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Form 990-EZ

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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/form990ez.

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MONTANA ASSOCIATION OF CHIEFS OF POLICE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite

PO BOX 275

City or town, state or province, country, and ZIP or foreign postal code

GREAT FALLS, MT 59403

D Employer identification number

81-0519461

E Telephone number

(406) 265-4361

F Group Exemption Number

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. \$ 87,782

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>	
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	34,100
	2	Program service revenue including government fees and contracts	2	17,336
	3	Membership dues and assessments	3	10,422
	4	Investment income	4	11,569
	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 \$ 31,536 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	14,355
Expenses	c	Less direct expenses from gaming and fundraising events	6c	35,873
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-21,518
	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	51,909
	10	Grants and similar amounts paid (list in Schedule O)	10	5,542
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	19,550
Net Assets	13	Professional fees and other payments to independent contractors	13	1,117
	14	Occupancy, rent, utilities, and maintenance	14	2,087
	15	Printing, publications, postage, and shipping	15	30
	16	Other expenses (describe in Schedule O)	16	23,750
	17	Total expenses. Add lines 10 through 16	17	52,076
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-167
	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	205,797
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	10,270
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	215,900

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	32,859	22	21,124
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	172,938	24	194,776
25 Total assets	205,797	25	215,900
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)	205,797	27	215,900

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 ☒

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

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

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐

28a

29
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30
See Additional Data Table

(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 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
CHIEF TROY MCGEE	1 00	0	0	0
LEGISLATIVE CHAIRMAN				
ASSISTANT CHIEF BRIEN GAULT	1 00	0	0	0
EASTERN REGIONAL DIRECTOR				
CHIEF GAGE MATOSICH	1 00	0	0	0
CENTRAL REGIONAL DIRECTOR				
ASSISTANT CHIEF BRIDGER KELCH	1 00	0	0	0
NORTHWESTERN REGIONAL DIRE				
CHIEF STEVE CRAWFORD	1 00	0	0	0
SOUTHWESTERN REGIONAL DIRE				
CHIEF CLINT PETERS	1 00	0	0	0
VICE PRESIDENT				
CHIEF EJ CLARK	1 00	0	0	0
SECRETARY/TREASURER				
CHIEF RYAN OSTER	1 00	0	0	0
PRESIDENT				

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			
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), 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	40b		
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 ▶ _____			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ▶ <u>JODI WARNEKE</u> Telephone no ▶ <u>(406) 454-9091</u> Located at ▶ <u>PO BOX 275 GREAT FALLS, MT</u> ZIP + 4 ▶ <u>594030275</u>			
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)?	42b		No
If "Yes," enter the name of the foreign country ▶ _____			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
If "Yes," enter the name of the foreign country ▶ _____			
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		

		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 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 ☐

		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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	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		2019-04-29 Date		
	EJ CLARK SECRETARY/TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RHONDA M FIELD	Preparer's signature	Date 2019-04-25	Check <input type="checkbox"/> if self-employed	PTIN P00264257
	Firm's name ► ANDERSON ZURMUEHLEN & CO PC			Firm's EIN ► 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 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.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
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"/>	28a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments		
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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
	29a	
<div>29</div> <div>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</div> <div>(Grants \$ 0)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	29a	0

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>30</p> <p>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 ACCITIVIES THAT ASSIST THE FUNDRAISING ACTIVITIES SPONSORED BY THE SPECIAL OLYMPICS THE ASSOCIATION UNIFIES AND LEGITIMIZES THESE ACTIVITIES</p> <p>(Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	0

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
THE ASSOCIATION PARTICIPATES AND CONTRIBUTES TO THE LAW ENFORCEMENT MUSEUM (Grants \$ 0)		0
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

TY 2017 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.

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete 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</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2017
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization MONTANA ASSOCIATION OF CHIEFS OF POLICE INC	Employer identification number 81-0519461
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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 ☐ Mail solicitations

b ☐ Internet and email 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.

(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			
1						
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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CONCERTS (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
	1 Gross receipts	45,891			45,891
	2 Less Contributions	31,536			31,536
	3 Gross income (line 1 minus line 2)	14,355			14,355
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,468			14,468
	7 Food and beverages				
	8 Entertainment	4,823			4,823
	9 Other direct expenses	16,582			16,582
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				35,873
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-21,518	

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
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 provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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 .	OMB No 1545-0047 2017 Open to Public Inspection
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Name of the organization MONTANA ASSOCIATION OF CHIEFS OF POLICE INC	Employer identification number 81-0519461
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDEND INCOME AMOUNT 3,058 DESCRIPTION INTEREST INCOME AMOUNT 2 DE SCRIPTION CAPITAL GAIN DISTRIBUTIONS AMOUNT 8,509 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 11,569

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 DATE OF GIFT 06/05/18 AMOUNT GIVEN 1,000

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 MONTANA LAW ENFORCEMENT MUSEUM GRANTEE ADDRESS 1200 10TH AVE S #19 GREAT FALLS, MT 59405 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 06/05/18 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 ACADEMY GRANTEE ADDRESS 4 504 KESTREL COURT GREAT FALLS, MT 59401 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 11/07/17 AMOUNT GIVEN 4,042 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5,542

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION TRAVEL AMOUNT 6,901 DESCRIPTION ADVERTISING AND MARKETING AMOUNT 1,093 DESCRIPTION CONFERENCES AND CONVENTIONS AMOUNT 12,087 DESCRIPTION EDUCATION AND TRAINING AMOUNT 1,463 DESCRIPTION BANK CHARGES AMOUNT 1,362 DESCRIPTION SUPPLIES AMOUNT 355 DESCRIPTION MISCELLANEOUS AMOUNT 489 TOTAL TO FORM 990-EZ, LINE 16 23,750

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED LOSS ON INVESTMENTS AMOUNT 10,270

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVESTMENT IN EDWARD JONES BEG OF YEAR AMOUNT 172,938 END OF YEAR AMOUNT 194,776