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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2010**Open to Public****Inspection****A** For the 2010 calendar year, or tax year beginning , and ending**B** Check if applicable

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

C Name of organization**CHAMPIONS OF NEW HAMPSHIRE FARMS**
C/O NHDAME

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 2585

Room/suite

City or town, state or country, and ZIP + 4

CONCORD**NH 03302-2585****D** Employer identification number**02-0431355****E** Telephone number**603-226-3700****F** Group Exemption
Number ▶**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☒ if the organization is not
required to attach Schedule B**I** Website: ▶ **N/A****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**4**) (insert no) ☐ 4947(a)(1) or ☐ 527

(Form 990, 990-EZ, or 990-PF)

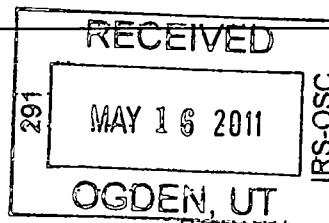
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, 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.

▶ \$ **126,510****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	125,537
	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	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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	973
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	126,510
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	831
	14	Occupancy, rent, utilities, and maintenance	14	3,879
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	113,204
	17	Total expenses. Add lines 10 through 16	17	117,914
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,596
	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	5,572
	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	14,168



Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		
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 instructions 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 tax year 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 40a , section 4912 40a , section 4955 40a		
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 40b		X
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed NH		
42a The organization's books are in care of JUDY BURKE BOOKKEEPING SERVICES Telephone no 603-226-3700 26 S. MAIN STREET Located at CONCORD NH ZIP + 4 03301		
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		X
If "Yes," enter the name of the foreign country 42c		X
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 ? 42c		X
If "Yes," enter the name of the foreign country 42d		
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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
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 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
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 44d		

Form 990-EZ (2010)

CHAMPIONS OF NEW HAMPSHIRE FARMS

02-0431355

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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X

a 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)

45a		X
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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		X
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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 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 ☐

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 ▶

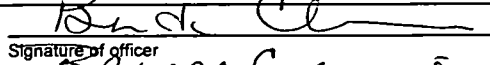
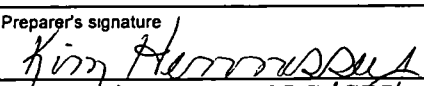
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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 ▶

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

Sign Here			Date <u>5/9/11</u>	
	Type or print name and title <u>DENOT CLEMONS</u>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	KIMBERLY HENNESSEY		05/02/11	P00382116
	Firm's name ▶	Smith Hennessey Associates, PLLC/CPA		Firm's EIN ▶
	Firm's address ▶	261 Sheep Davis Rd Ste 7 Concord, NH 03301-5750		Phone no
				603-225-0941

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

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

CHAMPIONS OF NEW HAMPSHIRE FARMS
C/O NHDAMF

Employer identification number

02-0431355**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MISCELLANEOUS	\$ 823
REIMBURSEMENTS	\$ 150
Total	\$ 973

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

Description	Amount
EASTERN STATES EXPOSITION	
FOOD SUPPLIES	\$ 34,699
GENERAL STORE FRESH FOOD	\$ 6,382
OFFICE SUPPLIES	\$ 631
BUILDING EXPENSE	\$ 500
LICENSES & PERMITS	\$ 311
GENERAL STORE VENDORS	\$ 11,331
FARMS DISTINCTION DISPLAY	\$ 868
LIABILITY INSURANCE	\$ 388
CONTRACT LABOR	\$ 57,499
MISCELLANEOUS	\$ 100
BANK SERVICE CHARGES	\$ 5
CREDIT CARD PROC FEES	\$ 490
Total	\$ 113,204

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

Description	Beg. of Year	End of Year
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Name of the organization	Employer identification number
CHAMPIONS OF NEW HAMPSHIRE FARMS	02-0431355

VENDOR OVERPAYMENTS	\$	645	\$	0
Total	\$	645	\$	0

Form 990-EZ, Part III - Primary Exempt Purpose

CHAMPIONS OF NEW HAMPSHIRE FARMS CONDUCTS A FOOD CONCESSION BOOTH FEATURING LOCAL FOODS AND AN EXHIBIT "GENERAL STORE" THAT SELLS NEW HAMPSHIRE MADE SPECIALTY PRODUCTS. THIS WORK TAKES PLACE IN THE NEW HAMPSHIRE BUILDING AT THE ANNUAL EASTERN STATES EXPOSITION IN WEST SPRINGFIELD, MA IN SEPTEMBER EACH YEAR. THESE ACTIVITIES SHOWCASE NEW HAMPSHIRE PRODUCTS AND PROMOTE NEW HAMPSHIRE AGRICULTURE. OVER ONE MILLION PEOPLE ATTEND THE EXPOSITION. IN ADDITION TO PROMOTING AGRICULTURE IT ALSO PROVIDES FINANCIAL SUPPORT TO AGRICULTURAL ORGANIZATIONS AND RELATED NON-PROFIT AGENCIES. MEMBERS AND SUPPORTERS OF THESE ORGANIZATIONS VOLUNTEER IN THE BOOTHS AND A DONATION IS MADE TO THE ORGANIZATION FOR THOSE SERVICES. THIS HAS BECOME A MAJOR ANNUAL FUND-RAISING EVENT FOR MOST OF THESE ORGANIZATIONS. APPROXIMATELY 11 GROUPS BENEFIT FROM THIS EVENT.

THE PRODUCTS SOLD IN THE GENERAL STORE ARE TAKEN ON A CONSIGNMENT BASIS. THE GENERAL STORE HAS BENEFITED APPROXIMATELY 30 SMALL NEW HAMPSHIRE BUSINESSES.

IN ADDITION TO PROMOTING AGRICULTURE IN NEW HAMPSHIRE AT THE EVENT ANY PROFITS MADE ARE GIVEN BACK TO THE AGRICULTURAL COMMUNITY IN THE FORM OF GRANTS.

Part IV Lists of Officers, Directors, Trustees, and Key Employees

A.	B.	C.	D.	E.
George Cilley III, 1 Rolinda Ave., Concord, NH 03301	Co-treas., as needed	0	0	0
Brenda Clemons, Bayberry Commons, Concord, NH 03301	Co-treas., as needed	0	0	0
Elizabeth Corell, 9 Liberty St., Concord, NH 03301	Chair, as needed	0	0	0
Tim Bassett, 313 Main St., Hopkinton, NH 03229	as needed	0	0	0
Nada Haddad, 113 North Road, Brentwood, NH 03833	as needed	0	0	0
John Porter, 41 River Rd., Boscawen, NH 03303	as needed	0	0	0
Gail McWilliam (ex-officio), PO Box 2042, Concord, NH 03302	as needed	0	0	0