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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 black lung benefit trust or private foundation)

OMB No 1545-1150 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

DAA

Sponsoning 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

For the 2009 calendar year, or tax year beginning and ending Name of organization D Employer identification number Check if applicable Please USA IRS ROCKINGHAM COUNTY LAW ENFORCEMENT Address change label or OFFICERS ASSOC. 02-0360476 Name change print or E Telephone number Number and street (or P O box, if mail is not delivered to street address) Initial return type. Room/suite Sea 603-289-1716 P.O. BOX 361 Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-HAMPTON NH 03843 Number tions. Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: NOCK-LAW.ORG If the organization is not Check > required to attach S 990-EZ, or 990-PF) Schedule B (Form 990, Tax-exempt status (check only one) — X 501(c) (**4**) **◄** (insert no) 4947(a)(1) or 527 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 5,053 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 5.024 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 29 4 Investment income 5a Gross amount from sale of assets other than inventory ඉ 5b Less cost or other basis and sales expenses 2 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) 6a Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с C 8 Other revenue (describe 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 5,053 10 Grants and similar amounts paid (attach schedule) 10 11 11 Benefits paid to or for members RECEIVED 12 Salaries, other compensation, and employee benefits 12 525 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance E1-97 14 SEP 07 2010 247 15 Printing, publications, postage, and shipping 15 Other expenses (describe ▶ SEE STATEMENT 1 33,112 16 16 33,884 17 Total expenses. Add lines 10 through 16 17 -28,831 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 76<u>,287</u> end-of-year figure reported on prior year's return) 19 ž 20 Other changes in net assets or fund balances (attach explanation) 20 47,456 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II) 8,021 47,456 22 Cash, savings, and investments 22 23 23 Land and buildings SEE STATEMENT 2 68,266 24 Other assets (describe 24 76,287 47,456 25 Total assets 25 26 Total liabilities (describe 26 76,287 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

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Form 990-EZ (2009) ROCKINGHAM COL	JNTY LAW ENFORCE	MENT 02	-0360476			Page 2
Panसे∭ Statement of Program Serv	ice Accomplishments (S	ee the instruction	ons for Part III.		Ex	penses
What is the organization's primary exempt purpose?					(Required	for section
SEE STATEMENT 3					501(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying out the organ	ization's exempt purposes. In a	clear and concise			organizatio	ons and section
manner, describe the services provided, the number of	of persons benefited, or other rel	evant information for	•		4947(a)(1)	trusts, optional
each program title					for others.)
28 SEE STATEMENT 4				- 1		
				_		
(Grants \$) If this am	iount includes foreign grants, che	eck here	<u> </u>	Щ	28a	33,884
29						
				二丨		
	nount includes foreign grants, che	eck here		Щ	29a	 .
30						
				$_{\Box}$		
	nount includes foreign grants, che	eck here	<u> </u>	14	30a	
31 Other program services (attach schedule)				-1		
	nount includes foreign grants, che	eck here	<u> </u>	ĻЦ	31a	22.004
32 Total program service expenses (add lines 28a		 		<u> </u>	32	33,884
PartilV List of Officers, Directors, Trustee	s, and Key Employees. List each	ch one even if not co	mpensated. (See t		tructions for F Contributions to	e) Expense
(a) Name and addres	is .	hours per week	(If not paid,	employ	ee benefit plans &	account and
·		devoted to position	enter -0)	deferr	red compensation	other allowances
SCOTT WOOD	HAVERHILL	PRESIDENT				
95 LAWRENCE RD	MA 01830	4.00	0	1	0	0
MICHAEL GREELEY	DEERFIELD	VP/EXEC BOARI				
PO BOX 357	NH 03037	4.00	0	 	0	
JIM TUTTLE .	RAYMOND	TREASURER	_			
7 PREVERE ST	NH 03077	4.00	0	-	0	0
MICHELLE FUGERE	HAMPTON	SECRETARY				_
PO BOX 361	NH 03843	1.00	0	1	0	0
JOHN BLOMEKE	EXETER .	EXEC BOARD			•	
45 MEADOW BROOK ESTATES RICHARD BATEMAN	NH 03833 HAMPTON	1.00 EXEC BOARD	0	 	0	<u> </u>
8 JANVRIN RD	NH 03842	1.00	,	1	0	o
O UMVATA RD	Nu USU42	1.00				
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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			
				Voc	No
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1000	105	4.33
Form 990-EZ			44	5 × 200	X
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			454		
"Yes," Form 990 must be completed instead of Form 990-EZ			45	200	X
					

Form **990-EZ** (2009)

Form 9	990-EZ (2009) ROCKINGHAM COUNTY LAW ENFORCE	MENT	02	-0360476			Р	Page 4
Par	t VI Section 501(c)(3) organizations and section 4947(a)	(1) non	exempt o	charitable trus	ts only. All sec	tion		
	501(c)(3) organizations and section 4947(a)(1) none	xempt o	haritable	e trusts must a	nswer question	ıs 46-	49b	
	and complete the tables for lines 50 and 51.				·			
46	Did the organization engage in direct or indirect political campaign activities on l	behalf of	or in opposi	tion to			Yes	No
	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)? I	f "Yes," c	omplete Sc	hedule E		48	1	
49a	Did the organization make any transfers to an exempt non-chantable related organization	ganızatıor	17			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 tha	n officers,	directors, trustees	and key			
	employees) who each received more than \$100,000 of compensation from the	organizati	on If there					
	(a) Name and address of each employee paid more than \$100,000		and average per week	(c) Compensation	(d) Contributions to employee benefit plans &		Expensiount ar	
	uidii \$100,000	devote	d to position		deferred compensation	other	allowa	nces
		-						
		<u> </u>						
							-	
	Total number of other employees paid over \$100,000			<u> </u>				
	\$100,000 of compensation from the organization. If there is none, enter "None."	<u> </u>						
	(a) Name and address of each independent contractor paid more than \$100,000		(p)	Type of service	(c) C	ompens	ation	
	•	.						
								
	·							
	•							
d	Total number of other independent contractors each receiving over \$100,000		-					
_		•						
	Under penalties of perjury, I declare that I have examined this return, including a	accompany	ing schedule	s and statements, and	to the best of my know	wledge		
	and belief it is true, correct, and complete Declaration of preparer (other than o	officer) is ba	ased on all in	formation of which pro	eparer has any knowled	dge		
Sigr	V LEAST MOOOD			V 8-2	17-10			
Here	Signature of officer			Date				
	T							
	Type or print name and title			T a	1			
	Preparer's A Martin PA		Date	Check if self-	Preparer's Ident	afying Nur	nber (Se	e instr)
Paid	3 Signature V		08/06	5/10 employed ▶	X P0073	4739		
-	parer's Firm's name (or yours LAWRENCE B. MARTIN, E	LLC				2-0	521	709
Use	Only f self-employed), 122 WALNUT HILL AVE				Phone		_	· _
	address, and ZIP + 4 MANCHESTER, NH 03104					<u>-62</u>		<u>111</u>
May	the IRS discuss this return with the preparer shown above? See instructions					X Ye		No
					Fo	m 99	0-EZ	(2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2009

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Nan	e of organization ROCKINGHAM COUNTY L. OFFICERS ASSOC.	AW ENFORCEMENT		Employer identific 02-03604	
Par	I-A Complete if the organization is exe	mpt under section 501(c)	or is a section	527 organization.	
1	Provide a description of the organization's direct and indir	ect political campaign activities in	Part IV		
2	Political expenditures			> \$	
3	Volunteer hours			_	
Par	t I-B Complete if the organization is exe	mpt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organi			▶ \$	-
2	Enter the amount of any excise tax incurred by organizati	on managers under section 4955		▶ \$ _	
3	If the organization incurred a section 4955 tax, did it file F	orm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part IV.				
Pai	t I-C Complete if the organization is exe	mpt under section 501(c)	, except section	n 501(c)(3).	
1	Enter the amount directly expended by the filing organization	tion for section 527 exempt function	on		
	activities			▶ \$:	
2	Enter the amount of the filing organization's funds contribution	uted to other organizations for sec	tion		
	527 exempt function activities			. ▶\$	
3	Total exempt function expenditures. Add lines 1 and 2 Er	nter here and on Form 1120-POL,			
	line 17b			▶ \$;	- <u>-</u>
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification r				
	were made. For each organization listed, enter the amour			-	
	contributions received that were promptly and directly del	•		separate segregated	
	fund or a political action committee (PAC). If additional sp				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			}	funds. If none, enter -0-	promptly and directly
			1		delivered to a separate
					political organization If none, enter -0-
			 		
			1		
	· · · · · · · · · · · · · · · · · · ·				
For I	rivacy Act and Paperwork Reduction Act Notice, see t	he Instructions for Form 990 or	990-EZ.	Schedule C (Form	n 990 or 990-EZ) 2009

			UNTY LAW EN		02-036047	
	Complete if the organi	zation is exempt	under section 50	I(c)(3) and filed F	orm 5768 (electio	n
A Check ▶	under section 501(h)). ☐ if the filing organiza	tion belongs to an	affiliated group			
3 Check ▶	if the filing organiza	_	• •	ntrol" provisions a	pply.	
S GHOOK P		bbying Expenditu		The providence of	(a) Filing	(b) Affiliated
(1	he term "expenditures"			orga	anization's totals	group totals
	expenditures to influence pu					
b Total lobbying	g expenditures to influence a	legislative body (direct	lobbying)			
c Total lobbying	expenditures (add lines 1a	and 1b)				
d Other exemp	t purpose expenditures			<u></u>		
 Total exempt 	purpose expenditures (add li	nes 1c and 1d)				
f Lobbying nor	taxable amount. Enter the an	nount from the following	g table in both			
columns	·					
If the amount or	line 1e, column (a) or (b) is:	The lobbying nontax	cable amount is:			
Not over \$500,	000	20% of the amount on	line 1e			,
Over \$500,000	but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,000			
Over \$1,000,00	00 but not over \$1,500,000	\$175,000 plus 10% of	the excess over \$1,000,00	00		1
Over \$1,500,00	00 but not over \$17,000,000	\$225,000 plus 5% of t	he excess over \$1,500,000	<u> </u>		
Over \$17,000,0		\$1,000,000	· · · · · · · · · · · · · · · · · · ·			
•	ontaxable amount (enter 25%	•				
	1g from line 1a If zero or less			<u> </u>		
	1f from line 1c If zero or less			L		
-	amount other than zero on er	ther line 1h or line 1i, d	id the organization file i	Form 4720 reporting		
section 4911	tax for this year?					Yes No
		4-Year Averagir	ng Period Under S	Section 501(h)		
(\$	Some organizations th	at made a sectior	501(h) election (do not have to co	mplete all of the f	ive
	columns be	low. See the inst	ructions for lines	2a through 2f on	page 4.)	
	Lot	bying Expenditu	res During 4-Year	Averaging Perio	d	
	year (or fiscal year eginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying no	n-taxable amount				-	
b Lobbying ce (150% of line	ling amount 2a, column(e))	1 July 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	.0 - 4	134		
c Total lobbyin	g expenditures					
d Grassroots	nontaxable amount					
e Grassroots of 150% of line	eiling amount e 2d, column (e))					
f Grassroots I	obbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

		lete if the organiz					02-0 NOT filed F				Page 3
	(electi	ion under section	, so i(ii)).				1 (a)	(1)	
			ı				Yes	No		ount	
							Mild and	T. 12	profes with the court of	tracasi et 21	- 1855 · Jr
		the filing organization a				al .		鄉家	No.	1	7.5
	-	any attempt to influence	e public opinion on	a legislative ma	itter or		*	A STATE OF THE PARTY OF THE PAR	AN ALL PROPERTY.		
	eferendum, througl Olunteers?	i the use of					<u> </u>	£	W. Clark		NO.
		ement (include compen	eation in evnenses	renorted on line	s 1c through 1	1/12					-
	fledia advertisemer		sation in expenses	reported on line	3 To timough	11)					
		s, legislators, or the pub	olic?								
	-	lished or broadcast stat									
	• •	anizations for lobbying p							-		
	_	egislators, their staffs, g	•	, or a legislative	body?						
-		ions, seminars, convent		=	-						
iC	Other activities? If "	Yes," describe in Part I\	/	_							
jΤ	otal. Add lines 1c t	hrough 1ı									
2 a [Old the activities in	line 1 cause the organiz	ation to be not desc	cribed in section	501(c)(3)?						
b li	f "Yes," enter the a	mount of any tax incurre	ed under section 49	12			j				
c li	f "Yes," enter the a	mount of any tax incurre	ed by organization n	nanagers under	section 4912						
d li		tion incurred a section 4 Ilete if the organiz					<u> </u>				
2 [3 [Old the organization Old the organization III-B Comp	all (90% or more) dues no make only in-house lolen agree to carryover lob	bbying expenditures bying and political e ation is exemp	s of \$2,000 or le expenditures from ot under sec	ss? m the prior ye: tion 501(c)	(4), section				Yes	No X X
	501(c) "Yes.")(6) if BOTH Part II "	II-A, lines 1 and	d 2 are answ	vered "No"	' OR if Part I	ll-A, line 3 is	s ans	wered		
1 [and similar amounts fro	om members					1			
		deductible lobbying and		res (do not incl	ude amounts	s of political					
		th the section 527(f) ta		-		-					
a (Current year					_		2a			
ь	Carryover from last	year	•					2b			
c 7	Total							2c			
3 /	Aggregate amount	reported in section 6033	3(e)(1)(A) notices of	nondeductible	section 162(e)) dues		3			
•		and the amount on line ganization agree to cam									
		lobbying and political ex	menditures (see ins	tructions)	•			5			
Pärt		lemental Informati		il dollorioj .	•						
		ride the descriptions req		ne 1: Part I-B. lu	ne 4: Part I-C.	line 5: and Part	II-B. line 1ı.	-			
-		or any additional informa									
				• •	•				·· ·· · ·		
			••	•		•			• •••		

Schedule C (Form 990 or 990-EZ) 2009 ROCKINGHAM COUNTY LAW ENFORCEMENT 02

02-0360476

Page 4

Part N Supplemental Information (continued)

8/6/2010 9:28 AM

FYE: 12/31/2009

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

Description	Amount
EXPENSES	\$
OFFICE SUPPLIES	875
MEETING MEALS EXP	3,837
CONVENTION TRAVEL	4,000
INSURANCE	500
BANK FEES	527
CHARITABLE CONTRIBUTIONS	2,900
CHARTABLE EVENTS	780
DONATION ILO FLOWERS	300
RAFFLE PRIZES	400
SCHOLARSHIPS DISTRIBUTED	18,500
ANNUAL FILING FEES	75
WEB SITE EXPENSE	418
TOTAL	\$ 33,112

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

Description	Beginning of Year	End of Year
INVENTORIES FOR SALE OR USE	\$68,266 \$_	
	68,266	

8/6/2010 9:28 AM

FYE: 12/31/2009

. . . .

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE PRIMARY OBJECTIVE OF THIS ASSOCIATION IS TO PROVIDE A SERVICE TO COMMUNITIES WITHIN THE COUNTY OF ROCKINGHAM, NH THAT RESULTS IN GREATER PUBLIC SAFETY. SUCH SERVICE MAY INCLUDE, BUT WILL NOT BE LIMITED TO, THE PROMOTION OF EDUCATIONAL PROGRAMS TO ITS MEMBERS, AND THOSE UNDERTAKING LAW ENFORCEMENT CAREERS, WHILE FOSTERING THE SPIRIT OF COOPERTION WITH AND AMONG ALL LAW ENFORCEMENT AGENCIES.

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

Description

THE ORGANIZATION PROVIDED OVER 20 SCHOLARSHIPS DURING 2009 TO ITS MEMBERS AND THOSE IN ROCKINGHAM COUNTY NH UNDERTAKING LAW ENFORCEMENT CAREERS WHILE FOSTERING THE SPIRIT OF COOPERATION WITH AND AMONG ALL LAW ENFORCEMENT AGENCIES.