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Short Form
Return of Organization Exempt From Income Tax

2011

Open to Public
InspectionUnder 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, 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.

A For the 2011 calendar year, or tax year beginning

1 JULY

, 2011, and ending

30 JUNE

, 2012

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

CONCORD LIONS CLUB

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

P. O. Box 90

Room/suite

/

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

CONCORD, NH. 03302-0090

D Employer identification number

026012353

E Telephone number

603-224-7224

F Group Exemption

Number ► 0239

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally 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 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, line 25, column (B) below) are \$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.)

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

SCANNED NOV 01 2012
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
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)	
6 Gaming and fundraising events	5c
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 17,555
c Less: direct expenses from gaming and fundraising events	6c (9538)-
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 27,093
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)	
8 Other revenue (describe in Schedule O)	7c
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8
10 Grants and similar amounts paid (list in Schedule O)	9
11 Benefits paid to or for members	10 27,540
12 Salaries, other compensation, and employee benefits	11
13 Professional fees and other payments to independent contractors	12
14 Occupancy, rent, utilities, and maintenance	13
15 Printing, publications, postage, and shipping	14
16 Other expenses (describe in Schedule O)	15 914
17 Total expenses. Add lines 10 through 16	16 4,494
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 36,425
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)	18 (-8885)
20 Other changes in net assets or fund balances (explain in Schedule O)	19 35,325
21 Net assets or fund balances at end of year. Combine lines 18 through 20	20 26,440
	21 P

Part II Balance Sheets. (see the instructions for Part II.)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	35,325	26,440
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	35,325	26,440
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,325	26,440

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

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

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 _____

If this amount includes foreign grants, check here ▶ □

R _____

28a 31,017

1

(Grants \$) If this amount includes foreign grants, check here . . . ►

29a

30

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30a

31 Other program services (describe in Schedule O)

B1a

32 Total program service expenses (add lines 28a through 31a)

structure

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

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

(a) Name and address	(b) Title and 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
JAMES MANCINI SOUTH STATE ST. (on load), NH	PRESIDENT SIX(6)	0	0	0
CHARLIE - NOLIN 9 BROKEN GROUND DR. Concord, NH	TREASURER THREE(3)	0	0	0

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

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 ✓

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 ✓

35a 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 ✓

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

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 ✓

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

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 ✓

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 tax year covered by this return? 38a ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations. Enter: 39a

a Initiation fees and capital contributions included on line 9 39b

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 ► 40b ✓

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 40e ✓

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 40e ✓

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e ✓

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 40e ✓

41 List the states with which a copy of this return is filed. ► NH 41

42a The organization's books are in care of ► Carl L. Nguin Telephone no. ► 603-224-7224 Located at ► 9 Brokenland DR. Concord, NH ZIP + 4 ► 03301-5899 42b ✓

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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c ✓

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► 43

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

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 ✓

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 ✓

c Did the organization receive any payments for indoor tanning services during the year? 44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a ✓

45b 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 Form 990-EZ (see instructions) 45b ✓

	Yes	No
33	✓	
34	✓	
35a	✓	
35b		
35c	✓	
36		
37a		
37b	✓	
38a	✓	
40b		✓
40e		✓
41		
42a		
42b	✓	
42c		✓
43		
44a	✓	
44b	✓	
44c	✓	
44d	✓	
45a	✓	
45b		✓

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	Yes <input type="checkbox"/> No <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 47-49b and 52, and complete the tables for lines 50 and 51.		46 <input checked="" type="checkbox"/>																														
Check if the organization used Schedule O to respond to any question in this Part VI		<input type="checkbox"/>																														
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	Yes <input type="checkbox"/> No <input type="checkbox"/>																														
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47 <input type="checkbox"/>																														
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48 <input type="checkbox"/>																														
b	If "Yes," was the related organization a section 527 organization?	49a <input type="checkbox"/>																														
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."	49b <input type="checkbox"/>																														
<table border="1"> <tr> <td>(a) Name and address of each employee paid more than \$100,000</td> <td>(b) Title and average hours per week devoted to position</td> <td>(c) Reportable compensation (Forms W-2/1099-MISC)</td> <td>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td> <td>(e) Estimated amount of other compensation</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		(a) Name and address of each employee paid more than \$100,000	(b) Title and 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																										<i>None</i>
(a) Name and address of each employee paid more than \$100,000	(b) Title and 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 border="1"> <tr> <td>(a) Name and address of each independent contractor paid more than \$100,000</td> <td>(b) Type of service</td> <td>(c) Compensation</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation																<i>None</i>												
(a) Name and address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <i>Carl L. Nolin</i>	Date <i>10/8/2012</i>																														
	Type or print name and title <i>CARL L. NOLIN TREASURER</i>																															
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 ► <input type="checkbox"/> Yes <input type="checkbox"/> No																																

GAMING WORK SHEET 2011-2012
SEABROOK GAMING INC.

INCOME FROM FISCAL YEAR 2008-2009 - \$30,687
" " " " " 2009-2010 - \$31,118
" " " " " 2010-2011 - \$0.00
" " " " " 2011-2012 - \$19,567

STATE FEES -

STATE AG - Annual Report \$75 -
SECURITY PLANNER \$125 -
N.H. RACING COMMISSION \$250

20140 TICKET SALES \$4,530 -
WINNING TICKETS PAID \$1,800 -
\$2,730

DISTRIBUTION OF GAMING - \$31,017 -
* SEE ATTACHED UTILITY SCHEDULE -

BANKROLL INFO 2011-2012
SOVEREIGN #1(GAMING) ~~OC151151M21~~ \$10,500.80 END
SOVEREIGN #2(ADMIN) 630.11 496.30
MIZERIMIREK #3(ACTIVITY) 2,410.66 1,704.56
Vanguard - 21,783.35 22,481.74
\$35,325 \$26,439.50

CONCORD LIONS CLUB
P.O. BOX 90
CONCORD, NH 03301

TREASURER - C. NELIN 603-224-7224

UTILITY SCHEDULE

Name Concord Lions Club Employer Identification No. 026012353
Address P.O. Box 90 STATE REGISTRATION 5587
Concord, NH 03302 -0090
Form 990EZ Schedule - Line Part 1 Year 2011/2012
Line 10

A. Youth - sports - Competitions - Scholarships - etc	\$11,320
B. Local, District, National Sight & Hearing Programs	\$12,908
C. Community services & Donations	\$6,789
	<u>\$31,017</u>

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 James Martin

Home Address 70 SOUTH STATE ST.
CONCORD, NH 03301

Position Held PRESIDENT

Daytime Phone 603-226-4954 work 224-2511

Name Tom Genc

Home Address INTERSTATE ROAD
CANTERBURY, NH 03224

Position Held PAST PRESIDENT

Daytime Phone 603-783-3365

Name Charles Putnam

Home Address 3 REMMINGTON COURT
Pembroke, NH 03275

Position Held SECRETARY

Daytime Phone 603-485-3943

Name Carl L. Nelson

Home Address 9 Brookwood DRIVE
Concord, NH 03301

Position Held TA & TSKR

Daytime Phone 603-224-7224

Name Robert Appel

Home Address 520 Route 3A
Boscawen, NH 03304

Position Held DIRECTOR

Daytime Phone 603-227-9255

Attach sheet if additional space is required.

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.