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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

benefit trust or private foundation)

Open to Public Inspection

OMB No 1545-0047

2011 A For the 2011 calendar year, or tax year beginning JUL 1. and ending JUN 30, 2012 D Employer identification number Check if applicable C Name of organization Address change NH ASSOCIATION OF CHIEFS OF POLICE, INC. Name change 02-0327595 Doing Business As Initial Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 603-497-4858 ONE MUNICIPAL DRIVE Amended 395,038. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending DERRY, NH 03038 H(a) is this a group return F Name and address of principal officer: CHIEF PATRICK SULLIVAN Yes X No for affiliates? 326 MAST ROAD, GOFFSTOWN, NH H(b) Are all affiliates included? Yes Tax-exempt status: 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► HTTP://NHCHIEFSOFPOLICE.COM H(c) Group exemption number ▶ Corporation Trust X Association Other ▶ L Year of formation: 1942 M State of legal domicile NH K Form of organization Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE PROFESSIONAL LAW Activities & Governance **ENFORCEMENT.** Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part Vi, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) 9,500. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 5,357. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 25,400. 107,016. SCANNED MAR O Contributions and grants (Part VIII, line 1h) **3evenue** 59,645. 117,227.Program service revenue (Part VIII, line 2g) 23,237. 13,320. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,077. 9,714. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 113,359. 247,277. 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,376.35,764. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 19,425. 50,673. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,917. 250. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 193,589. 92,536. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 280,276. 163,254 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -32,999. -49.895Revenue less expenses. Subtract line 18 from line 12 RECEIVED **Beginning of Current Year End of Year** 567,867. 568,237. 20 Total assets (Part X, line 16) Ŏ 22 Net assets or fund balances. Subtract line 21 from Mert II Signature Block 1,718. 3,067 Ö FEB 1 9 2013 565,170. 566,149 Part II Signature Block Under penalties of perjury, Leclare 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 prepares (other than officer) is based on all information of which preparer has any knowledge Lad Signature of officer Sian CHIEF PATRICK SULLIVAN, TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature FEB-0 7 2013 P00165801 Paid PETER J. KIRIAKOUTSOS Firm's name - HOWE, RILEY & HOWE 20-3985821 Preparer Firm's EIN Firm's address 660 CHESTNUT STREET **Use Only** MANCHESTER, NH 03104-3500 (603)627-3838 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2011) NH ASSOCIATI
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-------------|-------|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | | <u>X</u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | X |
| | public office? If "Yes," complete Schedule C, Part I | _3_ | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 4 | | |
| 5 | during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | |
| 3 | similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III | 5 | х | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| • | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| • | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | ., | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 441 | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 11c | | Х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | 110 | | |
| ŭ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 1 <u>1f</u> | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | | <u>X</u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | _ <u>X</u> _ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | <u>X</u> |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 4.46 | | Х |
| 4.5 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | 1 | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | <u>X</u> |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u>X</u> |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20ь | | |
| | | Form | aan / | 70111 |

| . 44 | 1 11 Officialist of Frequired Concading (continued) | | | |
|------------|--|----------|-----|----------|
| | | } | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | v | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | ļ |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, |] ' | Х | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | l |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 00 | | x |
| 04- | Schedule J | 23 | | |
| 248 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | ļ | |
| | Schedule K. If "No", go to line 25 | 24a | | Х |
| | The state of the s | 24b | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| | any tax-exempt bonds? | 24d | - | ļ |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | 240 | | |
| 234 | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ! |
| ь | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 250 | | |
| U | 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 | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | |
| _ | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | , | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | Х | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | ł |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | [| | ĺ |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | ., |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | _33_ | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | v |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35a | | 35a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | 2=1 | i | v |
| 20 | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 00 | | |
| ~ * | If "Yes," complete Schedule R, Part V, line 2 | _36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 27 | | Х |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | HANGE WILL OUT AND HIGH DIE LEGALIEU TO COLLIDIETE OCHEGAIE O | | | |

| | Check if Schedule O contains a response to any question in this Part V | | | \Box |
|-----|--|-----|-----|--|
| | ' A CONTROL OF CONTROL | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 163 | 110 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| · | (gambling) winnings to prize winners? | 1c | : | 1 |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 1 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | : | X |
| - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 1 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | 1 |
| b | | 3b | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | 1 |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country: | | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | | 5a | | X |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | and the second of the second o | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible? | 6a | X | |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6ь | X | } |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | 1 | 1 |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources against | | : | |
| | amounts due or received from them.) | | | |
| 12a | 1 1 | 12a | | ļ |
| _ | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | ļ |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| D | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

02-0327595

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Charlett Cahadula O anataina a wannana Anna anataina a Ahia Dad VI | , 000 | | | | X | | |
|------------|---|------------|------------------------|------------|-------|---------------|--|--|
| 800 | ` Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management | | | | | | | |
| <u> </u> | don A. Governing body and management | | | | Yes | No | | |
| 12 | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 3 | res | NO | | |
| 10 | If there are material differences in voting rights among members of the governing body, or if the governing | | | 1 | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | | | |
| b | | 1b | s | 3 | | | | |
| 2 | Enter the number of voting members included in line 1a, above, who are independent | | | 4 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | WILLI | any other | 2 | | Х | | |
| 2 | officer, director, trustee, or key employee? | ممادم | • | - | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direc | a supervision | | | Х | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 00 | - 6110 | 3 | X | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | s filed (| 4 | | X | | |
| | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | X | - | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point | one or | l _ | v | | | |
| | more members of the governing body? | | P-L | 7a | Х | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockh | olaers, or | | | v | | |
| _ | persons other than the governing body? | - - | - fallanna | 7b | ļ | X | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by th | e rollowing | | Х | | | |
| a | The governing body? | | | 8a | X | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | ^ | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | at the | _ | | v | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | <u>X</u> _ | | |
| sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venu | Code.) | | | | | |
| | | | | | Yes | No | | |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | <u>X</u> | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such characteristics. | apter | s, affiliates, | Ì | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | v | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | beto | re filing the form? | 11a | X | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | . . | v | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye | es," de | escribe | | | | | |
| | In Schedule O how this was done | | | 12c | X | v | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | - | X | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | Α | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | l by in | dependent | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 1 | ., | l | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | Х | _ | | |
| b | Other officers or key employees of the organization | | | 15b | ļ | X | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | ent w | ith a | | | • | | |
| | taxable entity during the year? | | | 16a | ļ | X | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | - | • | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ızatıo | า'ร | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | |
| <u>Sec</u> | tion C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►NH | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (Sect | on 501(c)(3)s only) | availab | le | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | |
| | X Own website Another's website X Upon request | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, cor | nflict d | of interest policy, ar | ıd finar | rcial | | | |
| | statements available to the public during the tax year. | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books an | d rec | ords of the organiza | ition: 🕨 | | | | |
| | CHIEF PATRICK SULLIVAN - 603-497-4858 | | | | | | | |
| | 326 MAST ROAD, GOFFSTOWN, NH 03045 | | | | | | | |

| Form | aan | (2011) | |
|------|-----|--------|--|

NH ASSOCIATION OF CHIEFS OF POLICE, INC.

02-0327595

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) | | |
|---------------------------------------|---|-----|--|---------|--------------|------------------------------|----------|--|--|--|--|--|
| Name and Title | Average hours per week | box | Position (do not check more box, unless person officer and a direct property of the control of t | | | than is bot | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other | | |
| | (describe hours for related organizations in Schedule O) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations | | |
| (1) CHIEF ROBERT WHAREM | | | | | | | | | | | | |
| PRESIDENT | 10.00 | | | X | | | | 0. | 0. | 0. | | |
| (2) CHIEF PAUL DONOVAN | | | | | | | ŀ | | _ | _ | | |
| 1ST VICE PRESIDENT | 10.00 | | | Х | | <u> </u> | | 0. | 0. | 0. | | |
| (3) CHIEF MICHAEL SELICKI | 1 | | | | • | | | | | | | |
| 2ND VICE PRESIDENT | 10.00 | | | Х | | L. | | 0. | 0. | 0. | | |
| (4) CHIEF RICHARD CRATE | | | | | | | | | | | | |
| 3RD VICE PRESIDENT | 10.00 | | | X | L_ | | | 0. | 0. | 0. | | |
| (5) CHIEF ROBERT CORMIER | 1 | | | | | | | | | | | |
| SERGEANT-AT-ARMS | 10.00 | | <u> </u> | X | | <u> </u> | _ | 0. | 0. | 0. | | |
| (6) CHIEF EDWARD B GARONE | 10.00 | } | ļ | |] | ļ | ļ | | 0 | | | |
| SECRETARY | 10.00 | | <u> </u> | X | | <u> </u> | | 0. | 0. | 0. | | |
| (7) CHIEF GREGORY DODGE | 25 00 | | | ., | | | 1 | | 0 | _ | | |
| FORMER TREASURER | 25.00 | _ | <u> </u> | X | <u> </u> | | <u> </u> | 0. | 0. | 0. | | |
| (8) CHIEF THEODORE SMITH | 10.00 | | | х | | | | 0. | 0. | ^ | | |
| SACOP REPRESENTATIVE | 10.00 | - | — | Λ | <u> </u> | - | | <u> </u> | <u> </u> | 0. | | |
| (9) CHIEF DAVID CAHILL | 10.00 | | | X | | | | 0. | 0. | 0. | | |
| IMMEDIATE PAST PRESIDENT | 10.00 | _ | | Λ | - | | | 0. | | | | |
| (10) CHEIF PATRICK SULLIVAN TREASURER | 25.00 | | | X | | | | 0. | 0. | 0. | | |
| | 23100 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | - | | _ | | | | | | |

| Par | t VII Section A. Officers, Directors, Tr | | mple | oyee | | | High | est | | | | | | |
|-----|---|-------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|----------------------------|--------------------|---------|--------|--------|--|
| | (A) (E | | | | _ ` | C) tion | | | (D) | (E) | (F) | | | |
| | ` Name and title | Average | | | | more | than | | Reportable | Reportable | | | timat | |
| | | hours per week | | | | | | | | | | | | |
| | | (describe | ğ | | | | | | the | organizations | İ | | pensa | |
| | | hours for | diec. | | | | <u></u> | | organization | (W-2/1099-MIS | | | om th | |
| | | related | 8 | 25 E8 | | | risat | | (W-2/1099-MISC) | (| -/ | | anıza | |
| | | organizations | T ST | 툡 | | 8 | 5. | ł | | | | and | d rela | ted |
| | | ın Schedule | Individual trustee or director | Institutional trustee | 颖 | Кеу еттріоуе | Highest compensated employee | Former | | | | orga | anızat | enoi |
| | | 0) | Ť. | ₽ | Officer | ङ् | 운통 | ᅙ | | · | | | | |
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| | | L | | _ | | | Ļ_ | <u> </u> | | | _ | | | |
| | Sub-total | | | | | | | | 0. | | 0. | | | 0. |
| | Total from continuation sheets to Part V | II, Section A | | | | | | | 0. | | 0. | | | 0. |
| | Total (add lines 1b and 1c) | | | | | | <u> </u> | | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but r | not limited to th | ose | liste | ed at | OOV | e) wh | no r | eceived more than \$100 | ,000 of reportable |) | | | ^ |
| | compensation from the organization | | | _ | | | _ | | | - | | | Yes | No |
| | 51 | | | | | | | | had at a | | Г | | 162 | NO |
| 3 | Did the organization list any former officer, | | | е, ке | y en | npic | yee, | , or | nignest compensated e | mployee on | ŀ | | | Х |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | - | 3 | | <u> </u> |
| 4 | For any individual listed on line 1a, is the si | | | | | | | | | tne organization | - 1 | . | | Х |
| _ | and related organizations greater than \$15 | | | - | | | | | | | - | 4 | | |
| 5 | Did any person listed on line 1a receive or | | | | | | | elat | led organization or indivi | dual for services | Ì | _ | | Х |
| | rendered to the organization? If "Yes," contion B. Independent Contractors | npiete Schedui | 0 J 1 | or su | ıcn j | pers | son | | | · | | 5 | | Λ_ |
| | | mnonostod := : | 40- | | n+ ~ | | | | that received mare than | \$100,000 of ac- | | tion f | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | - | | | | | | | | | JEI IS8 | KION N | OIII | |
| | (A) | trie caleridar y | ear | BIIGI | ng v | VILIT . | OI W | <u> </u> | (B) | real. | | (C | 4 | |
| | Name and business | address | NO | ONE | C. | | | | Description of s | ervices | Co | omper | | n |
| | | | | | | | - | | | | | | | |
| | | | | | | | | - 1 | | | | | | |
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| | | | | | | _ | | _] | | | | | _ | |
| 2 | Total number of independent contractors (| ncluding but n | ot lir | nite | d to | tho | se lis | sted | l above) who received m | ore than | | | | |
| | \$100,000 of compensation from the organi | | | | | | <u> </u> | | | | | | | |
| | | | | | | | | | | | F | orm 9 | 990 (| 2011) |

NH ASSOCIATION OF CHIEFS OF POLICE, INC. 02-0327595

Page 8

Form 990 (2011)

| Pa | rt VI | Statement of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
|--|-------------|--|--------------------------------------|------------------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Membership dues Fundralsing events 1b 4 1c 2 | 7,493. 9,487. | | | | |
| Contribut and Other | ę | similar amounts not included above 1f 30 | 0,036. 6,194. • | 107,016. | | | |
| Program Service Revenue | 2 a | CONFERENCE AND TRADE S NH POLICE CADET TRAINI STANDARDS TESTING PROG 6 | ness Code 00099 11710 11430 | 84,974. 28,385. 2,129. | 84,974. 28,385. 2,129. | | |
| Pro | f | | 00099 | 1,739. 117,227. | 1,739. | | |
| | 3 4 5 | Investment income (including dividends, interest, a other similar amounts) Income from investment of tax-exempt bond proceiving an armony investment of tax-exempt bond proceiving an armony income from investment of tax-exempt bond proceiving an armony in the first proceiving and investment of tax-exempt bond proceiving an armony in the first proceiving an armony in the first proceiving and the | nd 🕨 | 15,198. | | | 15,198. |
| | 6 a | Gross rents Less: rental expenses | Personal | | | | |
| | t | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities (116,216.) 118,094. -1,878. | iı) Other | 1 070 | | | 1 070 |
| Other Revenue | 8 a | | 9,881. 9,667. | -1,878. | | | -1,878. |
| 0 | 9 a | Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses b | > | 214. | | | 214. |
| | 10 a | Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory | | | | | |
| | | ANNUAL PUBLICATION ADV 54 | iness Code 41800 | 9,500. | | 9,500. | |
| | d | All other revenue Total. Add lines 11a-11d Total revenue. See instructions | > | 9,500. 247,277. | 117,227. | 9,500. | 13,534. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a respon | ise to any question in this | | | |
|---------|--|-----------------------------|--|-------------------------------------|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 18,264. | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | 17,500. | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | ì | |
| | persons described in section 4958(c)(3)(B) | 45 000 | | | |
| 7 | Other salaries and wages | 45,000. | | | |
| 8 | Pension plan accruals and contributions (Include | | | | |
| | section 401(k) and section 403(b) employer contributions) | | | | |
| 8 | Other employee benefits | 5 (72 | | | |
| 10 | Payroll taxes | 5,673. | | | |
| 11 | Fees for services (non-employees): | | | } | |
| a | Management . | | | | |
| b | Legal | 2,000. | | | |
| C | Accounting | 17,000. | | | |
| d | Lobbying . | 250. | | | |
| e | Professional fundraising services. See Part IV, line 17 | 6,331. | | | |
| f | Investment management fees Other | 17,965. | <u> </u> | | |
| 9 12 | Advertising and promotion | 10,390. | | | |
| 13 | Office expenses | 11,248. | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 10,000. | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 51,629. | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 6,659. | ······································ | | ······································ |
| 24 | Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) | | | | |
| а | CADET ACADEMY EXPENSES | 26,663. | | | |
| b | CONFERENCE, SACOP & MEM | 14,613. | | | |
| c | | | | | |
| d | | | | | |
| e | All other expenses | 19,091. | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 280,276. | | | |
| 26 | Joint costs. Complete this line only if the organization | } | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |
| | Check here ▶ if following SOP 98-2 (ASC 958-720) | | | | |

| Pa | rt X | Balance Sheet | | | | |
|-------------|------|---|-----------------------------|--------------------------|---------|--------------------|
| | , | | | (A) Beginning of year | | (B) End of year |
| _ | 1 | Cash - non-interest-bearing | 37,223. | 1 | 88,195. | |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, dir | ectors, trustees, key | | | |
| | | employees, and highest compensated employee | s. Complete Part II | | | |
| | | of Schedule L | • | | 5 | |
| | 6 | Receivables from other disqualified persons (as | defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c) | | | | |
| | | employers and sponsoring organizations of secti | | | | |
| | | employees' beneficiary organizations (see instruc | tions) | | 6 | |
| Assets | 7 | Notes and loans receivable, net | • | | 7 | |
| Ass | 8 | Inventories for sale or use | | | 8 | |
| - | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | 1 | | | |
| | İ | basis. Complete Part VI of Schedule D | 10a 0. | | | |
| | b | Less: accumulated depreciation | 10b | 0. | 10c | |
| | 11 | Investments - publicly traded securities | | 531,014. | 11 | 479,672. |
| | 12 | Investments · other securities. See Part IV, line 1 | 1 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | 1 | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | l line 34) | 568,237. | 16 | 567,867. |
| | 17 | Accounts payable and accrued expenses | | 3,067. | 17 | 1,718. |
| | 18 | Grants payable . | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete P | | 21 | ····· | |
| | 22 | Payables to current and former officers, directors | , trustees, key employees, | | | |
| Liabilities | | highest compensated employees, and disqualifie | d persons. Complete Part II | | | |
| _ | | of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelate | ed third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | third parties | | 24 | |
| | 1 - | | | 1 | | |

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

Organizations that follow SFAS 117, check here

Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

X
and complete lines 30 through 34. 565,170. 566,149. 30 Capital stock or trust principal, or current funds 0. Paid-in or capital surplus, or land, building, or equipment fund 31 0. 32 Retained earnings, endowment, accumulated income, or other funds 565,170. 33 568,237. 34 566,149. 567,867. Total net assets or fund balances

and complete

Form **990** (2011)

1,718.

25

26

27

3,067.

Net Assets or Fund Balances

28

32

33

Schedule D

Unrestricted net assets

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Total liabilities and net assets/fund balances

| Form | 990 (2011) NH ASSOCIATION OF CHIEFS OF POLICE, INC. | 02- | 0327595 | Pa | ge 12 | | | |
|------|---|----------|---------|-----|--------------|--|--|--|
| Pa | t XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X | | | |
| | | | | | | | | |
| 1 | 1 Total revenue (must equal Part VIII, column (A), line 12) | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 70. | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | _5 | 3: | 3,9 | 78. | | | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 56 | 5,1 | 49. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | | |
| 2a | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audıt, | 1 1 | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Scho | edule O | | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| За | 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | | | | | |
| | Act and OMB Circular A-133? | | | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | red aud | lit | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | <u>L</u> | | | |

Form **990** (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 V, 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), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| • | Section 501(c)(4), (5), or (6) organiza | tions: Complete Part III. | ··· | | |
|--------|---|--|-------------------------|--|--|
| Nan | ne of organization | | | Empl | oyer identification number |
| | NH ASSO | CIATION OF CHIEF | S OF POLICE | , INC. | 02-0327595 |
| Pε | art I-A Complete if the or | ganization is exempt und | ler section 501(c) | or is a section 527 o | rganization. |
| 3 | Provide a description of the organic Political expenditures Volunteer hours | | | ▶ \$ | |
| ш | | <u>janization is exempt und</u> | | | |
| 1 | Enter the amount of any excise tax | incurred by the organization und | der section 4955 | > \$ | |
| 2 | Enter the amount of any excise tax | incurred by organization manage | ers under section 4955 | 5 ▶\$ | |
| 3 | If the organization incurred a section | n 4955 tax, did it file Form 4720 | for this year? | | Yes No |
| | Was a correction made? | | | | Yes No |
| | If Yes, describe in Part IV. | | 504/s\ | | -1/01 |
| تنستنا | | ganization is exempt und | | | |
| | Enter the amount directly expende | | | | |
| 2 | Enter the amount of the filing organ | ization's funds contributed to ot | her organizations for s | _ | |
| | exempt function activities | _ | | ▶\$ | |
| 3 | Total exempt function expenditures | i. Add lines 1 and 2. Enter here a | ind on Form 1120-POL | ., N | |
| | line 17b | | | ▶\$ | |
| | Did the filing organization file Form | • | | | └ Yes |
| 5 | Enter the names, addresses and en | • • | • | - | |
| | made payments. For each organiza | · | • • | | • |
| | contributions received that were propolitical action committee (PAC). If | • • | | • | te segregated fulld of a |
| | | , <u></u> | | | |
| | (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 |
| | | | | | delivered to a separate |
| | | | | | political organization. If none, enter -0 |
| | | | | | in none, onto o : |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

| Schedule C (Form 990 or 990-EZ) 2011 | | | | | 0327595 Page 2 |
|--|---|----------------------------|----------------------------|---|-----------------------------|
| Part II-A Complete if the org | | xempt under section | on 501(c)(3) and the | ea Form 5/66 | |
| | | affiliated group (and list | In Part IV each affiliated | group member's na | me, address, EIN, |
| expenses, and sha | re of excess lobby | ng expenditures). | | | |
| B Check ▶ ☐ If the filing organiza | tion checked box | A and "limited control" pr | ovisions apply. | | |
| Limi | ts on Lobbying Ex | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to infli | uence public opini | on (grass roots lobbying) | | | |
| b Total lobbying expenditures to infli | uence a legislative | body (direct lobbying) | | | |
| c Total lobbying expenditures (add li | · · | | | | |
| d Other exempt purpose expenditure | es . | | | | |
| e Total exempt purpose expenditure | | d 1d) | | | |
| f Lobbying nontaxable amount. Enter | • | | th columns. | | |
| If the amount on line 1e, column (a) o | | lobbying nontaxable an | | | |
| Not over \$500,000 | | of the amount on line 16 | | | |
| Over \$500,000 but not over \$1,00 | | 0,000 plus 15% of the ex | | | |
| Over \$1,000,000 but not over \$1,5 | | ,000 plus 10% of the ex | | | |
| Over \$1,500,000 but not over \$17. | | 5,000 plus 5% of the exc | | | |
| Over \$17,000,000 | 300 <u>313.</u> \$ 1,00 <u>3,00</u> 3. | | | | |
| | | 00,000. | | | |
| g Grassroots nontaxable amount (en | nter 25% of line 10 | | | ••••••••••••••••••••••••••••••••••••••• | |
| h Subtract line 1g from line 1a. If zer | • | | ţ | | |
| i Subtract line 1f from line 1c. If zero | · · | | Ī | | |
| j If there is an amount other than ze | • | or line 1, did the organiz | zation file Form 4720 | | • |
| reporting section 4911 tax for this | | J | | | Yes No |
| | | Averaging Period Under | r Section 501(h) | | |
| (Some organiz | | a section 501(h) electio | | lete all of the five | |
| co | lumns below. See | the instructions for line | es 2a through 2f on pag | ge 4.) | |
| | Lobbying Ex | penditures During 4-Ye | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (e) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount | | | | ······································ | |
| (150% of line 2a, column(e)) | | | | | |
| T. A. H. 18 | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | ······································ | |
| e Grassroots ceiling amount | | | | | |
| (150% of line 2d, column (e)) | | | | ······································ | |
| f Grassroots Johnving expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2011 NH ASSOCIATION OF CHIEFS OF POLICE, INC 02-0327595 Page 3 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description | (a |) | (b) | | |
|--|-------------|---|-------------|-----------|--|
| of the lobbying activity. | Yes | No | Amo | unt | |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? | | | | ···· | |
| d Mailings to members, legislators, or the public? | | - | | | |
| e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? | | | | | |
| j Total. Add lines 1c through 1i | | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | ··· | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | n 501(c) | (5), or se | | | |
| | | | Yes | No | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | 1 | X | | |
| Did the experimence make only in house labburing expenditures of \$2,000 or loss? | | | | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | _2 | | X | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 504/-1/ | 3 | | X | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section | | 3 (5), or se | | Х | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." | | 3 (5), or se | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." 1 Dues, assessments and similar amounts from members | 'No" OR | 3 (5), or se | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures). | 'No" OR | 3 (5), or se (b) Part | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | 'No" OR | 3 (5), or se (b) Part | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year | 'No" OR | 3 (5), or se (b) Part | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year | 'No" OR | 3 (5), or se (b) Part | | Х | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total | 'No" OR | 3 (5), or se (b) Part | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 'No" OR | 3 (5), or se (b) Part | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds | 'No" OR | 3 (5), or se (b) Part | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures from the prior year? | 'No" OR | 3 (5), or se (b) Part | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? | 'No" OR | 3 (5), or se (b) Part 1 2a 2b 2c 3 | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomial expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) | 'No" OR | 3 (5), or se (b) Part | | Х | |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedages the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyperiod amount of lobbying and polytical expenditures (see instructions) Part IV Supplemental Information | 'No" OR | 3 (5), or se (b) Part 1 2a 2b 2c 3 | III-A, lind | X e 3, is | |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

| Pa | NH ASSOCIATION OF CHIEFS OF rt I Organizations Maintaining Donor Advised Funds or O | | 02-0327595 |
|-----|--|---------------------------------|--|
| Fa | | ther Similar Funds or | Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line 6. | advised funds | (b) Funds and other accounts |
| | | 201/300 101103 | (b) I dies and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | · · · · · · · · · · · · · · · · · · · |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | ante baldio danno advinad fi | |
| 5 | Did the organization inform all donors and donor advisors in writing that the as | | |
| | are the organization's property, subject to the organization's exclusive legal co | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing | - | • |
| | for charitable purposes and not for the benefit of the donor or donor advisor, o impermissible private benefit? | ir for any other purpose com- | Yes No |
| Par | | ed "Yes" to Form 990 Part IV | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that | | v, iii o r. |
| • | Preservation of land for public use (e.g., recreation or education) | Preservation of an historic | ally important land area |
| | Protection of natural habitat | Preservation of a certified | |
| | Preservation of open space | 1 reservation of a certified | mistorio structuro |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation | contribution in the form of a | conservation easement on the last |
| - | day of the tax year. | contribution in the form of a t | sonservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| | | (a) | 2c |
| d | | | |
| Ū | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguish | ed, or terminated by the orga | anization during the tax |
| - | year ▶ | , | • • • • • • • • • • • • • • • • • • • |
| 4 | Number of states where property subject to conservation easement is located | > | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, | | |
| | violations, and enforcement of the conservation easements it holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cor | nservation easements during | the year ▶ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conserv | | _ |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requi | rements of section 170(h)(4) | (B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservation easements in the | ts revenue and expense stat | ement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization's financial state | tements that describes the o | rganization's accounting for |
| | conservation easements. | | - |
| Par | rt III Organizations Maintaining Collections of Art, Historic | | ^r Similar Assets. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 8 | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to rep | | |
| | historical treasures, or other similar assets held for public exhibition, education | , or research in furtherance o | of public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that describes these items. | | |
| Ь | | | |
| | treasures, or other similar assets held for public exhibition, education, or resear | rch in furtherance of public s | ervice, provide the following amounts |
| | relating to these items: | | . . |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ► \$ ► \$ |
| _ | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treasures, or other si | _ | ı, provide |
| | the following amounts required to be reported under SFAS 116 (ASC 958) relat | ing to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | 5 |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| 11111 | | CIATION OF | | | | | | | 327595 | |
|--------------|--|-----------------------|------------|---------------|----------------|------------|----------------|----------------|---------------|-----------|
| Pa | t III Organizations Maintaining C | ollections of A | rt, His | torical T | reasures, | or Oth | <u>er Simi</u> | ar As | sets (contin | ued) |
| 3 | Using the organization's acquisition, accessi | on, and other record | ds, chec | k any of the | following the | at are a s | ignificant | use of I | ts collection | items |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | • | d | Loan or exc | change progr | ams | | | | |
| b | Scholarly research | • | • 🗔 | Other | | _ | | | | |
| C | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın how tl | ney further | the organizat | ion's exe | mpt purp | ose in P | art XIV. | |
| 5 | During the year, did the organization solicit of | r receive donations | of art, h | storical trea | asures, or oth | ner sımıla | r assets | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of | the orga | nization's c | ollection? | | | [| Yes | No_ |
| Pa | Escrow and Custodial Arrange reported an amount on Form 990, Par | | ete if the | organizatı | on answered | "Yes" to | Form 99 |), Part I | V, line 9, or | |
| 1a | Is the organization an agent, trustee, custodi | an or other interme | diary for | contributio | ns or other as | ssets not | included | | | |
| | on Form 990, Part X? | | • | | | | | [| Yes | ☐ No |
| ь | If "Yes," explain the arrangement in Part XIV | and complete the fo | ollowing | table: | | | | | | |
| | • | • | Ū | | | | - | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | - | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | | | | Yes | No No |
| b | If "Yes," explain the arrangement in Part XIV. | | | | | | | | | |
| Pa | t V Endowment Funds. Complete if | the organization ar | nswered | "Yes" to Fo | orm 990, Part | IV, line | 10. | | | |
| | | (a) Current year | (b) P | rior year | (c) Two yea | rs back | (d) Three | years bac | ck (e) Four | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| 9 | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end baland | e (line 1 | g, column (| a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | | |
| C | Temporarily restricted endowment ▶ | % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | ld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiz | ation tha | at are held a | and administe | ered for t | he organı | zation | _ | |
| | by: | | | | | | | | \ | es No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | • | | | | | | | _3b | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. See Form 990 |), Part X | , line 10. | | | | | | |
| | Description of property | (a) Cost or o | | | t or other | 1 | ccumulat | 1 | (d) Book | value |
| | | basis (investr | ment) | basis | (other) | de | preciation | | | |
| | Land | ļ | | | | | | | | |
| | Buildings | | | <u> </u> | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | | | | | | | | | |
| | Other | | | | | | | _ + | | |
| Total | . Add lines 1a through 1e. (Column (d) must ed | gual Form 990, Part | X, colun | nn (B), line | 10(c).) | | | | | 0. |

| | Investments - Other Securities. (a) Description of security or category | | | c) Method of valuation: |
|-------------------|--|--|---------------------------------------|--|
| . " | (including name of security) | (b) Book value | | or end-of-year market value |
| (1) Financia | al denvatives | | | |
| (2) Closely | -held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | · | | | |
| (E) | | | | |
| <u>(F)</u> | | | | |
| (G) | | | | |
| <u>(H)</u> | | | | |
| (1) | | | | |
| | n) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII | Investments - Program Related. | See Form 990, Part X, III | | a) Mathad of valuations |
| | (a) Description of investment type | (b) Book value | | c) Method of valuation: or end-of-year market value |
| /11 | | | | |
| <u>(1)</u> (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Col (b |) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. See Form 990, Part X, lin | | | |
| | (ē | a) Description | | (b) Book va |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | · · · · · · · · · · · · · · · · · · · | |
| <u>(6)</u> | | <u> </u> | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| | mn (b) must equal Form 990, Part X, col (B) li | ne 15.) | | • |
| Part X | Other Liabilities. See Form 990, Part | | | |
| 1. | (a) Description of liability | | (b) Book value | The state of the s |
| (1) Fed | eral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| (11) | mn (b) must equal Form 990, Part X, col (B) lii C 740) Footnote In Part XIV, provide the text of the footnote C 740) | | | |
| | | | ſ | |

| Sche | dule D (Form 990) 2011 NH ASSOCIATION OF CHIEFS O | | | | | 0327595 | Page 4 |
|---------|--|--------------|---------------|----------|-------------|------------------|--------------|
| Pa | t XI Reconciliation of Change in Net Assets from Form 990 to | <u>Audit</u> | ed Finan | icial St | atemen | ts | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | | | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | 3 | | | |
| 4 | Net unrealized gains (losses) on investments | | | 4 | | | |
| 5 | Donated services and use of facilities | • | | 5 | | | |
| 6 | Investment expenses | | | 6 | | | |
| 7 | Prior period adjustments | | | 7 | | | |
| 8 | Other (Describe in Part XIV.) | | | 8 | | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | | 9 | | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 an | | EAL D | 10 | | | |
| | t XII Reconciliation of Revenue per Audited Financial Stateme | ents vv | ith Reve | nue pe | | <u> </u> | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 2a | | | | | |
| a | Net unrealized gains on investments Donated services and use of facilities | 2b | | | - | | |
| b | Recoveries of prior year grants | 2c | | | | | |
| c d | Other (Describe in Part XIV.) | 2d | | | | | |
| e | Add lines 2a through 2d | 20 | | · · | | | |
| 3 | Subtract line 2e from line 1 | | | | 3 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| ь | Other (Describe in Part XIV.) | 4b | | | | | |
| c | Add lines 4a and 4b | | | | 4c | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | 5 | | |
| | t XIII Reconciliation of Expenses per Audited Financial Statement | ents V | Vith Expe | enses p | er Retu | rn | |
| 1 | Total expenses and losses per audited financial statements | | | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | | |
| а | Donated services and use of facilities | 2a | | | | | |
| b | Prior year adjustments | 2b | | | | | |
| c | Other losses | 2c | | | | | |
| d | Other (Describe in Part XIV.) | 2d | | | | | |
| е | Add lines 2a through 2d | | | | 2e | | |
| 3 | Subtract line 2e from line 1 | | | | 3 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | İ | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | _ | | |
| | Other (Describe in Part XIV.) | 4b | | | i | | |
| _ | Add lines 4a and 4b | | | | 4c | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | | 5 | | |
| | TXIV Supplemental Information | | d . D. | | | Ob a Dood V June | 4. David |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II | | | | | | 4; Part |
| ^, IIII | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp | Nete this | s part to pro | wide any | accilional | information. | |
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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or.990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2011

Open To Public Inspection

| NAME OF THE ORGANIZATION NH ASSC | CIATION OF CHIEFS | OF | POL | ICE, INC. | 02-0327 | 595 |
|--|---|--|---|---|--|---|
| | . Complete if the organization answer | | | | line 17. Form 990-EZ | filers are not |
| Indicate whether the organization raise Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written exercise employees listed in Form 990, F If "Yes," list the ten highest paid indicompensated at least \$5,000 by the | e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with policiduals or entities (fundraisers) pursu | tion of tion of fundra (includerofess | non-g gover using o ding of ional f | overnment grants nment grants events fficers, directors, truit undraising services? | stees orYes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con or con contribution | ustodv | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
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| Fotal | <u> </u> | <u> </u> | • | | | |
| List all states in which the organization or licensing. | on is registered or licensed to solicit of | contrib | utions | s or has been notified | d it is exempt from re | egistration |
| | | | | | | |
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Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events CONFERENCE NONE (add col. (a) through GOLF TOURNAM col. (c)) (event type) (event type) (total number) 59,368. 59,368. Gross receipts 29,487. 29,487. 2 Less: Charitable contributions 29,881. 29,881. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 5,898. 5,898. Rent/facility costs Food and beverages Entertainment 23,769. 23,769. Other direct expenses 29,667 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2011 NH ASSOCIATION OF CHIEFS OF POLICE, INC. 02-0327595 Page 2

| <u>Scr</u> | nedule G (Form 990 or 990-EZ) 2011 NH ASSOCIATION OF CHIEFS OF POLICE, INC. 02-0 | <u> 1327!</u> | <u> 595</u> | Page 3 |
|------------|--|------------------|-------------|----------------|
| 11 | , Does the organization operate gaming activities with nonmembers? | | Yes | No No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | , 🔲 🕽 | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| í | a The organization's facility | 13a | | % |
| ı | b An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | - - |
| | Name ▶ | | | |
| | Address | | | |
| 158 | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | f es | ☐ No |
| ŧ | b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party > \$ | | | |
| • | c If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address ▶ | | | |
| 16 | Gaming manager information: | | | |
| | Name ► | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | □ ' | ſes | No |
| ŧ | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| | organization's own exempt activities during the tax year ▶ \$ | | | |
| Pa | Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) | | | |
| | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information | <u>) (see in</u> | struc | tions). |
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Schedule I (Form 990) (2011) **ž Employer identification number** × 02-0327595 Open to Public OMB No 1545-0047 Inspection. (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization if applicable cash grant and address of organization or government assistance or government cash assistance assistance or government assistance or government or government assistance or government or government assistance or government or gover Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. INC Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CHIEFS OF POLICE, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table NH ASSOCIATION OF General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part # Part

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. CAREER, AS INDICATED BY A COURSE OF STUDY, OR ANY DESERVING STUDENT WHO DESIRES A COLLEGE EDUCATION. EACH YEAR, ONE SCHOLARSHIP IN THE AMOUNT OF \$1,000 IS AWARDED IN MEMORY OF THE LATE CHIEF RAY BURROWS AND ONE \$1,000 IS AWARDED IN MEMORY OF THE LATE CHIEF JOHN GANLEY. ADDITIONAL SCHOLARSHIPS MAY BE AWARDED WITH FUNDS CHIEFS AND POLICE OFFICERS WHO ARE INTERESTED IN A LAW ENFORCEMENT DEADLINES FOR APPLICATION SUBMISSION IS MAY 15TH. ALL FINANCIAL ASSISTANCE TO SONS OR DAUGHTERS OF NEW HAMPSHIRE POLICE IN THE ORGANIZATION'S BY-LAWS: THE SCHOLARSHIP COMMITTEE AWARDS (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients Part III can be duplicated if additional space is needed. SCHOLARSHIP IN THE AMOUNT OF (a) Type of grant or assistance PERMITTING. 132102 01-27-12

Page 2

02-0327595

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

NH ASSOCIATION OF CHIEFS OF POLICE, INC.

Schedule ! (Form 990) (2011)

| Schedule I (Form 9 Part IV Supr | 90) 2011 Dementa | NH I Informat | ASS | SOCIATION | OF C | HIEFS | OF | POL] | CE, | INC. | 02-03 | 327595 | Page 2 |
|---------------------------------|---------------------|---------------------------------------|----------------|--------------|-------|---------------|-------|------|------|-------------|---------------|-------------|-------------|
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| SCHOLARSH | IPS AR | E AWARI | DED | ONCE PER | YEAR | AT 1 | HE J | UNE | GENE | RAL N | <u>IEMBER</u> | RSHIP | |
| MEETING. 7 | THE SC | HOLARSI | HIP | COMMITTE | E ADD | OITI | IALLY | IS | REQU | IRED | TO AC | T ON | - |
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SCHEDULE L

(Form 990 or 990-EŻ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2011

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2011

| Name of the organization | | | | | | | | | | Employer | identif | ication r | umber | |
|----------------------------------|--|--------------|-------------|------------------|---------------------------------------|----------------------------------|-------------|---------------|--|----------------|---------------------|--|----------------|--|
| | ASSOCI. | ATI | ON C | OF CH | HEFS O | F POLICE | , IN | IC. | | 02-03 | 2759 | 5 | | |
| Part I Excess Benefit | Transaction | ons (| section | 501(c)(| 3) and section | n 501(c)(4) organ | izations | s only). | | | | | | |
| Complete if the orga | nızation ansv | <u>rered</u> | "Yes" c | n Form | 990, Part IV, | line <u>25a</u> or 25b, <u>c</u> | or Form | 99 <u>0-E</u> | Z, Parl | V, line 40 |)b | | | |
| 1 (a) Name of dis | (a) Name of disqualified person | | | | | | | transa | ction | tion | | | (c) Corrected? | |
| | ———— | | | | | (b) Descrip | | | | | | Yes | No | |
| | | | | | | | | | | | | | | |
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| | | | | | | | _ | | | | | | | |
| 2 Enter the amount of tax impo | osed on the o | roaniz | ation n | nanagers | s or disqualifi | ed persons durin | na the v | ear und | der | | | <u></u> | | |
| section 4958 | 2000 011 1110 0 | garna | | ia iagore | or alaqualin | od pordono danii | .g , | | J O. | ▶ \$ | | | | |
| 3 Enter the amount of tax, if ar | ny, on line 2, a | above | , reimbi | ursed by | the organiza | ation | | | | ▶ \$ | | | | |
| | | | | | | | _ | | | | | | | |
| Part II Loans to and/or | r From Inte | eres | ted Po | ersons | 3. | | | | | | | | | |
| Complete if the orga | nization answ | /ered | "Yes" o | n Form | 990, Part IV, | line 26, or Form | 990-EZ, | Part V | , line 3 | 8a. | | , | | |
| (a) Name of interested | (b) Loan to | | | | nal principal | (d) Balance d | ue | (e) | | (f) App | oroved ard or | | ritten | |
| person and purpose | the organ | nizatio | n? | an | nount | | - | defa | | comm | agreement | | | |
| | To | Fro | om | | | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | <u> </u> | | | | | | | | |
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| Total | | | | | <u> </u> | | | | | | | <u> </u> | | |
| Part III Grants or Assis | tance Ben | efiti | ng Int | ereste | d Person | s. | | | | | | | | |
| Complete if the orga | | /ered | _ | | | | | | | | | | | |
| (a) Name of interested i | person | | (| b) Relati | | een interested pe ganization | erson ar | nd | | (c) Am | ount an assistar | d type o ice | f | |
| KATHARINE DODGE | | | + | | | ER'S DAU | | R | S | CHOLA | RSHI | P 1, | 500. | |
| KIM SIELICKI | | | | | | DENT'S W | | | S | CHOLA | RSHI | P 50 | 0. | |
| ALYSSA CONLEY | | | 2ND | VICE | PRESI | DENT'S S' | TEP- | DAU | G S | CHOLA | RSHI | P 50 | 0 | |
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SEE PART V FOR CONTINUATIONS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS: (A) NAME OF PERSON: ALYSSA CONLEY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: 2ND VICE PRESIDENT'S STEP-DAUGHTER

Schedule L (Form 990 or 990-EZ) 2011 NH ASSOCIATION OF CHIEFS OF POLICE, INC.02-0327595 Page 2

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

ZUII

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

NH ASSOCIATION OF CHIEFS OF POLICE, INC.

Employer identification number 02-0327595

Part I Types of Property (a) (b) (c) (d) Noncash contribution Check If Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art · Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 18,170. FAIR MARKET VALUE X 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities · Closely held stock 11 Securities · Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution · Other 15 Real estate - Residential 16 Real estate - Commercial Real estate · Other 17 18 Collectibles 1,474. FAIR MARKET VALUE 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 2,691. FAIR MARKET (GOLF PACKAGES) X 15 VALUE 25 Other > 1 1,250. FAIR MARKET (ENTERTAINMENT) X VALUE 26 Other -3 1,090. FAIR MARKET (GOLF TOURNAME) X VALUE 27 Other -4 544. (FOOD GIFT CER) FAIR MARKET VALUE 28 29 Number of Forms 8283 received by the organization during the tax year for contributions 0 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| Schedule M (Form 990) (2011) ASSOCIATION OF CHIEFS OF POLICE, INC. | 02-0327595 Page 2 |
|---|---|
| Part II Supplemental Information. Complete this part to provide the information required by Part I, line the organization is reporting in Part I, column (b), the number of contributions, the number of items recomplete this part for any additional information. | nes 30b, 32b, and 33, and whether elived, or a combination of both. |
| PART I, OTHER TYPES OF PROPERTY: | |
| GOLF EQUIPMENT | |
| (A) CHECK IF APPLICABLE = X | |
| (B) NUMBER OF CONTRIBUTORS = 2 | |
| (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 325. | |
| (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE | |
| TICKETS - ENTERTAINMENT | |
| (A) CHECK IF APPLICABLE = X | ··· |
| (B) NUMBER OF CONTRIBUTORS = 4 | |
| (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 264. | |
| (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE | |
| GIFT CERTIFICATES - ENTERTAINMENT | |
| (A) CHECK IF APPLICABLE = X | |
| (B) NUMBER OF CONTRIBUTORS = 1 | |
| (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 150. | |
| (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE | |
| HOTEL ACCOMODATION PACKAGE | |
| (A) CHECK IF APPLICABLE = X | |
| (B) NUMBER OF CONTRIBUTORS = 1 | |
| (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 119. | |
| (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE | |
| GIFT CARD - HOUSEHOLD | |
| (A) CHECK IF APPLICABLE = X | Schedule M (Form 990) (2011) |
| | in the series on the part it |

| Schedule M (Form 990) (2011) NH ASSOCIATION OF CHIEFS OF POLICE, INC. 02-0327595 Page 2 |
|---|
| Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
| (B) NUMBER OF CONTRIBUTORS = 2 |
| (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 75. |
| (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE |
| |
| EQUIPMENT GEAR |
| (A) CHECK IF APPLICABLE = X |
| (B) NUMBER OF CONTRIBUTORS = 2 |
| (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 42. |
| (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE |
| |
| |
| SCHEDULE M, PART I, COLUMN (B): REPORTING NUMBER OF CONTRIBUTIONS. |
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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 Open to Public Inspection

Schedule O (Form 990 or 990-EZ) (2011)

| Name of the organization NH ASSOCIATION OF CHIEFS OF POLICE, INC. D2-0327595 |
|---|
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: |
| SCHOLARSHIP PROGRAM - FINANCIAL ASSISTANCE IS GIVEN TO ANY DESERVING |
| STUDENT WHO DESIRES A COLLEGE EDUCATION. |
| THE ASSOCIATION PROVIDES MEMBERS, THROUGH LEGISLATIVE AFFAIRS |
| MONITORING, CURRENT UP-TO-DATE INFORMATION THAT HAS A DIRECT IMPACT ON |
| LAW ENFORCEMENT. |
| |
| FORM 990, PART VI, SECTION A, LINE 4: REVISION OF ORGANIZATION'S BY-LAWS: |
| 1. ARTICLE II MEMBERSHIP, PARAGRAPH 3., LIFE MEMBER, |
| SECTION A., ACTIVE LIFE MEMBER, WAS RELABLED AS PARAGRAPH 4. AND STATEMENTS |
| "LIFE MEMBERS WHO SUBSEQUENT TO BEING NAMED LIFE MEMBERS ARE ELIGIBLE FOR |
| ACTIVE MEMBERSHIP SHALL HAVE THEIR LIFE MEMBERSHIP HELD IN ABEYANCE DURING |
| THE TERM THEY ARE ELIGILBLE FOR ACTIVE MEMBERSHIP." "LIFE MEMBERSHIP SHALL |
| BE FULLY REINSTATED UPON TERMINATION OF ELIGIBILITY FOR ACTIVE MEMBERSHIP |
| STATUS." WERE ADDITIONS TO THIS PARAGRAPH. |
| |
| 2. ARTICLE II MEMBERHIP, PARAGRAPH 4., PROFESSIONAL ASSOCIATE MEMBERS, WAS |
| RELABLED AS PARAGRAPH 5. |
| 3. ARTICLE II MEMBERSHIP, PARAGRAPH 5., LEGAL OFFICERS' SECTION, |
| WAS RELABLED AS PARAGRAPH 6. AND "SECTION A MEMBERSHIP IN THE LEGAL |
| OFFICERS' SECTION OF THE NHACOP IS OPEN TO INDIVIDUALS WHO ARE GRADUATES OF |
| A RECOGNIZED SCHOOL OF LAW, WHO ARE LICENSED TO PRACTICE LAW IN THE STATE |
| OF NEW HAMPSHIRE, AND WHO ARE ATTACHED IN SOME CAPACITY, EITHER FULL OR |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

132211 01-23-12

Name of the organization

NH ASSOCIATION OF CHIEFS OF POLICE, INC.

Employer identification number 02-0327595

PART TIME, TO A LAW ENFORCEMENT OR PROSECUTING AGENCY. THIS WILL INCLUDE,
BUT NOT BE LIMITED TO: I. FULL AND PART TIME PROSECUTORS WHO ARE LAWYERS,
II. LEGAL ADVISORS, III. COUNTY ATTORNEYS AND THEIR ASSISTANTS, IV.
ATTORNEYS GENERAL AND THEIR ASSISTANTS, V. U.S. ATTORNEYS AND THEIR
ASSISTANTS." WAS AN ADDITION TO THE PARAGRAPH.
THIS SECTION WAS FORMALLY ARTICLE II MEMBERSHIP, PARAGRAPH 6.

4. ARTICLE II MEMBERSHIP, PARAGRAPH 5., LEGAL OFFICERS' SECTION,

"SECTION B. - QUALIFIED MEMBERS SHALL BE VOTED UPON AND APPROVED BY THE

GENERAL MEMBERSHIP OF NHACOP. EXCEPT AS HEREIN RESERVED TO THE CHAIRMAN OF

THE LEGAL OFFICERS' SECTION, MEMBERS OF THE LEGAL OFFICERS' SECTION SHALL

BE CONSIDERED PROFESSIONAL ASSOCIATES OF THE NHACOP. DUES SHALL BE PAID TO

NHACOP ACCORDINGLY." WAS AN ADDITION TO THE PARAGRAGH.

THIS SECTION WAS FORMALLY ARTICLE II MEMBERSHIP, PARAGRAPH 7. AND WAS

RELOCATED TO PARAGRAPH 6.

5. ARTICLE II MEMBERSHIP, PARAGRAPH 5., LEGAL OFFICERS' SECTION,

"SECTION C. - ONE MEMBER OF THE LEGAL OFFICERS' SECTION SHALL BE APPOINTED

CHAIRMAN BY THE PRESIDENT OF THE NHACOP. THE CHAIRMAN SHALL SERVE A ONE

YEAR TERM WHICH COINCIDES WITH THAT OF THE PRESIDENT. IT SHALL BE THE DUTY

OF THE CHAIRMAN TO PRESIDE OVER MEETINGS OF THE LEGAL OFFICERS' SECTION, TO

INSURE THE ORDERLY TRANSACTION OF THE BUSINESS OF THE SECTION, AND TO

APPOINT SUCH WORKING COMMITTEES AS MAY BE NECESSARY TO CARRY OUT THE

RESOLUTIONS AND ACTIONS OF THE SECTION, OR AS MAY BE REQUESTED BY THE

ASSOCIATION." WAS AN ADDITION TO THE PARAGRAPH.

THIS SECTION WAS FORMALLY ARTICLE II MEMBERSHIP, PARAGRAPH 8. AND WAS

RELOCATED TO PARAGRAPH 6.

6. ARTICLE II MEMBERSHIP, PARAGRAPH 8., BUSINESS MEMBER,

PARAGRAPH "SHALL REPRESENT COMMERCIAL ENTERPRISES THAT PROVIDE PRODUCTS OF SERVICES TO THE LAW ENFORCEMENT COMMUNITY SPECIFICALLY, OR TO THE CRIMINAL JUSTICE SYSTEM GENERALLY. THE PURPOSE OF THIS CLASS OF MEMBERSHIP IS TO PROVIDE THE CORPORATE/BUSINESS COMMUNITY THE OPPORTUNITY TO SUPPORT THE GOALS AND OBJECTIVES OF THE ASSOCIATION. CORPORATE MEMBERS WILL BE LISTED IN THE ANNUAL MEMBERSHIP DIRECTORY. CORPORATE MEMBERS MAY ATTEND GENERAL MEMBERSHIP MEETING, BUT WILL NOT BE ELIGIBLE TO VOTE, HOLD ELECTED OFFICE, OR SERVE ON COMMITTEES." WAS AN ADDITION TO THE BY-LAWS.

7. ARTICLE IV POWERS AND DUTIES OF OFFICERS, PARAGRAPH 2., VICE PRESIDENT,
"SECTION A. THE FIRST VICE PRESIDENT WILL CHAIR THE FINANCE COMMITTEE" AND
"SECTION B. THE SECOND VICE PRESIDENT WILL CHAIR THE AUDIT COMMITTEE AND
SHALL PERFORM THE MONTHLY BANK ACCOUNT RECONCILIATION AND SUBMIT A REPORT
TO THE SECRETARY."

THESE SECTIONS WERE ADDITIONS TO THIS PARAGRAPH.

8. ARTICLE IV POWERS AND DUITES OF OFFICERS, PARAGRAPH 7., EXECUTIVE DIRECTOR,

PARAGRAPH "AN EXECUTIVE DIRECTOR MAY BE APPOINTED BY THE EXCUTIVE BOARD TO ACT AS THE AGENT AND ADMINISTRATIVE MANAGER FOR THE ASSOCIATION. THE EXECUTIVE DIRECTOR IS A REPRESENTATIVE OF THE ASSOCIATION AS SPECIFICALLY DELEGATED BY THE EXECUTIVE BOARD UNDER THE DIRECTION OF THE PRESIDENT. AS ADMINISTRATIVE MANAGER, THE EXECUTIVE DIRECTOR SHALL BE THE IMMEDIATE MANAGER AND SUPERVISOR OF ALL SUBCONTRACTORS, VOLUNTEERS OR PART-TIME STAFF WHOSE POSITION IS AUTHORIZED BY THE EXECUTIVE BOARD. THE ACTIVITIES AND AUTHORITY OF THE EXECUTIVE DIRECTOR WILL BE CONTROLLED BY THESE BY-LAWS, AND BY A SET OF POLICIES, RULES, REGULATIONS AND GUIDELINES, APPROVED BY

Name of the organization

NH ASSOCIATION OF CHIEFS OF POLICE, INC.

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THE EXECUTIVE BOARD." WAS AN ADDITION TO THE BY-LAWS.

- 9. ARTICLE VIII COMMITTEES, PARAGRAPH 2., FINANCE COMMITTEE,

 STATEMENT "THE CHAIR OF THE COMMITTEE WILL BE THE FIRST VICE PRESIDENT."

 WAS AN ADDITION TO THE PARAGRAGH.
- 10. ARTICLE VIII COMMITTEES, PARAGRAPH 4., AUDIT,

 STATEMENT "THE CHAIR OF THE COMMITTEE WILL BE THE SECOND VICE PRESIDENT."

 WAS AN ADDITION TO THE PARAGRAPH.
- 11. ARTICLE VIII COMMITTEES, PARAGRAPH 23., WAYS & MEANS,

 PARAGRAGH "THE WAYS AND MEANS COMMITTEE IS ESTABLISHED BY PRESIDENTIAL

 APPOINTMENT ANNUALLY. THE COMMITTEE IS CHARGED WITH THE OVERSIGHT OF ALL

 FUNDRAISING EFFORTS CONDUCTED BY OR ON BEHALF OF THE ASSOCIATION, WITH THE

 EXCEPTION OF THE ANNUAL LAW ENFORCEMENT TORCH RUN FOR THE BENEFIT IF THE

 NEW HAMPSHIRE SPECIAL OLYMPICS. ALL REVENUES GENERATING ACTIVITES ARE

 CONDUCTED THROUGH THE COMMITTEE TO HELP SATISFY THE ANNUAL BUDGET

 REQUIREMENTS OF THE ASSOCIATION." WAS REMOVED FROM BY-LAWS.
- 12. ARTICLE XI: FINANCES, PARAGRAGH 6.,

 PARAGRAPH "IT SHALL TAKE THE SIGNATURES OF THE SECRETARY AND TREASURER TO

 CHANGE BANK ACCOUNT INFORMATION." WAS AN ADDITION TO THE BY-LAWS.
- 13. ARTICLE XI: FINANCES, PARAGRAPH 7.,

 PARAGRAPH "IT SHALL TAKE THE SIGNATURE OF THE SECRETARY AND TREASURER FOR

 ANY CHECK OVER \$5,000." WAS AN ADDITION TO THE BY-LAWS.

^{14.} ARTICLE XI: FINANCES, PARAGRAPH 8.,

NH ASSOCIATION OF CHIEFS OF POLICE, INC.

Employer identification number 02-0327595

PARAGRAPH "INVOICES FOR PAYMENT WILL BE APPROVED BY THE EXECUTIVE DIRECTOR
OR OTHER OFFICER DESIGNATED BY THE PRESIDENT WHO DOES NOT HAVE AUTHORIY TO
SIGN CHECKS." WAS AN ADDITION TO THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP CONSIST OF ACTIVE,

ACTIVE LIFE, LIFE, PROFESSIONAL ASSOCIATE, ASSOCIATE, HONORARY, AND

HONORARY SUSTAINING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: QUALIFIED MEMBERS ARE VOTED UPON

AND APPROVED BY THE GENERAL MEMBERSHIP OF NHACOP. THE ASSOCIATION'S

OFFICERS AND EXECUTIVE BOARD ARE ELECTED AT ANNUAL SUMMER TRAINING

CONFERENCE EACH YEAR BY A MAJORITY OF THE ACTIVE, ACTIVE LIFE AND LIFE

MEMBERS PRESENT AND VOTING.

FORM 990, PART VI, SECTION A, LINE 7B: UPON THE MAJORITY VOTE OF THE

ACTIVE AND ACTIVE LIFE MEMBERS TO ELECT THE GOVERNING BODY, THE GOVERNING

BODY SHALL HAVE GENERAL CHARGE OF AFFAIRS OF THE ASSOCIATION AND HAVE FULL

POWER AND AUTHORITY BETWEEN MEETINGS OF THE FULL ASSOCIATION AND SHALL

DIRECT ALL EXPENDITURES OF THE ASSOCIATION.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE, CONSISTING OF THE BOARD OF DIRECTORS AND OTHERS AS THE PRESIDENT DEEMS APPROPRIATE, THEN SIGNED BY THE TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST ARE

DISCLOSED IN WRITING TO THE EXECUTIVE BOARD ANNUALLY AND DOCUMENTED AS A

MATTER OF RECORD THROUGH AN ANNUAL PROCEEDURE. CONFLICTS ARE ALSO

DISCLOSED WHEN THE MATTER OF INTEREST INVOLVES A SPECIFIC ISSUE BEFORE THE

Name of the organization **Employer identification number** NH ASSOCIATION OF CHIEFS OF POLICE, INC. 02-0327595 EXECUTIVE BOARD OR ASSOCIATION. TRANSACTIONS LESS THAN FIVE THOUSAND DOLLARS IN A FISCAL YEAR REQUIRE TWO-THIRDS VOTE OF DISINTERESTED DIRECTORS. TRANSACTIONS FIVE THOUSAND OR MORE REQUIRE MAJORITY MEMBERSHIP VOTE AND DETERMINED ACTION. THIS INFORMATION IS PUBLISHED IN THE LOCAL NEWSPAPER AND THE MINUTES OF THE MEETING REFLECT THE DISCLOSURE MADE, THE ABSTENTION FROM VOTING AND THE ACTUAL VOTE ITSELF. ALL MEMBERS OF THE ASSOCIATION ARE GIVEN A COPY OF THE POLICY AND THE ASSOCIATION COMPLIES WITH REQUIREMENTS OF NEW HAMPSHIRE LAW WHERE ANY CONFLICT, OR POTENTIAL CONFLICT OF INTEREST MAY BE INVOLVED. FORM 990, PART VI, SECTION B, LINE 15A: A PUBLIC RISK MANAGEMENT EXCHANGE PUBLIC ENTITY RISK POOL ORGANIZED AND OPERATING AS A TRUST ON BEHALF OF MEMBER MUNICIPALITIES, SCHOOLS COUNTIES AND OTHER GOVERNMENTAL ENTITIES CONDUCTED A THREE MONTH REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION OF THE ORGANIZATION. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE FILED AT THE SECRETARY'S OFFICE AND ARE AVAILABLE UPON REQUEST AND ALSO AVAILABLE ON THE ASSOCATION'S WEBSITE. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: UNREALIZED GAIN (LOSS) ON MARKETABLE SECURITIES -16,517.CADET ACADEMY INCLUDED IN NET ASSETS BEGINNING NUMBER 50,495. TOTAL TO FORM 990, PART XI, LINE 5 33,978.

NH Association of Chief of Police, Inc EIN: 02-0327595 FORM 990 2012

PART I LINE 13 - Grants and Similar Amounts

Grants (Scholarships)

| NAME | ADDRESS | AMOUNT |
|------------------------------------|---|--------------|
| Alyssa Conley | 27 True Road, Salisbury, MA 01952 | 500 00 |
| Amanda B Shagoury | 305 Middle Road, Tuftonboro, NH 03816 | 1,500 00 |
| Ashley Baiocchetti | 178 Burke Road, Gilmanton Iron Works, NH 03837 | 1,000 00 |
| Benjamin Cyr | 42 New Road, Newmarket, NH 03857 | 500 00 |
| Ethan Emerson | 17 West Road, Groveton, NH 03582 | 500 00 |
| Garratt Rella | 77 Marshall Hill Road, Columbia, NH 03576 | 500 00 |
| Gregory Ux | 23 Cannon Drive, Nashua, NH 03062 | 1,000 00 |
| Heather Murdough | 80 Whitney Road, Hillsboro, NH 03244 | 1,000 00 |
| Justin Kane | 7 Ridgewood Terrace, Exeter, NH 03833 | 500 00 |
| Katharine Dodge | 158 Main Street, Epping, NH 03042 | 1,500 00 |
| Kathryn Barry | 5 Kelso Drive, Bow, NH 03304 | 500.00 |
| Kimberly Adams Sielicki | 27 True Road, Salisbury, MA 01952 | 500 00 |
| Kristopher G Begin | 57 Lyndsey Lane, Weare, NH 03281 | 1,000 00 |
| Mary Graham | 3 Iron Works Road, Concord, NH 03301 | 500 00 |
| Molly Elizabeth Tallman | 86 King Road, Etna, NH 03750 | 500 00 |
| Nina Meola | 302 Court Street, Keene, NH 03431 | 1,000 00 |
| Ronda Andross | 134 Scotland Road, Lisbon, NH 03585 | 500 00 |
| Ryan Ux | 23 Cannon Drive, Nashua, NH 03062 | 500 00 |
| Stephanie Conley | 8 Pratt Street, Allston, MA | 500 00 |
| Suzanne M Colarusso | 10 Hull Avenue, Dover, NH 03820 | 500 00 |
| Timothy L Cassady | 85 Southgate Road, Newbury, NH 03255 | 1.000 00 |
| Matthew Sweet | 66 Community Drive, Penacook, NH 03303 | 500.00 |
| Shawn Young | Moosilauke Hwy, PO Box 216, Wentworth, NH 03282 | 1,000 00 |
| Zachary Goss | 86 Dartmouth Street, Laconia, NH 03246 | 500 00 |
| Grants (Scholarships) Total | | \$ 17,500.00 |
| Donations | | |
| Demo Cops with Cancer Fund | 114 Colonial Drive, Portsmouth, NH 03801 | 1,000 00 |
| NH Law Enforcement Memorial | c/o Deerfield Police Department, 8 Raymond Road, Deerfield, NH 03037 | 1,000 00 |
| NH Police, Fire and EMS Foundation | PO Box 520, Epping, NH 03042 | 5,064 00 |
| Special Olympics NH | 650 Elm Street, Manchester, NH 03101 | 3,500 00 |
| The Hundred Club of NH | Po Box 23, Manchester, NH 03105 | 2,500 00 |
| Tour De Force | c/o Rochester Police Dept, 23 Walkefield Street, Rochester, NH 03867-1933 | 200 00 |
| Town of Greenland | 575 Portsmouth Ave , PO Box 100, Greenland, NH 03840 | 5,000 00 |
| Donations Total | | \$ 18,264 00 |
| Total Grants and Similar Amounts | | \$ 35,764 00 |

4562

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172
2011
Attachment

Attachment Sequence No 1

NH ASSOCIATION OF CHIEFS OF POLICE, INC. FORM 990 PAGE 10 02-0327595 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 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) 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 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 2012. 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 15 15 Property subject to section 168(f)(1) election 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 2011 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 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (a) Classification of property year placed in service (business/investment use only - see instructions) (e) Convention (f) Method (a) Depreciation deduction 19a 3-year property b 5-year property 7-year property C 10-year property e 15-year property f 20-year property 25-year property 25 yrs. S/L g MM 27.5 yrs. S/L Residential rental property MM 27.5 yrs. S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12·year b 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations · see instr. 0. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

| _ | rm 4562 (2011) | | ASSOCI | | | | | | | | | | <u>-0327</u> | | Page 2 |
|-------------|--|-----------------------|-----------------|--|--------------|------------------------|----------------------------|--|-----------------|-----------------|-------------------------|---|--------------------|-----------------------------|----------------|
| LP | Listed Proper amusement.) | ty (Include a | utomobiles, | certain ot | her vehic | cles, c e r | tain com | puters | s, and pro | perty use | d for e | ntertainn | nent, rec | creation, | or |
| | Note: For any | vehicle for wi | hich you are | using the | standar | d mileag | e rate o | r dedu | cting lease | expens | e, comp | olete on l | y 24a, 2 | 4b, colui | nns (a) |
| | through (c) of S | | | | | | | | | | | | | | |
| | | - Depreciation | | | | $\overline{}$ | | | | <u>_</u> | | | | | |
| <u>24a</u> | a Do you have evidence to s | 1 | 1 | nent use c | laimed? | <u> </u> | es | No | 24b If 'Y | es," is th | e evide | nce writ | ten? L_ | _ Yes ∟ | No_ |
| | (a) | (b) Date | (c) Busines: | ., | (d) | Do. | (e) | !_ | (f) | | g) | | (h) | | (i) |
| | Type of property (list vehicles first) | placed in | Investme | nt l | Cost or | l (bu | is for depr siness/inve | | Recovery | | hod/ ention | | eciation uction | | cted on 179 |
| | (not venicles mot) | service | use percent | age 0 | ther basis | <u> </u> | use only | /) | ponou | Conv | | 460 | | C | ost |
| 25 | Special depreciation alle | owance for q | jualified liste | d property | y placed | ın servi | ce during | g the t | ax year an | d | | | | | |
| | used more than 50% in | a qualified b | usiness use | | | | | _ | | | 25 | l | | <u> </u> | |
| <u>26</u> | Property used more tha | n 50% in a c | ualified busi | ness use | : | | | | | | | | | | |
| | | | | % | | | | | | | | <u> </u> | | <u> </u> | |
| | | | | % | | | | | | | | <u></u> | | | |
| | | | | % | , | | | | | | | | | | |
| 27 | Property used 50% or le | ess in a quali | ified busines | s use: | | | | | | | | | | | |
| _ | | | | % | - | | | | | S/L - | | | | | |
| | | | | % | | | | | | S/L - | | | |] | |
| _ | | | | % | | | | | | S/L· | | | | 1 | |
| 28 | Add amounts in column | (h), lines 25 | through 27. | Enter her | e and or | line 21 | page 1 | | | | 28 | | | 1 | |
| | Add amounts in column | • • • | - | | | | , ,-9 | | | | | | 29 | <u> </u> | |
| =- | 7100 amounts in column | 1 1//, 11110 20. 2 | intor more an | Section | | | on Use | of Vet | nicles | | _ | | | · | |
| Co | mplete this section for ve | hicles used | by a sole ord | orietor. c | artner. c | or other ' | more th | an 5% | owner * | or related | persor | ١. | | | |
| | ou provided vehicles to y | | | | | | | | | | | | ing this s | section fo | or |
| - | se vehicles. | | | | | | | | , | | | • | | | |
| _ | | | | 7 7 | (a) | 1 | b) | 1 | (c) | (0 | n | 1 | e) | (1 | |
| 30 | Total business/investment | miles driven d | uring the | 1 | hicle | 1 | nicle | _v | ehicle | Veh | | 1 | hicle | Veh | - |
| - | year (do not include com | | uning the | VO. | 111010 | V | 11010 | ' | Cinoic | 7011 | 1010 | 1 | 11010 | *** | 1010 |
| 24 | • • | | the year | | | | | | | | | † | | | |
| | Total commuting miles of | - | | <u> </u> | | | | <u> </u> | | | | | | | |
| 32 | Total other personal (no | ncommuting |) miles | 1 | | 1 | | | | | | 1 | | | |
| 00 | driven | | | | | | | | | | | | | | |
| 33 | Total miles driven during | | | | | | | ļ | | | | | | | |
| | Add lines 30 through 32 | | | | | | 1 | | | - | | \ | | , | |
| 34 | Was the vehicle availab | le for person | al use | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | _No_ |
| | during off-duty hours? | | | ļ | | | | - | | - | | - | | | |
| 35 | Was the vehicle used p | | more | | | | | | | | | |] | | |
| | than 5% owner or relate | • | | | | | - | ļ | | | | ļ | - | | |
| 36 | Is another vehicle availa | ible for perso | onal | 1 | | | | | | | | | | | |
| | use? | | | | <u> </u> | | <u> </u> | <u></u> | | L1 | | <u>i </u> | <u> </u> | | L |
| | | | - Questions | | _ | | | | | | | | | | |
| | swer these questions to | determine if y | you meet an | exception | n to com | pleting | Section | B for v | ehicles us | ed by en | ployee | s who a | re not m | nore than | 15% |
| | ners or related persons. | | | | | | | | | | | | <u>-</u> | | Т |
| 37 | Do you maintain a writte | en policy stat | tement that p | prohibits a | all perso | nai use d | of vehicle | es, inc | luding cor | nmuting, | by you | r | | Yes | No |
| | employees? | | | | | _ | | | | | | | | | |
| 38 | Do you maintain a writte | | | | | | | | | | our | | | | |
| | employees? See the ins | structions for | vehicles use | ed by corp | porate of | fficers, d | lirectors | , or 1% | 6 or more | owners | | | | <u> </u> | <u> </u> |
| 39 | Do you treat all use of v | ehicles by er | nployees as | personal | use? | | | | | | | | | | ┼ |
| 40 | Do you provide more the | an five vehic | les to your e | mployees | , obtain | ınformat | ion from | your (| employees | s about | | | | | |
| | the use of the vehicles, | and retain th | e informatio | n receive | d? | | | | | | | | | | |
| 41 | Do you meet the require | ements conc | erning qualif | ed autom | robile de | monstra | ition use | ? | | | | | | ļ | <u></u> |
| | Note: If your answer to | 37, 38, 39 <u>,</u> 4 | 0, or 41 is "Y | es," do <u>n</u> | ot comp | <u>lete Sec</u> | tion B fo | r the c | covered ve | hicles. | | | | | |
| P | art VI Amortization | | | | | | | | | | | | | | |
| | (a) | |]_ | (b) |] | (c) | | | (d) | } | (e) | | A . | (f) | |
| _ | Description of | - Chara | | te amortization begins | | Amortizat amount | | | Code section | | Amortiza enod or per | | Ai fo | mortization or this year | |
| 42 | Amortization of costs th | at begins du | ring your 20 | 11 tax ye | ar: | | | | | | | | | | |
| | | - | T | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 43 | Amortization of costs th | at began bef | fore your 20 | 1 tax yea | ar | | | | | | | 43 | | | |
| | Total. Add amounts in o | | | | | report | | | | | | 44 | | | |

Form **8868**

(Rev. January 2012)

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

Form 8868 (Rev. 1-2012)

| | ou are filing for an Automatic 3-Month Extension, complet | | | | | ▶ X | | | | |
|--------------------------|--|--|---|---------------|---------------------|----------------|--|--|--|--|
| If you | ou are filing for an Additional (Not Automatic) 3-Month Ext | tension, c | complete only Part II (on page 2 of | this form). | | | | | | |
| Do no | ot complete Part II unless you have already been granted a | an automa | itle 3-month extension on a previous | sly filed For | m 8868. | | | | | |
| | ronic filing <i>(e-file).</i> You can electronically file Form 8868 if y | | | | | • | | | | |
| requir | ed to file Form 990-T), or an additional (not automatic) 3-mor | nth extens | sion of time. You can electronically f | ile Form 88 | 68 to request a | n extension | | | | |
| of time | e to file any of the forms listed in Part I or Part II with the exc | ception of | Form 8870, Information Return for | Transfers A | ssociated With | Certain | | | | |
| Perso | nal Benefit Contracts, which must be sent to the IRS in pap | er format | (see Instructions). For more details (| on the elec | tronic filing of th | ilis form, | | | | |
| <u>visit w</u> | ww.irs.gov/efile and click on e-file for Charities & Nonprofits | | | | | | | | | |
| Par | Automatic 3-Month Extension of Time | . Only s | submit original (no copies ne | eded). | | | | | | |
| - | poration required to file Form 990-T and requesting an auton | natic 6-mc | onth extension · check this box and | complete | | . — | | | | |
| Part I | • | | | | | | | | | |
| | er corporations (including 1120-C filers), partnerships, REM income tax returns. | iCs, and t | rusts must use Form 7004 to reques | st an exten | sion of time | | | | | |
| Type (print | Name of exempt organization or other filer, see instruc | ctions. | | Employer | identification n | umber (EIN) or | | | | |
| File by t | NH ASSOCIATION OF CHIEFS OF | X | X 02-0327595 | | | | | | | |
| due dat filing yo | _{e for} Number, street, and room or suite no. If a P.O. box, so ^{ur} 326 MAST ROAD | ee instruc | tions. | Social se | curity number (S | iSN) | | | | |
| retum. S Instructi | iee | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | | | |
| | 00220201117 2113 00030 | | | | | | | | | |
| Enter | the Return code for the return that this application is for (file | a separa | te application for each return) | | | 0 1 | | | | |
| Appli | cation | Return | Application | | | Return | | | | |
| ls For | | Code | ls For | | | Code | | | | |
| Form | | 01 | Form 990-T (corporation) | | | 07 | | | | |
| Form | 990·BL | 02 | Form 1041-A 08 | | | | | | | |
| Form | 990-EZ | 01 | Form 4720 09 | | | | | | | |
| Form | 990-PF | 04 | Form 5227 10 | | | | | | | |
| Form | 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 11 | | | | | | | |
| Form | 990-T (trust other than above) | 06 | Form 8870 12 | | | | | | | |
| • The | CHIEF PATRICK S e books are in the care of > 326 MAST ROAD | | | | | | | | | |
| | lephone No. ► 603-497-4858 | | FAX No. ► 603-627-94 | 46 | | | | | | |
| | he organization does not have an office or place of business | s in the Ur | nited States, check this box | | | ▶ □ | | | | |
| | his is for a Group Return, enter the organization's four digit | | | | the whole grou | p, check this | | | | |
| box I | If it is for part of the group, check this box | and atta | ich a list with the names and EiNs o | f all memb | ers the extension | n Is for. | | | | |
| 1 | I request an automatic 3-month (6 months for a corporation FEBRUARY 15, 2013, to file the exemp | | | | The extension | | | | | |
| | is for the organization's return for: | | | | | | | | | |
| | calendar year or | | | | | | | | | |
| | ► X tax year beginning JUL 1, 2011 | , an | d ending JUN 30, 2012 | · | <u> </u> | | | | | |
| 2 | If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period | | | | | | | | | |
| | | | ······ | | | | | | | |
| 3а | If this application is for Form 990-BL, 990-PF, 990-T, 4720, o | | | | | | | | | |
| | nonrefundable credits. See instructions. | | | 3a | \$ | 0. | | | | |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and | | | | | | | |
| | estimated tax payments made. Include any prior year overp | 3b | \$ | <u> </u> | | | | | | |
| C | Balance due. Subtract line 3b from line 3a. Include your pa | | | _ | | | | | | |
| | by using EFTPS (Electronic Federal Tax Payment System). | | | 3c | \$ | 0. | | | | |
| Cauti | on. If you are going to make an electronic fund withdrawal v | <u>vith this F</u> | <u>orm 8868, see Form 8453-EO and F</u> | orm 8879- | EO for payment | instructions. | | | | |

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