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Short Form

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► 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.

A For the 2013 calendar year, or tax year beginning

1 JULY

, 2013, and ending

30 JUNE, 2014

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

D Employer identification number

026012353

E Telephone number

603-224-7224

City or town, state or province, country, and ZIP or foreign postal code

CONCORD, NH 03301-0090

F Group Exemption

Number ► 0239

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527K 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. ► \$

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 1770
	4 Investment income	4 483
	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 27,950
Expenses	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 (21,91)
	c Less: direct expenses from gaming and fundraising events	6c 75,758
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 25,758
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b 140
	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, 5c, 6d, 7c, and 8 ►	9 28,011
	10 Grants and similar amounts paid (list in Schedule O)	10 19,176
Net Assets	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	15 835
	16 Other expenses (describe in Schedule O)	16 16,92
	17 Total expenses. Add lines 10 through 16 ►	17 26,803
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 6,208
	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 27,651
	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 33,859

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2013)

gV

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	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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.	35a	✓
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?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	
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	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 period 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		
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 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		
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. ► _____		
42a The organization's books are in care of ► _____ Located at ► _____	Telephone no. ► _____	ZIP + 4 ► _____
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)?	42b	✓
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 of 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	□
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	45	✓

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

(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

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
John E		

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

Sign Here	<p>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.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="flex: 1;"> <p>► </p> <p>Signature of officer</p> <p>► </p> <p>Type or print name and title</p> </div> <div style="flex: 1; text-align: right;"> <p>19/16/2014</p> <p>Date</p> </div> </div>	
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Paid Preparer's Use Only	Preparer's signature 	<i>N/A</i>	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

Yes No

Form 990-EZ (2009)

GAMING WORKSHEET

SEA BROOK GAMING INC.

2013-2014

Concord Lions Club

1) (a) FISCAL year TAX REPORT 2011-2012 - \$19,567
(b) " " 2012-2013 - \$16,330
(c) " " 2013-2014 " 16,455
P.O. Box 90
Concord, NH 03301-0090

② GAMING FEES

STATE AG REPORT \$75
CLEARANCE REQUESTS \$125
NH-RACING & CHARITY \$250
GAMING COSTS (SEA.BROOK) \$3,000

③ 20/20 Program

SALES \$4,170
PAYOUT \$1,820

④ Gaming Distribution

see UTIL. sheet - \$19,276

⑤ Banking INFO

	START	END
(a) SANTANDER	\$2,692	\$3,726
(b) MERRIMACK	\$2,170	\$2,305
(c) VANGUARD	\$22,894	\$27,828
End of year	\$33,859	

TREASURER - Peter Nolin
224-7224

UTILITY SCHEDULE

Name Concord Lions Club Employer 026012353
Address P.O. Box 90 Identification No. STATE - 5887
Concord, NH 03302-0090
Form 990EZ Schedule ✓ Line Part #1 Year 2013-2014
LINE-10

A. YOUTH ACTIVITIES - SPORTS - COMPETITIONS - etc	3,997
B. LOCAL, DISTRICT, NATIONAL SIGHT & HEARING	13,402
C. COMMUNITY SERVICES & DONATIONS	1,877
TOTAL	19,276

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 CARRIE DUDLEY
Home Address 75 S. MAIN ST. Concord, NH 03301-0000
Position Held PRESIDENT
Daytime Phone 603-320-8165

Name JAMES MANCINI
Home Address 90 S. STATE ST. Concord, NH 03301
Position Held PAST PRESIDENT - SECRETARY
Daytime Phone 603-226-4754 W/C 224-2517

Name Carl Miller
Home Address 4 Blackberry Road DR. Concord, NH 03301
Position Held TREASURER
Daytime Phone 603-224-0224

Name Bob Hodder
Home Address 570 Route 3A
BEN, NH 03304
Position Held DIRECTOR
Daytime Phone 603-227-9255

Name Charlie Putnam
Home Address 12 PINE ACRES ROAD #1218
Concord, NH 03301-6083
Position Held DIRECTOR
Daytime Phone 603-715-2207

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: _____

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)

If No, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary): _____

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? (see RSA 7:19-a) 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 each of the following:

- o Public Notice made pursuant to RSA 7:19-a, II (d)
- o Meeting Minutes
- o Employment Contract

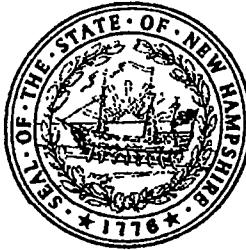
E. Provide a list of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

Name of Trustee: _____ Nature & Amount of Benefit: _____

Name of Trustee: _____ Nature & Amount of Benefit: _____

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 authorized under RSA 7:24.

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: June 2014
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.

A handwritten signature of Carl L. Nolin.

Signature of
PRESIDENT, TREASURER OR TRUSTEE

Date

A handwritten date of 9/16/14.

Title

A handwritten title of Treasurer.

(Print or Type) Name of Officer/Trustee

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 signatory.)

STATE OF

COUNTY OF

On this the 11th day of September, 2014 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:

BONNIE L. ADDARIO, Notary Public
My Commission Expires December 9, 2014

A handwritten signature of Bonnie L. Addario.

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT

33 Capitol Street
Concord, NH 03301-6397

SEE ATTACHED
990EZ for

Register of Charitable Trusts

TMX year 2013 Form NHCT-2A
2014

ANNUAL REPORT

FISCAL
For the calendar year 1 JULY 2013
and ending 30 JUNE 2014

DCPS!

or fiscal year beginning

Registration number 25897

NAME OF ORGANIZATION: Concord Lions Club
ADDRESS: P O - BOX 90 - CONCORD, NH - 03301

Please make name/address corrections here:

A) Employer or Federal ID Number:

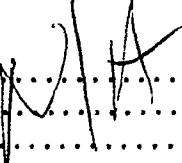
B) Tax exempt under section 501 (c) (): check here if application for exemption is pending ()

C) Group return filed for affiliates? Yes No

Separate return filed by group affiliate? Yes No

**PART I STATEMENT OF SUPPORT, REVENUE, AND EXPENSES AND CHANGES IN
FUND BALANCES:**

Support and Revenue

1) Contributions, gifts, grants  \$
2) Program service revenue (see part V)
3) Membership dues and assessments
4) Interest on savings and cash investments
5) Dividends and interest from securities
9) Special fundraising events and activities

(Attach schedule, see instructions #6)

a) Gross revenue \$
b) Minus: direct expenses
c) Net income (line 9a minus line 9b)
11) Other revenue (see part V)
12) Total revenue (add lines 1,2,3,4,5,9(c) and 11)

Expenses

13) Program services (program service charities only) (see Part III)
14) Management and general (see line 44)
17) Total expenses (add lines 13 and 14)

Fund Balances Lines 18 Through 21 Must Be Completed

18) Excess (deficit) for the year (line 12 minus line 17)
19) Fund balances or net worth at the beginning of the year..(see line 75)
20) Other changes in net assets or fund balance

(ATTACH EXPLANATION)

21) Fund balances or net worth at end of year (add lines 18 and 19)(see also line 75)