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# Short Form Return of Organization Exempt From Income Tax

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.

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceFor the 2009 calendar year, or tax year beginning **09/01/09**, and ending **08/31/10**

Check if applicable:

Address change

Name change

Initial return

Termination

Amended return

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)

**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

Number

• 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	1	<b>107,332</b>
2	Program service revenue including government fees and contracts	2	<b>281,072</b>
3	Membership dues and assessments	3	
4	Investment income	4	<b>358</b>
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ►	9	<b>388,762</b>
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	<b>75,292</b>
13	Professional fees and other payments to independent contractors	13	<b>4,138</b>
14	Occupancy, rent, utilities, and maintenance	14	<b>15,030</b>
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► <b>See Statement 1</b> )	16	<b>256,930</b>
17	<b>Total expenses.</b> Add lines 10 through 16. ►	17	<b>351,390</b>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>37,372</b>
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	<b>247,482</b>
20	Other changes in net assets or fund balances (attach explanation)	20	<b>4</b>
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. ►	21	<b>284,858</b>

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

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

Form 990-EZ (2009)

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**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?

Promotion of camping in New Hampshire

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 ☐

28a

29

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

29a

30

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

30a

31 Other program services (attach schedule)

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

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	PRESIDENT			
PO BOX 546 N RTE 16	NH 03860	1.00	0	0	0
DAVID REYNOLDS	HAMPSTEAD	PAST PRESIDENT			
PO BOX 626	NH 03484	1.00	0	0	0
DAVID REDFEARN	DOVER	VICE PRESIDENT			
46 OLD STAGE ROAD	NH 03823	1.00	0	0	0
ANNE BOLES	HOLDERNESS	SECRETARY			
245 RT 3	NH 03245	1.00	0	0	0
NEAL EMERSON	HAMPSTEAD	TREASURER			
24 AMY LANE	NH 03841	1.00	0	0	0
GREGG PITMAN	EPSOM	EXECUTIVE DIRECTOR			
1545 DOVER ROAD	NH 03234	40.00	54,925	0	0
DIANNE BATTLES	FREEDOM	DIRECTOR AT LARGE			
196 SHAWTOWN ROAD	NH 03836	1.00	0	0	0
GREGG GOLDBERG	CONTOOCOOK	DIRECTOR AT LARGE			
677 CLEMENT HILL ROAD	NH 03229	1.00	0	0	0
LEO SPENCER	CHOCORUA	DIRECTOR AT LARGE			
PO BOX 484	NH 03817	1.00	0	0	0
CHRISTINE BOUCHIE	RINDGE	DIRECTOR AT LARGE			
21 WOODMORE DRIVE	NH 03461	1.00	0	0	0
BOB CUMMINGS	LANCASTER	DIRECTOR			
PO BOX 475	NH 03584	1.00	0	0	0
GARY MARIQUE	MILTON	DIRECTOR			
PO BOX 830	NH 03851	1.00	0	0	0
RICK BAGLEY	WEARE	DIRECTOR			
285 S STARK HIGHWAY	NH 03281	1.00	0	0	0
SCOTT CHRISTOPHERS	HANCOCK	DIRECTOR			
24 LONGVIEW ROAD	NH 03449	1.00	0	0	0
BARBARA PALM	MEREDITH	DIRECTOR			
189 NH RTE 25	NH 03253	1.00	0	0	0
DANA ANDERSON	EXETER	DIRECTOR			
190 COURT STREET	NH 03833	1.00	0	0	0
SYLVIA LEGGETT	ALTON	DIRECTOR			
76 GILMANS CORNER ROAD	NH 03809	1.00	0	0	0
JASON SULLIVAN	TWIN MOUNTAIN	DIRECTOR			
PO BOX 129	NH 03595	1.00	0	0	0

DAA

**Part V Other Information** (Note the statement requirements in the instructions for Part V)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
<b>35</b> 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		
<b>a</b> 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?	<b>X</b>	
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>X</b>	
<b>36</b> 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		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr <span style="float: right;">▶ <b>37a</b></span>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> 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?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b></span>		
<b>39</b> Section 501(c)(7) organizations Enter <span style="float: right;"><b>39a</b></span>		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b></span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b></span>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float: right;">▶</span> _____, section 4912 <span style="float: right;">▶</span> _____, section 4955 <span style="float: right;">▶</span> _____		
<b>b</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 <span style="float: right;"><b>40b</b></span>		
<b>c</b> 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 <span style="float: right;">▶</span> _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶</span> _____		
<b>e</b> 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 <span style="float: right;"><b>40e</b></span>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <span style="float: right;">▶ <b>NH</b></span>		
<b>42a</b> The organization's books are in care of <span style="float: right;">▶ <b>NH CAMPGROUND OWNERS ASSO</b></span> Telephone no <span style="float: right;">▶ <b>603-735-5540</b></span> <b>1545 DOVER ROAD</b> Located at <span style="float: right;">▶ <b>EPSOM, NH</b></span> ZIP + 4 <span style="float: right;">▶ <b>03234</b></span>		
<b>b</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)? <span style="float: right;"><b>42b</b></span>		<b>X</b>
If "Yes," enter the name of the foreign country <span style="float: right;">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? <span style="float: right;"><b>42c</b></span>		<b>X</b>
If "Yes," enter the name of the foreign country <span style="float: right;">▶</span> _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float: right;">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <b>43</b></span>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float: right;"><b>44</b></span>		<b>X</b>
<b>45</b> 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 <span style="float: right;"><b>45</b></span>		<b>X</b>

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NH CAMPGROUND OWNER'S ASSOCIATION 02-0316629

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**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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

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"

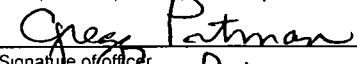
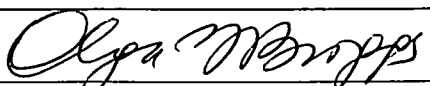
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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		Date <u>12/13/10</u>	
	Type or print name and title <u>Greg Pitman, Executive Director</u>			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instr)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	<u>12/10/10</u>	<input checked="" type="checkbox"/>	<u>P00940588</u>
	<u>LIFETIME Tax &amp; Accounting PLLC</u> <u>261 Sheep Davis Rd Ste 6</u> <u>Concord, NH 03301</u>		EIN ▶ <u>26-3806257</u> Phone no ▶ <u>603-491-2508</u>	

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

Form 990-EZ (2009)

**Federal Statements**

FYE: 8/31/2010

**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	\$ 256,930

**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	\$ 4

**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
	6,271	59,608

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

Description	Beginning of Year	End of Year
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