



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax

2012

Open to Public  
Inspection

- 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, 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 2012 calendar year, or tax year beginning

1 JULY, 2012, and ending

30 JUNE, 2013

## B Check if applicable

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

## C Name of organization

CONCORD LIONS CLUB (NON PROFIT)  
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
P.O. Box 90 \_\_\_\_\_  
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 ► 0239G 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: ► \_\_\_\_\_

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 

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 4013
	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 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 19,500
	c Less: direct expenses from gaming and fundraising events	6c (5670)
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 25,470
	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 in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6d, 7c, and 8	9 29,483
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 27,199
	11 Benefits paid to officers or 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	15 544
	16 Other expenses (describe in Schedule O)	16 529
Net Assets	17 Total expenses. Add lines 10 through 16	17 28,272
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1211
	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 26,440
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 27,651

**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 . . . . .	26,440	27,651
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .		24
25	<b>Total assets</b> . . . . .	26,440	27,651
26	Total liabilities (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	26,440	27,651

**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 \_\_\_\_\_

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

29

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

30

(Grants \$  ) If this amount includes foreign grants, check here . . . . ►   
31 Other program services (describe in Schedule Q)

31 Other program services (describe in Schedule C)  (Grants \$ If this amount includes foreign grants, check here)

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

**Part IV** List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions). Check if the organization used Schedule O to respond to any question in this Part IV.

**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 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
SEAN T. NELIN 9 BROKERS ROAD, DALE 8 CONCORD, NH 03301	PROSPECT (6)	0	0	0
CALL L. NELIN 9 BROKERS ROAD, DALE 8 CONCORD, NH 03301	PROSPECT (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

	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	✓
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	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	MA
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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	40e	✓
41 List the states with which a copy of this return is filed ► N-H-		
42a The organization's books are in care of ► Carl h. NOLIN Telephone no. ► 603-224-7224 Located at ► 9 Braken Ground 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 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	✓
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
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	44c	✓
c Did the organization receive any payments for indoor tanning services during the year?	44d	✓
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	45a	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45b	✓
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)		

		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	<input checked="" type="checkbox"/>

**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."		

(a) Name and title of each employee paid more than \$100,000	(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."

(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 ►  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.

<b>Sign Here</b>	Signature of officer	Date
	PARK L. VOLIN - TREASURER	
Type or print name and title		9/26/13

<b>Paid Preparer Use Only</b>	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 ►  Yes  No

Concord Lions Club  
P.O. Box 90  
Concord, N.H. 03301

C. Nohlin  
603-224-7224

2012-2013 TAX  
Report

① SEABROOK GAMING INC -

(a) FISCAL year 2010-2011	TAX REPORT	00.00
(b) .. .. 2011-2012	.. ..	19,567
(c) .. .. 2012-2013	.. ..	16,330

② STATE Fees -

	<u>COST</u>
STATE AG Report	\$175-
Clearance Requests	125-
NH RARE/Cherry Report	<u>250</u>
	\$450.00

③ 2012 Raffle

Sales	\$5,250
Payoffs	1,780
Result	<u>+\$3,470</u>

④ DISTRIBUTION OF GAMING \$27,199 -  
\* See ATTACHED utility schedule

⑤ BANKING INFO

	START	END
SOVEREIGN #1	1,756.90	2,697.54
SOVEREIGN #2	496.30	00.00
MERRIMACK	1,704.56	2,120.11
VANGUARD -	<u>22,481.74</u>	<u>82,783.71</u>
	<u>\$26,439.50</u>	<u>\$27,651.36</u>

## UTILITY SCHEDULE

Name Concord Lions Club Employer 026012353  
Address P.O. Box 90 Identification No. STATE Reg - 5887  
Concord, NH 03302-0090  
Form 990EZ Schedule ✓ Line PART #1 Year 2012/2013  
Line 10

A- YOUTH ACTIVITIES - SPORTS, CAMPSHIPS, SCHOLARSHIPS ETC	8,170
B. LOCAL, DISTRICT, NATIONAL - SUPPORT PROGRAMS	14,150
C. COMMUNITY SERVICES PROGRAMS - DONATIONS	4,879
TOTAL	27,199

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 SEBASTIAN T. NOLIN

Home Address 9 BROKEN GROUND DRIVE  
Concord, NH 03301

Position Held PRESIDENT

Daytime Phone 603-224-7224

Name CHARLES MARTINI

Home Address 705 STATE ST.  
Concord, NH 03301

Position Held PAST President / Secretary

Daytime Phone 603-226-4754 work 224-2519

Name CHARLES PATRICK

Home Address 3 REMINGTON COURT  
PEMBROKE, NH 03275

Position Held ASST. Secretary

Daytime Phone 603-485-13943

Name CARL L. NOLIN

Home Address 9 BROKEN GROUND DRIVE  
Concord, NH 03301

Position Held TREASURER

Daytime Phone 603-224-7224

Name ROBERT ADDARIO

Home Address 370 RTE 3A  
BOW, NH 03304

Position Held DIR. OF R.

Daytime Phone 603-227-9255

Attach sheet if additional space is required.