




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ  Department of the Treasury Internal Revenue Service	Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-1150 2009
	<p>▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.</p> <p>▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></p>	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ASSOCIATION OF MT HIGHWAY PATROLMEN		D Employer identification number 81-0455327
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1820 S 56TH ST WEST		E Telephone number (406) 652-0074
Name change				
Initial return		City or town, state or country, and ZIP + 4 BILLINGS, MT 59106		F Group Exemption Number
Terminated				
Amended return				
Application pending				



☐ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**
☐ Accounting method: ☐ Cash ☒ Accrual
 Other (specify) ▶

I Website: N/A		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 527		

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.



L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	134,541
Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)		

Revenue					
1	Contributions, gifts, grants, and similar amounts received			1	7,326
2	Program service revenue including government fees and contracts			2	21,319
3	Membership dues and assessments			3	48,616
4	Investment income			4	5,165
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b	0		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	0		
b	Less direct expenses other than fundraising expenses	6b	0		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	0
7a	Gross sales of inventory, less returns and allowances	7a	52,115		
b	Less cost of goods sold	7b	25,340		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	26,775
8	Other revenue (describe <input type="checkbox"/> _____)			8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 <input type="checkbox"/>			9	109,201

Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	10,751
	12	Salaries, other compensation, and employee benefits	12	3,663
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	6,000
	15	Printing, publications, postage, and shipping	15	1,006
	16	Other expenses (describe )	16	84,481
	17	Total expenses. Add lines 10 through 16 	17	105,901

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,300
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	301,442
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	304,742

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	287,333	22 366,283
23	Land and buildings		23
24	Other assets (describe )	16,618	24 15,825
25	Total assets	303,951	25 382,108
26	Total liabilities (describe )	2,509	26 77,366
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	301,442	27 304,742

[illegible]

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ KEITH EDGELL Telephone no ▶ (406) 652-0074 1820 S 56TH ST WEST Located at ▶ BILLINGS MT, MT ZIP + 4 ▶ 59106		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-06-08 Date		
	KEITH EDGELL, TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	TERRY ALBORN	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Junkermier Clark Campanella Stevens PC 220 West Lamme Suite 3-A Bozeman, MT 59715			EIN
					Phone no (406) 587-1277
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:

Software Version:

EIN: 81-0455327

Name: ASSOCIATION OF MT HIGHWAY PATROLMEN

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BERT OBERT 13 FORD LANE CLANCY, MT 59634	RETIRED REP 0	0		
BOB CLARK PO BOX 216 RYEGATE, MT 59074	RETIRED REP 0	0		
SAM HARRIS 213 SOUTH IOWA CONRAD, MT 59425	RETIRED REP 0	0		
TOM BUTLER PO BOX 279 JEFFERSON CITY, MT 59638	HEADQTRS REP 0	0		
BOB BENDER 417 FORTH AVE SW CONRAD, MT 59425	DISTRICT 8 REP 0	0		
CAL JANES PO BOX 591 TOWNSEND, MT 59644	DISTRICT 7 REP 0	0		
ROY CHIRSTENSEN 955 JENSEN ROAD COLUMBIA FALLS, MT 59912	DISTRICT 6 REP 0	0		
BOB HENSLEY 246 ELK TRAIL WHITEFISH, MT 59937	DISTRICT 6 REP 0	0		
ED HILBERT 120 HILLCREST AVE GLEN DIVE, MT 59330	DISTRICT 5 REP 0	0		
MITCH WILLETT PO BOX 267 FORT PECK, MT 59223	DISTRICT 5 REP 0	0		
BRAD SANGRAY 1820 S 56TH ST WEST BILLINGS, MT 59106	PAST PRESIDENT 0	0		
SCOTT AYERS 1013 BABCOCK BLVD BILLINGS, MT 59105	DISTRICT 4 REP 0	0		
ALEX BETZ 3202 STILLWATER DRIVE HELENA, MT 59602	DISTRICT 3 REP 0	0		
KELLY MANTOOTH 615 W WASHINGTON LEWISTOWN, MT 59457	DISTRICT 2 REP 0	0		
MARK TOME 4055 CHARA LANE BILLINGS, MT 59105	DISTRICT 4 REP 0	0		
ROCKY BAILEY 2338 147 DRIVE CORVALLIS, MT 59828	DISTRICT 1 REP 0	0		
KEITH EDGELL 1820 S 56TH ST W BILLINGS, MT 59106	TREASURER 0	0		
BRYAN ADAMS 30 SUNDANCE TRAIL BOZEMAN, MT 59718	SECRETARY 0	0		
LATH KEITH 442 E POWELL WAY CORVALLIS, MT 59828	VICE PRESIDENT 0	0		
ART COLLINS PO BOX 394 DRUMMOND, MT 59832	PRESIDENT 0	0		

TY 2009 Other Assets Schedule**Name:** ASSOCIATION OF MT HIGHWAY PATROLMEN**EIN:** 81-0455327**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Machinery and Equipment	48,453	50,498
Inventories	6,090	5,710
Furniture and Fixtures	2,695	2,695
Automobiles	55,758	55,758
Accounts Receivable	528	2,160

TY 2009 Other Expenses Schedule**Name:** ASSOCIATION OF MT HIGHWAY PATROLMEN**EIN:** 81-0455327**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
VEHICLE EXPENSE	15,940
Travel	17,952
TELEPHONE	327
PROMOTIONAL ITEMS	2,293
PROFESSIONAL FEES	3,646
Office Expenses	1,153
LEGISLATION COSTS	27,830
GOLF TOURNAMENT	1,000
DUES AND SUBSCRIPTIONS	1,811
Conferences, Conventions, and Meetings	10,649
BRICK MAINTENANCE	375
BANK CHARGES	260
Advertising and Promotion	1,245

TY 2009 Other Liabilities Schedule

Name: ASSOCIATION OF MT HIGHWAY PATROLMEN

EIN: 81-0455327

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
COMMEMORATIVE LIABILITY		74,406
Accounts Payable and Accrued Expenses	2,509	2,960