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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ASSOCIATION OF MT HIGHWAY PATROLMEN

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1820 S 56TH ST WEST

City or town, state or country, and ZIP + 4
BILLINGS, MT 59106

D Employer identification number
81-0455327
E Telephone number
(406) 652-0074
F Group Exemption Number ▶

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶
I Website: ▶ N/A
J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 195,287

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	79,091					
	2	Program service revenue including government fees and contracts	2	17,794					
	3	Membership dues and assessments	3						
	4	Investment income	4	4,152					
	5a	Gross amount from sale of assets other than inventory	5a	86,764					
	b	Less cost or other basis and sales expenses	5b	93,961					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-7,197					
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a						
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)							
Expenses	c	Less direct expenses from gaming and fundraising events	6c	0					
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0					
	7a	Gross sales of inventory, less returns and allowances	7a	7,486					
	b	Less cost of goods sold	7b	9,042					
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1,556					
	8	Other revenue (describe in Schedule O)	8						
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	92,284					
	10	Grants and similar amounts paid (list in Schedule O)	10						
	11	Benefits paid to or for members	11	12,927					
	12	Salaries, other compensation, and employee benefits	12	4,315					
Net Assets	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	3,803					
	16	Other expenses (describe in Schedule O)	16	106,396					
	17	Total expenses. Add lines 10 through 16	17	133,441					
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-41,157					
	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	304,742					
	20	Other changes in net assets or fund balances (explain in Schedule O)	20						
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	263,585					

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	366,283	22	247,518
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	15,825	24	20,185
25	Total assets	382,108	25	267,703
26	Total liabilities (describe in Schedule O)	77,366	26	4,118
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	304,742	27	263,585

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?		Expenses	
PROMOTE SAFETY FOR PATROLMEN		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	DEATH BENEFITS & ASSISTANCE PAID, PROMOTION OF MONTANA HWY ASSOCIATION PUBLICATIONS & DONATION OF PROMOTIONAL MATERIALS (Grants \$ 129,136) If this amount includes foreign grants, check here	28a	
29	(Grants \$) If this amount includes foreign grants, check here	29a	
30	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	129,136

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	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 <input type="checkbox"/>	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 tax year 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 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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 <input type="checkbox"/>			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>			
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 <input type="checkbox"/>			
42a	The organization's books are in care of <input type="checkbox"/> KEITH EDGELL Telephone no <input type="checkbox"/> (406) 652-0074 1820 S 56TH ST WEST Located at <input type="checkbox"/> BILLINGS MT, MT ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		Yes	No
42b		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 <input type="checkbox"/>	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>	43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.		Yes	No
44a		44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		No

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2011-07-15 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	Preparer's taxpayer identification 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						YesNo

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
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 GLENDDIVE,MT 59330	DISTRICT 5 REP 0	0		
RAINER HOFFMAN 1820 S 56TH ST W BILLINGS,MT 59106	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		
BRIAN INMAN 1820 S 56TH ST W BILLINGS,MT 59106	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		

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
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		

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
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Name of the organization ASSOCIATION OF MT HIGHWAY PATROLMEN	Employer identification number 81-0455327
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Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	COMMEMORATIVE LIABILITY - Beginning \$74406 COMMEMORATIVE LIABILITY - Ending \$0

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$2960 Accounts Payable and Accrued Expenses - Ending \$4118

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1010	Other Assets 1010	Inventories - Beginning \$5710 Inventories - Ending \$12210

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$2160 Accounts Receivable - Ending \$911

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$-50498 Machinery and Equipment - Ending \$-51389

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$2695 Furniture and Fixtures - Ending \$2695

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1001	Other Assets 1001	Automobiles - Beginning \$55758 Automobiles - Ending \$55758

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	BRICK MAINTENANCE \$25

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	BANK CHARGES \$385

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	TELEPHONE \$470

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	GOLF TOURNAMENT \$800

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	PROFESSIONAL FEES \$814

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	OFFICE SUPPLIES \$893

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	DUES AND SUBSCRIPTIONS \$918

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	PROMOTIONAL ITEMS \$2064

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	VEHICLE EXPENSE \$3850

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	SCHOLARSHIPS \$13000

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	LEGISLATION COSTS \$40370

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$30554

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$10978

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$1275