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► The organization may have to use a copy of this return to satisfy state reporting requirements

Application pending

F Group Exemption
Number 

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(8) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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	47,099	22	39,307
23	Land and buildings	121,099	23	117,852
24	Other assets (describe in Schedule O)	3,435	24	2,454
25	Total assets	171,633	25	159,613
26	Total liabilities (describe in Schedule O)	102,659	26	96,787
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,974	27	62,826

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 BRING THE INDIVIDUAL MEMBERS OF THE BILLINGS POLICE DEPARTMENT MORE CLOSELY TOGETHER FOR MUTUAL BENEFIT AND PROTECTION, TO BETTER THE INDIVIDUAL OFFICER OF THE DEPARTMENT AND INCREASE THE EFFICIENCY OF ITS MEMBERS FOR THE SECURITY AND PROTECTION OF THE CITIZENS OF BILLINGS, MONTANA, TO UNITE THE LOCAL OFFICERS IN A BOND OF BROTHERLY FEELINGS SO THAT EACH ONE SHALL RECEIVE THE RECOGNITION AND CONSIDERATION DUE		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			

28	THE ASSOCIATION PUT ON A COMMUNITY CONCERT WHICH RAISED FUNDS TO HELP SUPPORT APPROXIMATELY 19 LOCAL CHARITIES THE ASSOCIATION ASSISTED TWO MEMBER FAMILIES WITH MEDICAL NEEDS THE ASSOCIATION AWARDED 4 CHILDREN OF MEMBERS WITH SCHOLARSHIPS TO ATTEND HIGHER EDUCATION (Grants \$ 0)	If this amount includes foreign grants, check here	28a	0
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	

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 significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	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 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a 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	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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 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 . . . 		
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  BLAKE RICHARDSON Telephone no  (406) 657-8475 PO BOX 2104 Located at  BILLINGS, MT ZIP + 4  59103		
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	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		
46			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 or have a section 501(h) election in effect during the tax year? 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

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

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.

Sign Here	***** Signature of officer		2012-03-24 Date		
	BLAKE RICHARDSON TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	DANIEL S MILLER CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00031554
	Firm's name (or yours if self-employed), address, and ZIP + 4	ANDERSON ZURMUEHLEN & CO PC 1601 LEWIS AVE STE 105 BILLINGS, MT 59102			EIN 81-0385940
					Phone no (406) 245-5136
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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
BILLINGS POLICE PROTECTIVE ASSOCIATION

Employer identification number
27-2757918

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Total ▶						

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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

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) Event #2	(c) Other Events	(d) Total Events
		COMMUNITY CONCERT 2011/2012 (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	67,574		67,574
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	67,574		67,574
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes . . .			
	6	Rent/facility costs . .			
	7	Food and beverages . .			
	8	Entertainment			
	9	Other direct expenses .	67,154		67,154
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			
					420

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
Revenue					(Add col (a) through col (c))
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

a	The organization's facility	13a
b	An outside facility	13b

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization BILLINGS POLICE PROTECTIVE ASSOCIATION	Employer identification number 27-2757918
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INVESTMENT INCOME 21
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME BOY SCOUTS GRANTEE ADDRESS 2528 GRAND AVE BILLINGS, MT 59102 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 01/06/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME DISPATCHER WEEK GRANTEE ADDRESS 220 N 27TH ST BILLINGS, MT 59101 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 02/25/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME AMERICAN LEGION BASEBALL GRANTEE ADDRESS PO BOX 1702 BILLINGS, MT 59104 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 01/30/11 AMOUNT GIVEN 800
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME BURLINGTON LITTLE LEAGUE GRANTEE ADDRESS PO BOX 21283 BILLINGS, MT 59104 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 02/25/11 AMOUNT GIVEN 400
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME BILLINGS REGULATORS BASEBALL GRANTEE ADDRESS 2524 BEARTOOTH DR BILLINGS, MT 59102 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 03/27/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME MONTANA WOMENS RUN GRANTEE ADDRESS 3412 BEN HOGAN LANE BILLINGS, MT 59106 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 03/27/11 AMOUNT GIVEN 25
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME SPECIAL OLYMPICS GRANTEE ADDRESS PO BOX 3507 GREAT FALLS, MT 59403 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 03/03/11 AMOUNT GIVEN 624
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME SPECIAL OLYMPICS GRANTEE ADDRESS PO BOX 3507 GREAT FALLS, MT 59403 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 07/15/11 AMOUNT GIVEN 1,700
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME MS SOCIETY GRANTEE ADDRESS 1629 AVENUE D #C2 BILLINGS, MT 59102 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 07/15/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME BILLINGS OUTLAWS SPORTS PLEX GRANTEE ADDRESS 5000 SOUTHGATE DR BILLINGS, MT 59101 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/21/11 AMOUNT GIVEN 650
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME EAGLE MOUNT GRANTEE ADDRESS 2822 3RD AVE NORTH #203 BILLINGS, MT 59101 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 03/27/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME WESTERN POLICE GAMES GRANTEE ADDRESS 8304 CLAIREMONT MESA BLVD #107 SAN DIEGO, CA 92111 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 03/27/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME CITY OF BILLINGS GRANTEE ADDRESS 220 N 27TH ST BILLINGS, MT 59101 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 06/14/11 AMOUNT GIVEN 225
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME US DIVE RESCUE TEAM GRANTEE ADDRESS PO BOX 50626 BILLINGS, MT 59105 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 06/23/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME BILLINGS POLICE CHAPLANS GRANTEE ADDRESS 220 N 27TH ST BILLINGS, MT 59101 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 07/15/11 AMOUNT GIVEN 300
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME KEVIN UNRUH GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 08/18/11 AMOUNT GIVEN 453
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME SHANE BANCROFT GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 11/22/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME GARRET HILLIER GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH SCHOLARSHIP DATE OF GIFT 05/13/11 AMOUNT GIVEN 375
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ELI MALSOM GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH SCHOLARSHIP DATE OF GIFT 05/13/11 AMOUNT GIVEN 375

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME RYAN BECHTOLD GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH SCHOLARSHIP DATE OF GIFT 05/13/11 AMOUNT GIVEN 375
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ALEX BEDFORD GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH SCHOLARSHIP DATE OF GIFT 05/13/11 AMOUNT GIVEN 375 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 11,127
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 4,228 DESCRIPTION OTHER EXPENSES AMOUNT 4,686 TOTAL TO FORM 990-EZ, LINE 14 8,914
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION MEETING EXPENSE AMOUNT 160 DESCRIPTION EQUIPMENT AMOUNT 140 DESCRIPTION ADMIN CORP AMOUNT 69 DESCRIPTION BARN CLEANING AMOUNT 10,644 DESCRIPTION INTEREST EXPENSE AMOUNT 6,332 DESCRIPTION POP AMOUNT 514 DESCRIPTION ADMIN GIFTS AMOUNT 576 TOTAL TO FORM 990-EZ, LINE 16 18,435
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 3,435 END OF YEAR AMOUNT 2,454
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION BANK LOAN-CABIN BEG OF YEAR AMOUNT 102,659 END OF YEAR AMOUNT 96,787

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: BILLINGS POLICE PROTECTIVE ASSOCIATION

EIN: 27-2757918

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: 27-2757918
Name: BILLINGS POLICE PROTECTIVE ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

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
SHANE SHELDON PO BOX 2104 BILLINGS,MT 591032104	PRESIDENT 1 00	0	0	0
ANTHONY NICHOLS PO BOX 2104 BILLINGS,MT 591032104	VICE-PRESIDENT 1 00	0	0	0
PAUL LAMANTIA PO BOX 2104 BILLINGS,MT 591032104	SECRETARY 1 00	0	0	0
BLAKE RICHARDSON PO BOX 2104 BILLINGS,MT 591032104	TREASURER 1 00	0	0	0
GLEN GUNTHER PO BOX 2104 BILLINGS,MT 591032104	SERGEANT OF ARMS 1 00	0	0	0
JASON GARTNER PO BOX 2104 BILLINGS,MT 591032104	TRUSTEE 1 00	0	0	0
JOEL WATSON PO BOX 2104 BILLINGS,MT 591032104	TRUSTEE 1 00	0	0	0
SCOTT CONRAD PO BOX 2104 BILLINGS,MT 591032104	TRUSTEE 1 00	0	0	0