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Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**

► 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

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service**A For the 2010 calendar year, or tax year beginning 07-01-2010****, and ending 06-30-2011**

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

<b>C Name of organization</b> MONTANA ASSOCIATION OF CHIEFS OF POLICE INC	<b>D Employer identification number</b> 81-0519461
<b>E Telephone number</b> (406) 265-4361	
<b>F Group Exemption Number</b> ►	

**G Accounting method**  Cash  Accrual Other (specify) ► \_\_\_\_\_**I Website:** ► [WWWMACOP.COM](http://WWWMACOP.COM)**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 ► \$ 69,190

### **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 . . . . . 

<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b> 35,552
2 Program service revenue including government fees and contracts . . . . .	<b>2</b> 27,337
3 Membership dues and assessments . . . . .	<b>3</b> 4,036
4 Investment income . . . . .	<b>4</b> 2,245
<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>
<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>5b</b>
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>
<b>6</b> Gaming and fundraising events	
<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .	<b>6d</b>
<b>c</b> Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>
<b>d</b> Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>
<b>b</b> Less cost of goods sold . . . . .	<b>7b</b>
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b> 20
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b> 69,190
<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b> 14,503
<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>
<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b> 16,800
<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b> 1,057
<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b> 1,593
<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b> 247
<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b> 42,778
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b> 76,978
<b>18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .</b>	<b>18</b> -7,788
<b>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) . . . . .</b>	<b>19</b> 215,697
<b>20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .</b>	<b>20</b> 0
<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .</b>	<b>21</b> 207,909

**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 )

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>	
<b>22 Cash, savings, and investments</b>	119,817	<b>22</b>	109,857
<b>23 Land and buildings</b>		<b>23</b>	
<b>24 Other assets (describe in Schedule O)</b>	95,880	<b>24</b>	98,052
<b>25 Total assets</b>	215,697	<b>25</b>	207,909
<b>26 Total liabilities (describe in Schedule O)</b>	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	215,697	<b>27</b>	207,909

**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?

TO SECURE A CLOSER RELATIONSHIP AMONG FEDERAL, STATE, AND MUNICIPAL LAW ENFORCEMENT OFFICIALS WITHIN THE STATE OF MONTANA RESULTING IN A MORE SAFE AND SECURE STYLE OF LIFE AND GREATER PROTECTION TO THE LIFE AND PROPERTY OF THE PEOPLE OF THE STATE OF MONTANA

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** See Additional Data Table

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>

**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 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
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 

**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 35a  No

**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? 35b  No

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions) 36  No

**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  11,127 37b  No

**b** Did the organization file **Form 1120-POL** for this year? 38a  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? 38b  No

**b** If "Yes," complete Schedule L, Part II and enter the total amount involved 39a  No

**39** *Section 501(c)(7) organizations.* Enter 39b  No

**a** Initiation fees and capital contributions included on line 9 40a  No

**b** Gross receipts, included on line 9, for public use of club facilities 40b  No

**40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 40c  No

**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 40d  No

**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 40e  No

**d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization 40f  No

**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 40g  No

**41** List the states with which a copy of this return is filed 41  No

**42a** The organization's books are in care of 42a  No

PO BOX 275  
Located at 42b  No

GREAT FALLS, MT 42c  No

Telephone no 42d  No

ZIP + 4 42e  No

**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)? 42f  No

If "Yes," enter the name of the foreign country 42g  No

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.** 42h  No

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42i  No

If "Yes," enter the name of the foreign country 42j  No

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here 43  No

and enter the amount of tax-exempt interest received or accrued during the tax year 44a  No

**44a** Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b  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 44c  No

**c** Did the organization receive any payments for indoor tanning services during the year? 44d  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 44e  No

	Yes	No
44a		
44b		
44c		
44d		

	<b>Yes</b>	<b>No</b>
<b>45</b> 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 Form 990-EZ	<b>45</b>	No
<b>45a</b> 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 Form 990-EZ	<b>45a</b>	No
<b>46</b> 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 	<b>46</b>	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
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

<p>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."</p>				
(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

**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

**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  Yes  No

**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.**

<b>Sign Here</b>	***** Signature of officer  <u>DAVE JESERITZ SECRETARY/TREASURER</u> Type or print name and title	2011-10-26 Date		
	Preparer's signature  <u>SUZANNE M SEVERIN</u>	Date  <input type="text"/>	Check if self- employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)  <input type="text"/>
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4  <u>ANDERSON ZURMUEHLEN &amp; CO PC</u> <u>PO BOX 1040</u> <u>HELENA, MT 59624</u>	  <input type="text"/>		EIN <input type="checkbox"/>  <input type="text"/>
			Phone no <input type="checkbox"/> (406) 442-1040  <input type="checkbox"/>	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

## **SCHEDULE C**

## Political Campaign and Lobbying Activities

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

- Complete if the organization is described below.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public  
Inspection

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-E
- 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 35a (Proxy Tax), then

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

Name of the organization  
MONTANA ASSOCIATION OF CHIEFS OF POLICE INC.

Employer identification number

81-0519467

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures
- 3** Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

<b>A</b> Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	<b>B</b> Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply		
<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b> Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		<b>The lobbying nontaxable amount is:</b> 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

**Lobbying Expenditures During 4-Year Averaging Period**

<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2007</b>	<b>(b) 2008</b>	<b>(c) 2009</b>	<b>(d) 2010</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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)).**

	(a)		(b)	
	Yes	No	Amount	
<b>1</b> 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				
<b>a</b> Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
<b>c</b> Media advertisements?				
<b>d</b> Mailings to members, legislators, or the public?				
<b>e</b> Publications, or published or broadcast statements?				
<b>f</b> Grants to other organizations for lobbying purposes?				
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?				
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
<b>i</b> Other activities? If "Yes," describe in Part IV				
<b>j</b> Total lines 1c through 1i				
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> 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)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**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.**

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

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

Page 1 of 1

**Employer identification number**

81-051946

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Page 1 of 1

MONTANA ASSOCIATION OF CHIEFS OF POLICE INC

19461

81-051946

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>COMMUNITY SAFETY</b> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	35,381			35,381
	2 Less Charitable contributions . . .	35,381			35,381
	3 Gross income (line 1 minus line 2) . . .				
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .				
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				►
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				►

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				►
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				►

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? . . . . .  Yes  No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  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

<b>13a</b>	
<b>13b</b>	

**a** The organization's facility . . . . .

**b** An outside facility . . . . .

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

**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

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? . . . . .  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**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.****Name of the organization**

MONTANA ASSOCIATION OF CHIEFS OF POLICE INC

**Employer identification number**

81-0519461

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	DIVIDEND INCOME 2,171 INTEREST INCOME 74 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 2,245

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 20

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME JUNIOR POLICE ASSOCIATION ADDRESS 4504 KESTREL COURT GREAT FALLS, MT 59404 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 6,064

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CAMP MAKE A DREAM ADDRESS PO BOX 1450 MISSOULA, MT 59806 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME MONTANA LAW ENFORCEMENT MUSEUM GRANTEE ADDRESS 1106 MAIN STREET DEER LODGE, MT 59722 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SPECIAL OLYMPICS GRANTEE ADDRESS 3117 5TH AVENUE NORTH GREAT FALLS, MT 59401 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CASA OF MONTANA GRANTEE ADDRESS 131 REEDERS ALLEY HELENA, MT 59601 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME MONTANA LAW ENFORCEMENT FOUNDATION GRANTEE ADDRESS 1106 MAIN STREET DEER LODGE, MT 59722 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME FBI YOUTH LEADERSHIP GRANTEE ADDRESS 10 W 15TH HELENA, MT 59626 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,439 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 14,503

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION TRAVEL AMOUNT 15,310 DESCRIPTION ADVERTISING AND MARKETING AMOUNT 7,227 DESCRIPTION CONFERENCES AND CONVENTIONS AMOUNT 699 DESCRIPTION EDUCATION AND TRAINING AMOUNT 5,282 DESCRIPTION LOBBYING AMOUNT 11,127 DESCRIPTION BANK CHARGES AMOUNT 415 DESCRIPTION SUPPLIES AMOUNT 1,209 DESCRIPTION MISCELLANEOUS AMOUNT 509 DESCRIPTION EQUIPMENT AMOUNT 1,000 TOTAL TO FORM 990-EZ, LINE 16 42,778

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION INVESTMENT IN AMERICAN FUNDS BEG OF YEAR AMOUNT 95,880 END OF YEAR AMOUNT 98,052

## TY 2010 Transfers Personal Benefits Contracts Declaration

**Name:** MONTANA ASSOCIATION OF CHIEFS OF POLICE INC

**EIN:** 81-0519461

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 81-0519461  
**Name:** MONTANA ASSOCIATION OF CHIEFS OF POLICE INC

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<p><b>28</b> PROVIDE A FORUM AND MEANS TO PROMOTE UTILITY IN LAW ENFORCEMENT MATTERS AND PARTICIPATE IN THE ADOPTION OF A UNIFORM SYSTEM OF LAW ENFORCEMENT REPORTING CONSISTING OF BOTH CRIMINAL AND TRAFFIC VIOLATION ACTIVITIES SPONSOR AN ANNUAL MEETING IN ORDER TO SECURE A CLOSER RELATIONSHIP AMONG LAW ENFORCEMENT OFFICIALS, TO CONDUCT ANNUAL TRAINING SESSIONS, TO GATHER, DISSEMINATE AND PROMOTE USEFUL AND NECESSARY KNOWLEDGE AND EDUCATION, TO FOSTER A SPIRIT OF LOYALTY IN LAW ENFORCEMENT OFFICERS, AND TO PROMOTE PROFESSIONALISM OF THE LAW ENFORCEMENT OFFICIALS IN FEDERAL, STATE, AND MUNICIPAL LAW ENFORCEMENT AGENCIES WITHIN THE STATE OF MONTANA IN ORDER TO ENHANCE THE PUBLIC SAFETY, PROTECTION AND GENERAL WELFARE OF THE PEOPLE OF MONTANA. THE ASSOCIATION RECOGNIZES AND AWARDS INDIVIDUAL LAW ENFORCEMENT OFFICERS THROUGHOUT THE STATE OF MONTANA FOR DEEDS OF VALOR AND MERIT. DURING THE ANNUAL MEETING, OFFICERS THAT WERE NOMINATED FOR AWARDS OF VALOR AND AWARDS OF MERIT ARE RECOGNIZED AND AWARDED METALS AND RIBBONS FOR THE OUTSTANDING DEEDS THAT ARE CONSIDERED ABOVE AND BEYOND THE CALL OF DUTY. THE ASSOCIATION PROVIDES THE MEANS TO WHICH OFFICERS CAN BE NOMINATED. A COMMITTEE THEN REVIEWS AND EVALUATES EACH NOMINATION IN AN EFFORT TO RECOGNIZE THE MOST WORTHY</p> <p>(Grants \$ 0)      If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	0
<p><b>29</b> CREATING, PARTICIPATING, SPONSORING, AND FUNDING THE MONTANA JUNIOR POLICE ACADEMY IN ORDER TO CREATE AND FOSTER YOUTH INTEREST IN LAW ENFORCEMENT BY PROVIDING THE PARTICIPANTS AN OPPORTUNITY TO EXPERIENCE WHAT LAW ENFORCEMENT OFFICERS MUST ENDURE DURING THE TRAINING PHASE OF AN OFFICERS INITIAL HIRING</p> <p>(Grants \$ 0)      If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	0
<p><b>30</b> THE ASSOCIATION PARTICIPATES AND CONTRIBUTES TO THE SPECIAL OLYMPICS LAW ENFORCEMENT TORCH RUN ANNUALLY. THIS FUNDRAISING DRIVE ASSISTS THE SPECIAL OLYMPICS IN OBTAINING FUNDING IN ORDER TO HOLD OLYMPIAD GAMES FOR THE DEVELOPMENTALLY DISABLED IN MONTANA AND THROUGHOUT THE UNITED STATES. THE MEMBERS OF THIS ASSOCIATION PARTICIPATE IN ACTIVITIES THAT ASSIST THE FUNDRAISING ACTIVITIES SPONSORED BY THE SPECIAL OLYMPICS. THE ASSOCIATION UNIFIES AND LEGITIMIZES THESE ACTIVITIES</p> <p>(Grants \$ 0)      If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	0
<p>THE ASSOCIATION PARTICIPATES AND CONTRIBUTES TO CAMP MAKE A DREAM, THE LAW ENFORCEMENT MUSEUM, THE LAW ENFORCEMENT FOUNDATION, AND CASA</p> <p>(Grants \$ 0)      If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	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
ROGER NASSET 3317 12TH AVENUE SOUTH GREAT FALLS, MT 594055406	NORTHWESTERN REGIONAL DIRECTOR 100	0	0	0
TROY MCGEE 3317 12TH AVENUE SOUTH GREAT FALLS, MT 594055406	LEGISLATIVE CHAIRMAN 100	0	0	0
BRIEN GAULT 3317 12TH AVENUE SOUTH GREAT FALLS, MT 594055406	EASTERN REGIONAL DIRECTOR 100	0	0	0
RICK MUSSON 3317 12TH AVENUE SOUTH GREAT FALLS, MT 594055406	PAST PRESIDENT 100	0	0	0
MARK MUIR 3317 12TH AVENUE SOUTH GREAT FALLS, MT 594055406	VICE-PRESIDENT 100	0	0	0
TIM SHANKS 3317 12TH AVENUE SOUTH GREAT FALLS, MT 594055406	PRESIDENT 100	0	0	0
KEVIN MYHRE 3317 12TH AVENUE SOUTH GREAT FALLS, MT 594055406	CENTRAL REGIONAL DIRECTOR 100	0	0	0
DAVE JESERITZ 3317 12TH AVENUE SOUTH GREAT FALLS, MT 594055406	SECRETARY/TREASURER 100	0	0	0
EJ CLARK 3317 12TH AVENUE SOUTH GREAT FALLS, MT 594055406	SOUTHWESTERN REGIONAL DIRECTOR 100	0	0	0