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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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 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

Form 990-EZ

Department of the Treasury
Internal Revenue Service

For the 2009 calendar year, or tax year beginning **09/01/09**, and ending **08/31/10**

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization NH CAMPGROUND OWNER'S ASSOCIATION Number and street (or P O box, if mail is not delivered to street address) Room/suite 1545 DOVER ROAD, PO BOX 1074 City or town, state or country, and ZIP + 4 EPSOM NH 03234	D Employer identification number 02-0316629 E Telephone number 603-736-5540 F Group Exemption Number ▶
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• 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 ▶ www.ucamphn.com
J Tax-exempt status (check only one) — 501(c) (**6**) ◀ (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 ▶ \$ **388,762**

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

	1 Contributions, gifts, grants, and similar amounts received		107,332
	2 Program service revenue including government fees and contracts		281,072
	3 Membership dues and assessments		
	4 Investment income		358
	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	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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	388,762
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	75,292
	13 Professional fees and other payments to independent contractors	13	4,138
	14 Occupancy, rent, utilities, and maintenance	14	15,030
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See Statement 1)	16	256,930
	17 Total expenses. Add lines 10 through 16	17	351,390
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	37,372
	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	247,482
	20 Other changes in net assets or fund balances (attach explanation)	20	4
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	284,858

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	573,968	530,778
23 Land and buildings		
24 Other assets (describe ▶ See Statement 2)	6,271	59,608
25 Total assets	580,239	590,386
26 Total liabilities (describe ▶ See Statement 3)	332,757	305,528
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	247,482	284,858

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

Form 990-EZ (2009)

nl 1A

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>Promotion of camping in New Hampshire</u>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. 28 See Statement 4	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
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

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEVE HURST NORTH CONWAY PO BOX 546 N RTE 16 NH 03860	PRESIDENT 1.00	0	0	0
DAVID REYNOLDS HAMPSTEAD PO BOX 626 NH 03484	PAST PRESIDENT 1.00	0	0	0
DAVID REDFEARN DOVER 46 OLD STAGE ROAD NH 03823	VICE PRESIDENT 1.00	0	0	0
ANNE BOLES HOLDERNESS 245 RT 3 NH 03245	SECRETARY 1.00	0	0	0
NEAL EMERSON HAMPSTEAD 24 AMY LANE NH 03841	TREASURER 1.00	0	0	0
GREGG PITMAN EPSOM 1545 DOVER ROAD NH 03234	EXECUTIVE DIRECTOR 40.00	54,925	0	0
DIANNE BATTLES FREEDOM 196 SHAWTOWN ROAD NH 03836	DIRECTOR AT LARGE 1.00	0	0	0
GREGG GOLDBERG CONTOOCOOK 677 CLEMENT HILL ROAD NH 03229	DIRECTOR AT LARGE 1.00	0	0	0
LEO SPENCER CHOCORUA PO BOX 484 NH 03817	DIRECTOR AT LARGE 1.00	0	0	0
CHRISTINE BOUCHIE RINDGE 21 WOODMORE DRIVE NH 03461	DIRECTOR AT LARGE 1.00	0	0	0
BOB CUMMINGS LANCASTER PO BOX 475 NH 03584	DIRECTOR 1.00	0	0	0
GARY MARIQUE MILTON PO BOX 830 NH 03851	DIRECTOR 1.00	0	0	0
RICK BAGLEY WEARE 285 S STARK HIGHWAY NH 03281	DIRECTOR 1.00	0	0	0
SCOTT CHRISTOPHERS HANCOCK 24 LONGVIEW ROAD NH 03449	DIRECTOR 1.00	0	0	0
BARBARA PALM MEREDITH 189 NH RTE 25 NH 03253	DIRECTOR 1.00	0	0	0
DANA ANDERSON EXETER 190 COURT STREET NH 03833	DIRECTOR 1.00	0	0	0
SYLVIA LEGGETT ALTON 76 GILMANS CORNER ROAD NH 03809	DIRECTOR 1.00	0	0	0
JASON SULLIVAN TWIN MOUNTAIN PO BOX 129 NH 03595	DIRECTOR 1.00	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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
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?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
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		
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		X
41	List the states with which a copy of this return is filed ▶ NH		
42a	The organization's books are in care of ▶ NH CAMPGROUND OWNERS ASSO Telephone no ▶ 603-735-5540 1545 DOVER ROAD Located at ▶ EPSOM, NH ZIP + 4 ▶ 03234		
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		X
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 ▶ _____		X
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		X
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		X

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

- | | | Yes | No |
|---|-----|-----|----|
| 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 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization operating 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.

▶ Greg Pitman Date 12/13/10
 Signature of officer

▶ Greg Pitman, Executive Director
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Olga Mropps Date 12/10/10 Check if self-employed Preparer's Identifying Number (See instr) P00940588

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LIFETIME Tax & Accounting PLLC
261 Sheep Davis Rd Ste 6
Concord, NH 03301 EIN ▶ 26-3806257
 Phone no ▶ 603-491-2508

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
CAMPING SHOW	\$
OTHER	38,099
FACILITY RENT	19,160
ADVERTISING	23,925
Expenses	36,452
	2,361
	3,799
	11,458
	8,310
BAD DEBT EXPENSE	12,826
POSTAGE	12,246
OFFICE MAINTENANCE	3,475
PROPERTY TAXES	3,124
TELEPHONE	3,112
UTILITIES	2,522
VEHICLE	2,086
MISCELLANEOUS	1,216
STATE TAXES AND LICENSES	699
DESIGN AND PRINTING COSTS	63,932
BROCHURE DISTRIBUTION	8,128
Total	<u>\$ 256,930</u>

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Other Decreases	\$ -15,026
Book / Tax Deprec Difference	15,030
Total	<u>\$ 4</u>

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Pledges Receivable	\$ 5,007	\$ 63,365
Less Allowance		6,336
Prepaid Expenses and Deferred Charges	1,264	2,579
	<u>6,271</u>	<u>59,608</u>

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 508	\$.121
Deferred Revenue	145,339	127,577
Mortgage and Other Notes Payable	186,910	177,830
	<u>332,757</u>	<u>305,528</u>

**Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service
Accomplishments**

Description

The purpose for which this corporation as established is to promote seasonal and overnight camping within the State of New Hampshire. To coordinate the activities of the owners of camping sites, and facilities who shall belong to this association in the improvement of their own facilities, and others throughout the State. To promote and encourage persons living outside and within the State to use facilities in this State. To carry on such other activities and functions which are related and will promote the aforementioned purposes.

1.Promotion of our members through

a.NH Guide

b.Website

c.Shows

2.Education of our members

a.Resources

b.Educational meetings

c.Campground review visits

3.Information/Resources to the public

People benefited: 170 campground members, 200,000+ campers annually