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# SCANNED DEC 28

Form **990-EZ** Department of the Treasury

Internal Revenue Service

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 \$50,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization 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

			lendar year, or tax year beginning UL 1, 2009 and end		30,	
В	Check if applicable	le Please	C Name of organization	DE	mployer i	dentification number
	Address change	s use IRS				
	Name change	print or	NH ASSOCIATION OF CHIEFS OF POLICE, INC.			327595
	Initial return	type See	Number and street (or P O box, if mail is not delivered to street address)	Room/suite E	Telephone	number
	Termil		37 PLEASANT STREET		6036	795122
	Amen retum	ded tions	City or town, state or country, and ZIP + 4	F	Group Exe	mption
	Applica pending	ton 0	EPPING, NH 03042		Number 🕨	
	• Sect	tion 501(c)	3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Accounting	method	X Cash Accrual
			Schedule A (Form 990 or 990-EZ).	Other (spe		
	Website		TP://NHCHIEFSOFPOLICE.COM	H Check ►		he organization is <b>not</b>
<u>J</u>	Tax-exe	emp <u>t status</u>	(check only one) $ \boxed{X}$ 501(c) ( 6 ) $\blacktriangleleft$ (insert no ) $$ 4947(a)(1) or $$ 52	7 required to att	ach Sched	ule B (Form 990, 990-EZ, or 990-PF)
K	Check		the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are			5,000 A Form 990-EZ or
_			orm 990 return is not required, but if the organization chooses to file a return, be sure to file a			0.7.6 0.00
		es 5b, 6b, a	nd 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of For	rm 990-EZ	<u> </u>	376,902.
P	art I	Rever	nue, Expenses, and Changes in Net Assets or Fund Balances	See the instruction	ns for Pa	
	1	Contributio	ns, gifts, grants, and similar amounts received		1	137,986.
	2	Program s	ervice revenue including government fees and contracts		2	7,412.
	3	Membersh	p dues and assessments		3	19,935.
	4	Investment	1 1	107 770	4	13,790.
			unt from sale of assets other than inventory STMT 3 5a 5a	197,779 198,959	<u>-</u>	
	þ		or other basis and sales expenses	198,959	i	<b>~1 100 &gt;</b>
_	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		_   <u>5c</u>	<u>&lt;1,180.</u> >
Ę	6		ints and activities (complete applicable parts of Schedule G). If any amount is from <b>gaming</b> ,	check here 🟲 🗀	┦ ▮	
Revenue	a		nue (not including \$ 5 , 230 . of contributions			
æ		reported or	, , , , , , , , , , , , , , , , , , ,	<del></del>	-	
			t expenses other than fundraising expenses		╛╻┋	
			or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a		s of inventory, less returns and allowances 7a 7b		-	
	0			<del></del>	70	
			t or (loss) from sales of inventory (Subtract line 7b from line 7a)		) 8	
	8		nue (describe >		9	177,943.
	10		similar amounts paid (attach schedule)  RECESTMT) 5	7	10	30,725.
	11		id to or for members	İ	11	307.200
s	12	=		31	12	
Se	13		her compensation, and employee benefits al fees and other payments to independent contractors	) j	13	1,200.
Expenses	14		, rent, utilities, and maintenance	1	14	
Щ	15	-	ublications, postage, and shipping	Ì	15	994.
	16		nses (describe SEE STAT)	EMENT 1		179,762.
	17		nses. Add lines 10 through 16		17	212,681.
	18		deficit) for the year (Subtract line 17 from line 9)		18	<34,738.>
ets	19		or fund balances at beginning of year (from line 27, column (A))			
Ass		(must agre	e with end-of-year figure reported on prior year's return)		19	538,715.
Net Assets	20	Other chan	ges in net assets or fund balances (attach explanation) SEE STAT	EMENT 4	20	41,168.
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		<u>21</u>	545,145.
P	art II	Balan	ce 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 )	) Beginning of ye		(B) End of year
2	2 Cas	h, savings,	and investments	68,83		83,230.
2	3 Lan	d and build			23	
2	4 Oth	er assets (d	escribe ► SEE STATEMENT 2 )	469,88		461,915.
2	5 Tota	al assets		538,71		545,145.
2			s (describe ▶)		0.26	0.
2			und balances (line 27 of column (B) must agree with line 21)	538,71	5 . 27	545,145.
93	2171 -08-10	LHA F	or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2009)

FORM 990-EZ (2009) NH ASSOCIATION OF CHIEFS			02-	03273	93 rayez
Part III Statement of Program Service Accomplishme		Part III )		1	penses
What is the organization's primary exempt purpose? SEE STATEMENT	<u> </u>				r section 501(c)(3) ) organizations and
Describe what was achieved in carrying out the organization's exempt pur			be	1	7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevan				for others)	
28 SCHOLARSHIP PROGRAM - SCHOLARSHIPS	ARE GRANTED T	O COLLEGE			
STUDENTS STUDYING LAW ENFORCEMENT.					
(Grants \$ ) If this amount includes foreign		<b>_</b>		28a	
29 CADET CAMP - A WEEK LONG LIVE-IN PO	LICE CADET PR	OGRAM FOR			
14-18 YEAR-OLDS. APPROXIMATELY 100	YOUTHS ATTEND	ANNUALLY	•		
(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		29a	
30 THE ASSOCIATION PROVIDES ITS MEMBER		ISLATIVE		1	
AFFAIRS MONITORING, CURRENT UP-TO-D	ATE INFORMATI	ON THAT H	AS	ĺ	
A DIRECT IMPACT ON LAW ENFORCEMENT.					
(Grants \$ ) If this amount includes foreign	grants, check here	<b>•</b>		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)			<b></b>	32	
Part IV List of Officers, Directors, Trustees, and Key E	mplovees. List each one ev	en if not compensated	(See the		or Part IV)
				ntributions	<u> </u>
	(b) Title and average hours	(c) Compensation	` to e	mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and other allowances
	position	-0)	t .	eferred pensation	other anowances
CHIEF DAVID CAHILL (603) 763-5555,	PRESIDENT		-		<del></del>
9 SARGENT ROAD PO BOX 91, SUNAPEE,	10.00	0.		0.	0.
CHIEF ROBERT WHAREM (603) 435-7535,	FIRST VICE PR				
59 MAIN STREET PO BOX 98,	10.00	0.		0.	0.
CHIEF PAUL DONOVAN (603) 893-1911, 9	SECOND VICE P				
VETERANS MEMORIAL PARKWAY, SALEM, NH	10.00	0.		0.	0.
CHIEF MICHAEL SELICKI (603)	THIRD VICE PR				
889-5009, 273 MAIN STREET PO BOX 7,	10.00	0.		0.	0.
CHIEF RICHARD CRATE (603) 632-7501	SERGEANT-AT-A				
PO BOX 365, ENFIELD, NH 03748	10.00	0.		0.	0.
CHIEF GREGORY DODGE (603) 679-5122	TREASURER				
37 PLEASANT STREET, EPPING, NH 03042	10.00	o.		0.	0.
CHIEF EDWARD GARONE (603) 432-6111	SECRETARY				
ONE MUNICIPAL DRIVE, DERRY, NH 03038	10.00	0.		0.	0.
CHIEF THEODORE SMITH (603) 745-9000	SACOP REPRESE		-		
PO BOX 488, LINCOLN, NH 03251	10.00	0.		0.	0.
CHIEF DAVID DOBOIS (603) 330-7131,	IMMEDIATE PAS		NТ		•
22 WAKEFIELD STREET, ROCHESTER, NH	10.00	0.		0.	0.
ZZ WAREFIELD BIREET, ROCHEDIER, MI	10.00		_		•
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932172 02-08-10				rorm	990-EZ (2009)

33 Did the organization engage in any activity not previously reported to the IRS? If Yes,* attach a detailed description of each activity  34 Were any changes made to the organization of governing documents? If Yes,* attach a conformed copy of the changes  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  36 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  37 If the organization had income from 990-T for this year?  38 If Yes,* has it filed a tax return on Form 990-T for this year?  38 If the disparatization indering a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Sch N  38 If If a significant disposition of net assets during the year? If Yes,* complete applicable parts of Sch N  39 If Yes,* comparatization interiors, direct or indirect, as described in the instructions  30 If the organization five form 1120-PGL for this year?  310 If Yes,* complete Schedule L, Part II and enter the total amount involved  32 If If Yes,* complete Schedule L, Part II and enter the total amount involved  33 If Yes,* complete Schedule L, Part II and enter the total amount involved  34 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4958 Excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organizations benefit amount of tax imposed on organization in a prior year, and that the transaction has not been reported on any of the organizations. Finer amount of tax imposed on organization in a prior year, and that the transaction has not been reported on any of the organizations. Finer amount of	- NI-		<u> </u>	1011 411 1.,	3 III tile III3ti detions	mormation (Note the statement requirement	art v   Other	
Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported in Form 990-T and income from 990-T and proxy tax 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 inquiraments?  b If "Yes, has it filled a tax return on Form 990-T for this year?  50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization the Form 1120-PDL for this year?  37b Did the organization the Form 1120-PDL for this year?  38a Did the organization before from rom, 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 If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A  5 Section 501(c)(7) organizations Enter  a intation fees and capital contributions included on line 9  6 Gross receipts, included on line 9, for public use of club facilities  39a N/A  5 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ≥ N/A  5 Section 501(c)(3) and 501(c)(4) organizations before amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 ≥ N/A  5 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  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization is blooks are in	res No							
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 and of the organization of the property of	X						-	
reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a bit the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(s) notice, reporting, and proxy tax requirements?  b if Yes, has it field a tax return on Form 990-T for this year?  b the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? if Yes, complete applicable parts of Sch N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization hier Form 1120-POL for this year?  38 a bit the organization here form 120-POL for this year?  39 a bit the organization here form 120-POL for this year?  30 bit the organization here form 120-POL for this year?  30 bit organization here form the organization of the organization is return?  b if Yes, complete Schedule L. Part II and enter the total amount involved  30 bit organizations but the end of the pend covered by this return?  b if Yes, complete Schedule L. Part II and enter the total amount involved  30 section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 b N/A section 501(c)(3) and 501(c)(4) organizations included on line 9  b Section 501(c)(3) and 501(c)(4) organizations Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations but of tax imposed on organization managers or disqualified persons during the year under sections 4912 b N/A  5 section 501(c)(3) and 501(c)(4) organizations Enter amount of tax in line 405 b N/A  5 section 501(c)(3) and 501(c)(4) organizations Enter amount of tax in line 501(c)(4) organization with a section 4910 b N/A  5 section 501(c)(3) and 501(c)(4) organizations Enter amount of tax in line	^_	34						
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?  35a bit 11 vss. has it flied a tax return on Form 990-T for this year?  35b bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N  37a							-	
and proxy tax requirements?  b if Yes, has it filed a tax return on Form 990-T for this year?  50 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch N  36 Dut the organization to the form 1120-PGL for this year?  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  ▶ 37a   0.		1						
b If Yes, 'has it filed a tax return on Form 990-T for this year?  35b Unthe organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete splicable parts of Sch N  36 Enter amount of political expenditures, direct or indirect, as described in the instructions  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37b Unit the organization brown 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?  37b If Yes, 'complete Schedule L, Part II and enter the total amount involved  38c Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year or is to (1)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year or is that ware 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 II  40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year or is the states with which a copy of this return is filed   40c N/A  41 List the states with which a copy of this return is filed   42 The organization's books are not are of   42 CHIEF GREGORY DODGE Telephone no   42 Telephone no   42 CHIEF GREGORY DODGE Telephone no   53b N/A  54c Alary time during the calendar year, did the organization managinal and organization or other financial accounts in a foreign country.   55c this instructions for exceptions and filing requirements for Form TO F 90-22.1, Report of Foreign Bank and Financial Accounts.  42c If Yes, enter the name of the foreign country.   55c this instructions for exceptions and filing requirements for Form TO F 90-22.1, Report of Fo	٠,		lice, reporting,	section 6033(e) no	ore or was it subject to	_	-	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N  38 Enter amount of political expenditures, direct or indirect, as described in the instructions  ▶ 37a	X X						• •	
as complete applicable parts of Sch N  37a	N/A	35b						
37a Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization file Form 1120-PQL for this year?  37b 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 pinor year and still outstanding at the end of the period covered by this return?  b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b N/A  39 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4915 ▶ N/A  b Gross receipts, included on line 9, for public use of club facilities section 4911 ▶ N/A, section 4912 ▶ N/A, section 4915 ▶ N/A  b Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A  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 pinor year, and that the transaction has not been reported on any of the organization's pinor forms 90 or 990-PC27 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 at any line during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  11 List the states with which a copy of this return is filled ▶ NH  12 Telephone no ▶ 603-679-51  Located at ▶ 37 PLEASANT ST, EPPING, NH  21 Telephone no ▶ 603-679-51  Located at ▶ 37 PLEASANT ST, EPPING, NH  21 Yes,' enter the name of the foreign country ▶  See the instructions for exceptions an			year? If "Yes,"	et assets during the	fficant disposition of f		=	
D Did the organization file Form 1120-POL for this year?  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?  b If Yes, Complete Schedule L, Part II and enter the total amount involved  38b N/A  9 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 6 Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A section 4912 ► N/A section 4956 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 escion 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 imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  b N/A  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 886-T  List the states with which a copy of this return is filed ▶ NH  List the states with which a copy of this return is filed ▶ NH  List the states with which a copy of this return is filed ▶ NH  List the states with which a copy of this return is filed ▶ NH  List the states with which a copy of this return is filed ▶ NH  List the states with which a copy of this return is filed ▶ NH  List the states with which a copy of this return is filed ▶ NH  L	X	36	^	<b>.</b>		•		
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?  38b N/A  39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a N/A 39b N/A  39b N/A  39b N/A  39ction 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A , section 4912 ▶ N/A , section 4915 ▶ N/A  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  40e  41 List the states with which a copy of this return is filed ▶ NH  42a The organization's books are in care of ▶ CHIEF GREGORY DODGE  Telephone no ▶ 603-679-51  Located at ▶ 37 PLEASANT ST, EPPING, NH  21P+4 ▶ 03042  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 where the name of the foreign country where the name of the foreign country where the name of the foreign country solutions and fining 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 organ	v			► 37a	e instructions			
in a prior year and still outstanding at the end of the period covered by this return?  b if "Yes", complete Schedule L, Part II and enter the total amount involved  38b N/A  38b N/A  39s Section 501(c)(7) organizations Enter  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities section 4911 \( \backsquare\) N/A  39b N/A  40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 \( \backsquare\) N/A  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 sheller transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed \( \bar{\bar{b}} \) NH  421 The organization's books are in care of \( \bar{\bar{b}} \) CHLEF GREGORY DODGE  Telephone no \( \bar{\bar{b}} \) 603 -679 -51  Located at \( \bar{b} \) 37 PLEASANT ST, EPPING, NH  21P+4 \( \bar{b} \) 03042  42b  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 accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name	<u> </u>	376					<del>-</del>	
b If Yes,* complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 \( \bigcirc \) N/A section 4912 \( \bigcirc \) N/A section 4912 \( \bigcirc \) N/A section 4915 \( \bigcirc \) N/A section 4915 \( \bigcirc \) N/A section 4915 \( \bigcirc \) N/A section 4916 \( \bigcirc \) Organizations benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations bring Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part I  40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the examinations. Enter amount of tax organizations and ine 40c reimbursed by the organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8865 - N/A  40e  41 List the states with which a copy of this return is filed \( \bigcirc \) NH  21 Located at \( \bigcirc \) 37 PLEASANT ST, EPTING, NH  22 In the org	v		ch loans made	oyee <b>or</b> were any su				
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41 List the states with which a copy of this return is filed ▶ NH  42a The organization's books are in care of ▶ CHIEF GREGORY DODGE Telephone no ▶ 603-679-51  Located at ▶ 37 PLEASANT ST, EPPING, NH ZIP+4 ▶ 03042  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.  c At any time during the calendar year, did the organization maintain an office outside of the US?  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 and enter the amount of tax-exempt interest received or accrued during the tax year  ▶ 43 N/A	v			sheiter	irty to a prohibited tax			
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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?  If "Yes," enter the name of the foreign country  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  Y	X	$\overline{}$	1	IIIIaiiCiai	illes account, or othe	count in a foreign country (such as a bank account, sect		
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?  If "Yes," enter the name of the foreign country  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  N/A	- 1	420				ame of the foreign country:	•	
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  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  N/A			ncial Accounts	olon Rank and Eine	In-22 1 Banari of Eas	• • • • • • • • • • • • • • • • • • • •		
If "Yes," enter the name of the foreign country  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  N/A	Х	420	iviai Avvuulita.	oigii vank anu i illa		- · · · · · · · · · · · · · · · · · · ·		
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     Y		720			outside of the o s :		•	Ü
and enter the amount of tax-exempt interest received or accrued during the tax year     43 N/A	▶ □			hara	of Form 1041 - Chack	• • • • • • • • • • • • • • • • • • • •		49
		N/A	<b>▶</b>   43	1616				43
		11/ 21	43		e lax year	unt of tax-exempt interest received of accrued during th	and enter the an	
	res No	٦						
The first of the distriction intention and the state of t	33 110	<u>_</u>		stead of	must be completed in	n maintain any donor adviced funds? If "Vos " Form 000	Did the organizat	AA
Form 990-EZ 44	x	44		otodu UI	mast no combisted iii	in maintain any donor advised tunds? it ites, Form 990		44
			orm 990 must be	2/h\/12\2 If "Vac " E	magning of castion 5	nization a controlled entity of the organization within the		AF
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	х	45	Jiiii 330 filust UG	בנטונוטויוו זפט, ד	meaning of Section 3		-	40
	0-EZ (2009					VI I VIIII 330-EL	completed ms(ea	

Page 4

Part 1	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitab and 51.						
6 Did	the organization engage in direct or indirect political campaign activities	es on behalf of or in opposition to o	candidates for public			Yes	No
	ce? If "Yes," complete Schedule C, Part I				46		
17 Did	I the organization engage in lobbying activities? If "Yes," complete S	chedule C, Part II			47		<b></b>
	the organization a school as described in section 170(b)(1)(A)(ii)? If "Y	· ·	•		48		ļ
	I the organization make any transfers to an exempt non-charitable relati	ed organization?			49a		ļ
	Yes," was the related organization a section 527 organization?			. ا	49b		
	mplete this table for the organization's five highest compensated emploin \$100,000 of compensation from the organization of there is none, en		s, trustees and key el	mployees) who e	ach rec	elved i	nore
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e ac othe	e) Expe ecount r allow	
	omplete this table for the organization's five highest compensated indep ganization. If there is none, enter "None."  N/A				c) Com		
	(a) Name and address of each independent contractor paid m	ore than \$100,000	(b) Type of se	TVICE (	c) Com	iperisa	
	640C	1000					
	Under penalty's of henury, I declare that I have examined this entury including correct, and complete Declaration of prepares (the than officer) is based on		ents, and to the best of r	ny knowledge and b	elief, it is	s true,	
Sign Here	Signature of officer GREGORY DODGE, TREASURER			Date			
Paid Prepare		NN(1 9 U 7)110 15	neck if self-	eparer's identifying	number (	(See Ins	tr)
Use On	HOWE PITEY & HOWE	PLLC	EIN	<b>&gt;</b>			
	Firm's name (or yours if self-employed).  660 CHESTNUT STREET	<del>-</del> _	<del></del>	one ►			
	address, and ZIP+4 MANCHESTER, NH 03104	-3500	no.	(603)	627	7-38	338
May the	e IRS discuss this return with the preparer shown above? See instructi				Х		
					Form 9	990-E	Z (200

FORM 990-EZ	ОТН	ER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
PRESIDENT'S EXPENSE			-	7,3	29.
OFFICERS EXPENSE				3,3	
INSURANCE EXPENSE				-	05.
SUPPLIES				6	70.
CONFERENCES, CONVENTION	ONS, & MEETINGS			37,4	65.
INVESTMENT FEES				6,3	
FUNDRAISER FEES-ADVERS	<b>TISING</b>			71,7	
SACOP EXPENSES				2,6	
MISCELLANEOUS EXPENSE				1,6	
MEMBERSHIP EXPENSE				3,3	
LEGISLATIVE AFFAIRS FI OFFICE EXPENSE	EES			<b>43,</b> 75	77.
TOTAL TO FORM 990-EZ,	LINE 16		·	179,7	62.
				V.	
FORM 990-EZ	OT	HER ASSETS		STATEMENT	2
DESCRIPTION			BEG. OF YEAR	END OF YE	AR
INVESTMENTS IN MARKET	ABLE SECURITIES	_	469,881.	461,9	15.
TOTAL TO FORM 990-EZ,	LINE 24	:	469,881.	461,9	15.
FORM 990-EZ GAIN	(LOSS) FROM PUB	LICLY TRADED	SECURITIES	STATEMENT	
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS	)
MORGAN STANLEY SMITH			<del></del>		
BARNEY- VARIOUS MARKETABLE MORGAN STANLEY SMITH	131,567.	129,123	. 0.	2,4	44.
BARNEY- VARIOUS MARKETABLE	66,212.	69,836	. 0.	<3,6	24.>
TO FORM 990-EZ, LINE	5 197,779.	198,959	. 0.	<1,1	80.>

FORM 990-EZ OTHER CHANGES	IN NET	ASSETS OR	FUND	BALANCES	STAT	rement	4
DESCRIPTION					I	TNUOMA	
UNREALIZED GAINS ON MARKETABL	E SECU	RITIES				41,16	68.
TOTAL TO FORM 990-EZ, LINE 20						41,16	58.
FORM 990-EZ CASH	GRANT	S AND ALLO	CATIO	NS	STAT	rement	 5
CLASS OF ACTIVITY/GRANTEE'S N	AME AN	D ADDRESS		GRANTEE'S RELATIONSHIP		AMOUN	r
SCHOLARSHIP AWARD				ACTIVE MEMBER	's	1,00	00.
SCHOLARSHIP AWARD				ACTIVE MEMBER	. <b>'</b> S	1,00	00.
SCHOLARSHIP AWARD				ACTIVE MEMBER DAUGHTER	. <b>′</b> S	1,00	00.
SCHOLARSHIP AWARD				ACTIVE MEMBER DAUGHTER	.'S	1,00	00.
SCHOLARSHIP AWARD				ACTIVE MEMBER DAUGHTER	.'S	1,00	00.
SCHOLARSHIP AWARD				ACTIVE MEMBER	.'S	1,00	00.

NH ASSOCI	ATION OF CHIEFS OF POLICE, INC.		02-0327595
SCHOLARSHIP	AWARD	RETIRED ACTIVE MEMBER'S SON	900.
SCHOLARSHIP	AWARD	ACTIVE MEMBER'S SON	900.
SCHOLARSHIP	AWARD	ACTIVE MEMBER'S SON	900.
SCHOLARSHIP	AWARD	ACTIVE MEMBER'S SON	900.
SCHOLARSHIP	AWARD	RETIRED ACTIVE MEMBER'S SON	900.
SCHOLARSHIP	AWARD	ACTIVE MEMBER'S SON	900.
SCHOLARSHIP	AWARD	RETIRED MEMBER GRANDDAUGHTER	900.
SCHOLARSHIP	AWARD	RETIRED ACTIVE MEMBER'S DAUGHTER	900.

NH ASSOCIATION OF CHIEFS OF POLICE, INC.		02-0327595
SCHOLARSHIP AWARD	NON-MEMBER'S DAUGHTER	350.
SCHOLARSHIP AWARD	NON-MEMBER'S SON	350.
SCHOLARSHIP AWARD	NON-MEMBER'S DAUGHTER	350.
SCHOLARSHIP AWARD	RETIRED ACTIVE MEMBER'S SON	350.
SPONSORSHIP NH CADET TRAINING ACADEMY 5 HALFMOON POND ROAD WASHINGTON, NH 03280	NONE	8,500.
SPONSORSHIP NH POLICE MEMORIAL FUND NH L.E. OFFICERS MEMORIAL C/O CHIEF JOHN CURRAN 347 D.W. HIGHWAY MEREDITH, NH 03253	NONE	500.

NH ASSOCIATION OF CHIEFS OF POLICE, INC.		02-0327595
SPONSORSHIP NH RETIRED STATE TROOPERS ASSOCIATION PO BOX 248 NEW BOSTON, NH 03070	NONE	225.
SPONSORSHIP ROCHESTER POLICE BENEVOLENT ASSOCIATION 1425 LEXINGTON AVENUE ROCHESTER, NY 14606	NONE	250.
SPONSORSHIP NEW ENGLAND ASSOCIATION OF CHIEFS OF POLICE 179 SMITH STREET NORTH ATTLEBORO, MA 02760	NONE	1,500.
SPONSORSHIP DANIEL WEBSTER COUNCIL, BOYS SCOUTS OF AMERIC 571 HOLT AVENUE MANCHESTER, NH 03109	NONE	1,000.
SPONSORSHIP OF CHIEFS OF POLICE LAW ENFORCEMENT FOUNDATION OF BOX 520 EPPING, NH 03042	NONE	350.
SPONSORSHIP OF CHIEFS OF POLICE LAW ENFORCEMENT FOUNDATION OF BOX 520 EPPING, NH 03042	NONE	2,500.
SPONSORSHIP COUR DE FORCE PO BOX 395 VASHINGTONVILLE, NY 10992	NONE	250.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		30,725.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT			
DIRECTLY	RGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ONTRACT?	[	]	YES	[X]	NO
	RGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [	]	YES	[X]	NO

in inductivition of children of fedical, inc	NH	ASSOCIATION	$\mathbf{OF}$	CHIEFS	OF	POLICE,	INC.
--	----	-------------	---------------	--------	----	---------	------

Λ	2	_	U	3	2	7	5	a	5
v	_		v	J	4	,	J	_	_

990-EZ PG 2 STATEMENT 7

TO PROMOTE PROFESSIONAL LAW ENFORCEMENT.

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization** 990-EZ

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

► See separate instructions. (99)

Business or activity to which this form relates Identifying number Name(s) shown on return NH ASSOCIATION OF CHIEFS OF POLICE, INC. FORM 990-EZ PAGE 1 02-0327595 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax vear 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property 5-year property 7-year property C 10-year property 15-year property 20-year property 25 yrs. S/L 9 25-year property 27.5 yrs. MM S/L h Residential rental property 1 27.5 yrs. MM S/L MM S/L Nonresidential real property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. S/L b 12-year 40 yrs. MM S/L 40-year Part IV | Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 0. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations · see instr.

23

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

02-0327595 Page 2

recreation, or Note: For any through (c) of	vehicle for wi	hich you are					r deduc	cting lease	expens	se, comp	leteonly	24a, 24	lb, colun	nns (a)
Section A	- Depreciati	on and Oth	er Inform	ation (C	aution: (	See the	ınstruc	tions for l	ımıts for	passeng	er auton	nobiles)		
24a Do you have evidence to	support the bu	siness/invest	ment use c	laimed?	Y	es 🗌	] No	24b If 'Y	es," ıs ti	ne evide	nce writt	en?	Yes [	<u>No</u>
(a) Type of property (list vehicles first )	be of property Date Busines		nt ,	(d) Cost or other basis		(e) Basis for depreciation (business/investme) use only)		(f) Recovery period	ecovery Metho		hod/ Depreciation		(i) Elected section 179 cost	
25 Special depreciation al		<u> </u>		y placed	in service	ce dunn	g the ta	ax year an	ıd					
used more than 50% in	a qualified b	usiness use								25_			<u></u>	
26 Property used more that	an 50% in a c	ualified bus	iness use	:										
			%											
			%											
	<u> </u>		%						l					
27 Property used 50% or	less in a qual	ified busines	s use:						1					
<del></del>	<u> </u>		%						S/L·					
	<u> </u>		%					S/L·						
	<del></del>	L	%						S/L·				-	
28 Add amounts in colum		•				, page 1				28		T		
29 Add amounts in colum	n (ı), line 26. E	nter here a	nd on line Section				***	• •				29		
Complete this section for v If you provided vehicles to those vehicles.	ehicles used your employe	by a sole prees, first ans	oprietor, p wer the q	partner, c uestions	or other '	more th on C to	an 5% see if y	owner,* o ou meet :	or related an excep	d person otion to o	ı. completii	ng this s		
	(a) (b) (c)				1	- 1		(e) (f)						
30 Total business/investment		uring the	Ve	Vehicle		nicle	<u> </u>	ehicle	Vehicle		Vehicle		Vehicle	
year (do not include com			-		ļ	_	<u> </u>		<del> </del>		<u> </u>			
31 Total commuting miles							<del> </del>		<del> </del>		-			
32 Total other personal (n	oncommuting	g) miles			!									
driven				-			-		<u> </u>					
33 Total miles driven durin	- •						!							
•	Add lines 30 through 32			No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?			Yes		163	140	163	110	163	140	103	-140	103	
35 Was the vehicle used p	orimarily by a	more		<del> </del>										
than 5% owner or related person?														
36 Is another vehicle avail		onal			l — · · ·				<u> </u>					
use?									ŀ		ŀ			
	Section C	- Question	s for Emp	loyers V	Vho Pro	vide Vel	hicles	for Use b	y Their	Employe	es		•	
Answer these questions to		you meet ar	exceptio	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who as	re not m	ore than	15%
owners or related persons.								l		<b></b>				l At-
37 Do you maintain a writt	en policy sta	tement that	pronibits	ali perso	nai use d	ot venici	es, inc	luaing coi	mmuting	, by you	r		Yes	No
employees?  38 Do you maintain a writt	ton notice etc	tomont that	prohibito	nomonal	luce of s	/ahicles	evcen	t commut	ina by	(OUT				<del> </del>
employees? See the in										,oui				
39 Do you treat all use of			•	•	1110013, 0	211 001013	, 01 17	o or more	OWITCIS					+
40 Do you provide more the					ınformat	tion from	1 VOLIF	emplovee	s about					
the use of the vehicles		-			oma		, , , , , , ,	omployee	o about					
41 Do you meet the requir	•				emonstra	ation use	?						1	
Note: If your answer to								covered ve	ehicles.					
Part VI Amortization		-, -, -, -	, , , , , , , , , , , , , , , , , , , ,						***	_				·*
(a)		(b) Date amortization begins	mortization Amortizable			(d) Code section			(e) Amortization period or percentage		A:	(f) Amortization for this year		
42 Amortization of costs t	hat begins di	ring your 20	009 tax ye	ar:										
											,			
43 Amortization of costs t	hat began be	fore your 20	09 tax ye	ar							43			
44 Total. Add amounts in	column (f) S	ee the instri	ictions for	where t	o report						44			

## Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

Do not complete Part II unless you have already been granted an automatic S-month extension on a previously fried Form 8868.    Part I	•	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	<b>▶</b> X					
A corporation required to file Form 990-T and requesting an automatic 6-month extension ocheck this box and complete Part I only  All other corporations (including 1120-C filers), pertnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  All other corporations (including 1120-C filers), pertnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Betechnolic Filing (e-file), Generally, you can electronically file Form 8868 fly you want to 3-month detension of 1 (1) you want the additional find automatic 3-month extension or (2) you file recovery one 280-03, 1809, or 8870, group returns, or a composite or consolidational find automatic 3-month extension or (2) you file form 990-18 (1) of Form 8868. For more details on the electronic filing of this form, visit with the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit with the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit with the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit with the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit with the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit with the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit with the fully completed and signed page 2 (Part II) of Form 8870.  The page 2 (Part II) of Form 500 (Part II) of Form 500 (Part II) of Form 900 (Part II)	•								
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (in bombis for a corporation required to file Form 990-T), However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-T), However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-T), However, you cannot file Form 9868. For more details on the electronic filing of this form, wat www.rs. powerfels and click one-file for Charlies & Nonprofits  Type or None of Exempt Cognitional (1) of Form 8868. For more details on the electronic filing of this form, wat www.rs. powerfels and click one-file for Charlies & Nonprofits  NH ASSOCIATION OF CHIEFS OF POLICE, INC.  02-0327595  NH ASSOCIATION OF CHIEFS OF POLICE, INC.  NH ASSOCIATION	Pari	Automatic 3-Month Extension of Time. Only submit original (no copies needed)							
to file morome tax returns  Electronic Filing (e-file). Generally, you can electronically file Form 8888 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-Ti, However, you cannot file Form 8868 electronically if (1) you want the additional fine automatic) — from \$90-Ti, 100890, or 8870, group returns, or a composite or consolicitated Form 990-Ti. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit warwing oyeffed and click on e-fibe for Charles & Nonprofits  Type or print  Type or Part of Exempt Organization  H ASSOCIATION OF CHIEFS OF POLICE, INC.  Number, street, and room or suite no If a P.O box, see instructions  Type of return to be filed(file a separate application for each return):  Form 990-Tiles, state, and ZIP code. For a foreign address, see instructions.  FPPING, NH 03042  Check type of return to be filed(file a separate application for each return):  Form 990-Eight of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Eight of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Eight of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Files of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Files of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Files of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Files of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Files of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Files of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Files of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Files of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Files of Form 990-Tiles, 401(a) or 408(a) trust)  Form 990-Files of Form 990-Tiles of F	•		plete	▶ □					
noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) "month extension or (2) you file Forms 990-Ti. Boolean, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/effe and click on e- file for Chambers & Nonprofits    Name of Exempt Organization   Name of Exempt Organizati			exten	sion of time					
NH ASSOCIATION OF CHIEFS OF POLICE, INC.	noted (not at you m	below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroni atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co- ust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fil	cally if	(1) you want the additional ated Form 990-T. Instead,					
NH ASSOCIATION OF CHIEFS OF POLICE, INC.    02-0327595	• -	Name of Exempt Organization	Employer identification number						
Number, street, and room or suite no. If a P.O. box, see instructions 37 PLEASANT STREET	print	NH ASSOCIATION OF CHIEFS OF POLICE, INC.	0	2-0327595					
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  EPPING, NH 03042  Check type of return to be filed(file a separate application for each return):  Form 990 Form 990-BL Form 990-T (corporation) Form 990-BL Form 990-Form 990-Form 990-T (trust other than above) Form 990-EZ Form 990-EZ Form 990-Form 990-Form 990-T (trust other than above) Form 8870  CHIEF GREGORY DODGE  The books are in the care of ▶ 37 PLEASANT ST — EPPING, NH 03042  Telephone No ▶ 603-679-5122 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organizations return for a calendar year or ▶ XI tax year beginning JUL 1, 2009, and ending JUN 30, 2010  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any noneffundable credits. See instructions.  Be all this application is for Form 990-PF or 990-T, enter any retundable credits and estimated tax payments made include any prior year overpayment allowed as a credit tax payments made include any prior year overpayment allowed as a credit deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  See instructions.  So N/A	File by the due date for filing your 37 PLEASANT STREET								
Form 990  Form 990-T (corporation)  Form 4720 Form 990-BL  Form 990-T (sec. 401(a) or 408(a) trust)  Form 5227 Form 990-BL  Form 990-T (trust other than above)  Form 6069 Form 990-PF  Form 1041-A  Form 8870  CHIEF GREGORY DODGE  • The books are in the care of > 37 PLEASANT ST - EPPING, NH 03042  • If the organization does not have an office or place of business in the United States, check this box  If it is for part of the group, check this box  and attach a list with the names and ElNs of all members the extension will cover.  1		Ons City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
Form 990-BL	Check	t type of return to be filed (file a separate application for each return):							
The books are in the care of ▶ 37 PLEASANT ST − EPPING, NH 03042  Telephone No ▶ 603-679-5122 FAX No. ▶  if the organization does not have an office or place of business in the United States, check this box  if this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  if this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.  1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for    □ calendar year or   □ X tax year beginning JUL 1, 2009, and ending JUN 30, 2010  2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period    3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227  X Form 990-EZ Form 990-T (trust other than above) Form 6069								
FEBRUARY 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for  Calendar year or  X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010 .  If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period  If this application is for Form 990·BL, 990·PF, 990·T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990·PF or 990·T, enter any retundable credits and estimated tax payments made include any prior year overpayment allowed as a credit  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  See instructions.  3c \$ N/A	Tele  If the	e books are in the care of   37 PLEASANT ST — EPPING, NH 03042  ephone No   603-679-5122  FAX No.   e organization does not have an office or place of business in the United States, check this box has is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this							
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c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ N/A			3h	<b>s</b>					
	C	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,							

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)