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2015

Open to Public Inspection

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 private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016**B Check if applicable**

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organizationMONTANA ASSOCIATION OF CHIEFS OF POLICE
INC**D Employer identification number**

81-0519461

E Telephone number

(406) 265-4361

F Group Exemption Number

GREAT FALLS, MT 59403 ►

G Accounting Method Cash Accrual Other (specify) ►**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ►WWW.MACOP.COM**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 61,050****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

Revenue	1 Contributions, gifts, grants, and similar amounts received 1 11,424 2 Program service revenue including government fees and contracts 2 35,289 3 Membership dues and assessments 3 4,780 4 Investment income 4 9,557 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 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 \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► 9 61,050
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10 9,796 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 27,750 13 Professional fees and other payments to independent contractors 13 1,090 14 Occupancy, rent, utilities, and maintenance 14 2,635 15 Printing, publications, postage, and shipping 15 493 16 Other expenses (describe in Schedule O) 16 34,026 17 Total expenses. Add lines 10 through 16 ► 17 75,790
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -14,740 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) 19 225,587 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -8,695 21 Net assets or fund balances at end of year Combine lines 18 through 20 ► 21 202,152

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	64,576	22 40,285
23 Land and buildings		23
24 Other assets (describe in Schedule O)	161,011	24 161,867
25 Total assets	225,587	25 202,152
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	225,587	27 202,152

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III . . .

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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 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

See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	28a
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29

(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	29a
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30

(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	30a
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31 Other program services (describe in Schedule O)

(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	31a
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32 Total program service expenses (add lines 28a through 31a) ►

32 Total program service expenses (add lines 28a through 31a) ►	32
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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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MIKE FERDA VICE PRESIDENT	1 00	0	0	0
TROY MCGEE LEGISLATIVE CHAIRMAN	1 00	0	0	0
BRIEN GAULT EASTERN REGIONAL DIRECTOR	1 00	0	0	0
RICK MUSSON CENTRAL REGIONAL DIRECTOR	1 00	0	0	0
EJ CLARK PAST PRESIDENT	1 00	0	0	0
RYAN OSTER SOUTHWESTERN REGIONAL DIRE	1 00	0	0	0
SCOTT WARRELL NORTHWESTERN REGIONAL DIRECTOR	1 00	0	0	0
ROGER NASSET PRESIDENT	1 00	0	0	0
MIKE REDDICK SECRETARY/TREASURER	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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
35a 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	39a	
a Initiation fees and capital contributions included on line 9	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 ► _____	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40c	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40e	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		
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► JODI WARNEKE Telephone no ► (406) 454-9091 Located at ► PO BOX 275 GREAT FALLS, MT ZIP + 4 ► 594030275		
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 ► _____	42b	No
c At any time during the calendar year, did the organization maintain an office outside 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 ► <input type="checkbox"/> 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 during the year? 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	

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	<input type="checkbox"/> 46	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

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	<input type="checkbox"/> 47	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a		
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b		

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(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 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 ROGER NASSET CURRENT PRESIDENT Type or print name and title	2017-01-14 Date
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Paid Preparer Use Only	Print/Type preparer's name RHONDA M FIELD	Preparer's signature	Date 2017-01-14	Check <input type="checkbox"/> if self-employed	PTIN P00264257
	Firm's name ANDERSON ZURMUEHLEN & CO PC	Firm's EIN <input type="checkbox"/> 81-0385940			
	Firm's address PO BOX 1040 HELENA, MT 59624	Phone no (406) 442-1040			

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

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>28 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 (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a

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>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 29 OFFICERS MUST ENDURE DURING THE TRAINING PHASE OF AN OFFICERS INITIAL HIRING (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>29a 0</p>

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>30 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 (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>30a</p> <p>0</p>

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.)

THE ASSOCIATION PARTICIPATES AND CONTRIBUTES TO CAMP MAKE A DREAM, THE LAW ENFORCEMENT MUSEUM, AND THE LAW ENFORCEMENT FOUNDATION

(Grants \$ 0)

If this amount includes foreign grants, check here . . . ►

0

TY 2015 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.

2015

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceSupplemental Information Regarding
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" on 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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

MONTANA ASSOCIATION OF CHIEFS OF POLICE
INC

Employer identification number

81-0519461

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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

(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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a)Event #1 COMMUNITY SAFETY (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	11,242			11,242
2 Less Contributions	11,242			11,242
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash 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 Subtract line 10 from line 3, column (d) ►				

Part III Gaming.

Complete if the organization answered "Yes" on 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 Noncash 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 Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter 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 of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015**Open to Public
Inspection**Name of the organization
MONTANA ASSOCIATION OF CHIEFS OF POLICE
INC**Employer identification number**

81-0519461

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDEND INCOME AMOUNT 2,647 DESCRIPTION INTEREST INCOME AMOUNT 8 DESCRIPTION LONG TERM CAPITAL GAIN AMOUNT 6,902 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 9,557
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CAMP MAKE A DREAM GRANTEE ADDRESS PO BO X 1450 MISSOULA, MT 59806 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME MONTANA LAW ENFORCEMENT FOUNDATION GRANT EE ADDRESS 1106 MAIN STREET DEER LODGE, MT 59722 GRANTEE RELATIONSHIP NONE PROPERTY DE SCRIPTION CASH AMOUNT GIVEN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME JUNIOR POLICE ASSOCIATION GRANTEE ADDRESS 4504 KESTREL COURT GREAT FALLS, MT 59401 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 5,296
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME MONTANA LAW ENFORCEMENT MUSEUM GRANTEE A ADDRESS 1200 10TH AVES #19 GREAT FALLS, MT 59405 GRANTEE RELATIONSHIP NONE PROPERTY DE SCRIPTION CASH AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 9,796

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION TRAVEL AMOUNT 11,424 DESCRIPTION ADVERTISING AND MARKETING AMOUNT 546
DESCRIPTION CONFERENCES AND CONVENTIONS AMOUNT 9,997 DESCRIPTION EDUCATION AND TRAINING AMOUNT 9,444 DESCRIPTION BANK CHARGES AMOUNT 1,569 DESCRIPTION SUPPLIES AMOUNT 559 DESCRIPTION MISCELLANEOUS AMOUNT 487 TOTAL TO FORM 990-EZ, LINE 16 34,026	DESCRIPTION UNREALIZED LOSS ON INVESTMENTS AMOUNT -8,695

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVESTMENT IN EDJONES BEG OF YEAR AMOUNT 161,011 END OF YEAR AMOUNT 161,867