytime Phone 603-783-3365

Name ROBERT BIBBER
Home Address 3 FISHER ST
CONCORD, NH 03301
Position Held PAST PRESIDENT
Daytime Phone 603-226-4946

Name CHARLES - PUTNAM
Home Address 3 REMINGTON COURT
PEMBROKE, NH 03275
Position Held SECRETARY
Daytime Phone 603-485-3943

Name CARL L. NOLIN
Home Address 9 BROOKINGROAD DRIVE
CONCORD, NH 03301
Position Held TREASURER
Daytime Phone 603-224-7224

Name ROBERT ADDARIO
Home Address 570 ROUTE 3A
BOW, NH 03304
Position Held DIRECTOR
Daytime Phone 603-227-9255

Attach sheet if additional space is required.

UTILITY SCHEDULE

Name CONCORD Lions Club

EMPLOYER
Identification No. 026012353
STATE REGISTRATION - 5887

Address P.O. Box 90

CONCORD, NH-03302-0090

Form 990 EZ Schedule

Line PART 1
LINE 10

Year 2009/2010

A. YOUTH & SPORTS ACTIVITIES + Scholarships	19,793
B. LOCAL, DIST, & NATIONAL SIGHT & HEARING PROGRAMS	10,417
C. COMMUNITY & SERVICE DONATIONS	4,482
TOTAL	34,692

GAMING WORK SHEET - 2009-2010

SEABOARD POKER - LLC

SEABROOKE GAMING INC -

INCOME FROM FISCAL YEAR (2008/2009) \$ 30,687

" " " " (2009/2010) \$ 31,118

TOTAL \$ 61,805

Gaming Lion Club Fee 2009/2010

Sec of STATE - NH \$ 25

STATE of NH - AG \$ 75

Gaming Commission \$ 250

Gaming Clearance \$ 125

DISTRIBUTION of Gaming PROCEEDS
(see utility schedule) 2009/2010 \$ 34,692

BANKING INFO 2009/2010

	STARTING Balance	ENDING Balance
SOVEREIGN #1 (Gaming)	1,172.71	36,025.98
SOVEREIGN #2 (Admin)	4,303.15	4,867.29
Merrimack #3 (Activity)	4,849.21	1,947.02
VANGUARD (Scholarship Fund)	15,174.45	16,999.61
TOTALS	25,499.52	59,839.90

Concord Lions Club

P.O. Box 90

Concord, N.H. 03301

TREASURER -

C. Nolan - 603-224-7214