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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 private foundations)

OMB No. 1545-1150

2013**Open to Public Inspection**Department 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) Room/suite
P.O. Box 90
City or town, state or province, country, and ZIP or foreign postal code
CONCORD, NH 03301-0090

D Employer identification number
026012353

E Telephone number
603-224-7224

F Group Exemption Number ▶ 0239

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: ▶ _____

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. ▶ \$ _____

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	1																1											
	2																2											
	3																3	1770										
	4																4	483										
	5a																5a											
	b																5b											
	c																5c											
	6																6											
	a																6a	27,950										
Expenses	b																6b	(2192)										
	c																6c	25,758										
	d																6d	25,758										
	7a																7a											
	b																7b											
	c																7c											
	8																8											
	9																9	28,011										
	10																10	19,226										
	11																11											
12																12												
13																13												
14																14												
15																15	835											
16																16	1692											
17																17	21,803											
Net Assets	18																18	6,208										
	19																19	27,651										
	20																20											
	21																21	33,859										

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

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	27,651	22 33,859
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	27,651	25 33,859
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,651	27 33,859

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	▶	<input type="checkbox"/>
29			
(Grants \$)	If this amount includes foreign grants, check here	▶	<input type="checkbox"/>
30			
(Grants \$)	If this amount includes foreign grants, check here	▶	<input type="checkbox"/>
31	Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here	▶	<input type="checkbox"/>
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 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
CARRIE A. DUDLEY 75 S. MAIN ST. CONCORD, N.H. 03301	PRESIDENT (6)	0	0	0
JAMES MANCINI S. STATE ST. CONCORD, N.H. 03301	SECRETARY (6)	0	0	0
CARL L. NOLAN 9 BROKEN GROUND DRIVE CONCORD, N.H. 03301	(3) TREASURER	0	0	0

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		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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 <u>N/A</u>		
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. ▶ _____		
42a The organization's books are in care of ▶ _____ Telephone no. ▶ _____		
Located at ▶ _____ 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)?		<input checked="" type="checkbox"/>
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 .		
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		<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. Yes No
 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 46 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."

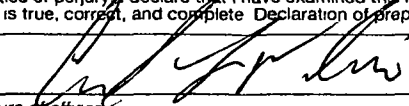
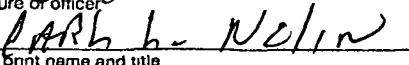
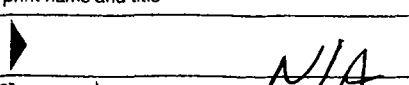
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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		9/16/2014 Date		
Paid Preparer's Use Only	 Type or print name and title				
	Preparer's signature  Firm's name (or yours if self-employed) address, and ZIP + 4	Date N/A	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) 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				

GAMING WORKSHEET

SEABROOK GAMING INC.

TAX REPORT.

- 1) (a) FISCAL YEAR 2011-2012 - \$19,567
(b) " " 2012-2013 - \$16,330
(c) " " 2013-2014 " 16,455

2013-2014

CONCORD LIONS CLUB

P.O. BOX 90

CONCORD, NH. 03301-0090

2) GAMING FEES

STATE AG REPORT \$75
CLEARANCE REQUESTS \$125
NH RACING & PHARITY \$.250
GAMING COSTS (SEABROOK) \$3,000

3) 20/20 PROGRAM

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

4) GAMING DISTRIBUTION

SEC. UTIL. & SHEET - \$19,276

5) BANKING INFO

	START	END
(a) SANTANDER	\$2,697	\$3,726
(b) MERRIMACK	\$2,170	\$2,305
(c) VAN GUINEN	\$22,874	\$27,828
END OF YEAR		\$33,859

TREASURER - PAUL NELIN
224-7224

UTILITY SCHEDULE

Name CONCORD Lions Club Employer 026012353
Identification No.

Address P.O. Box 90 STATE - 5887

CONCORD, NH-03302-0090

Form 990EZ Schedule ✓ Line PART#1 Year 2013-2014
LINE-10

A. Youth Activities - sports - championships - 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 603-520-8165

Name JAMES MANCINI
Home Address 70 S. STATE ST.
CONCORD, NH 03301
Position Held PAST PRESIDENT - SECRETARY
Daytime Phone 603-226-4954 WK 224-2517

Name CHILL NELSON
Home Address 4 Backen Road Dr.
CONCORD, NH 03301
Position Held TREASURER
Daytime Phone 603-224-9224

Name BOB HODDARDO
Home Address 570 ROUTE 3A
BEW, 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 in cursive script.

Signature of

PRESIDENT, TREASURER OR TRUSTEE

Date

9/16/14

The name "CARL L. NOTIN" printed in a stylized font.

(Print or Type) Name of Officer/Trustee

Title

TREASURER

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 16th 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 in cursive script.

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT

33 Capitol Street
Concord, NH 03301-6397

SEE ATTACHED
990 E & F

Register of Charitable Trusts

Tax year 2013 - 2014 Form NHCT-2A

ANNUAL REPORT

For the ~~calendar~~ ^{FISCAL} year 15 JULY 2013
and ending 30 JUNE 2014

or fiscal year beginning
Registration number 5897

NAME OF ORGANIZATION: CONCORD HIGHS CLUB
ADDRESS: PO BOX 90 - CONCORD, NH - 03301
Please make name/address corrections here:

- A) Employer or Federal ID Number: _____
D) Tax exempt under section 501 (c) (): _____ check here if application for exemption is pending ()
G) 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)