Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2018 calendar year, or tax year beginning 01/01 , 2018, and end	ling 1	2/31	, 20 18			
В	Check if a	applicable: C Name of organization MARYLAND CHIEFS OF POLICE ASSOCIATION INC	;	D Employer identification number				
	Address	change Doing business as		1	52-1235249			
	Name ch	Number and street (or P.O. box if mail is not delivered to street address) Room,	'suite	E Telepho	ne number			
	Initial retu				410-516-9873			
П		n/terminated City or town, state or province, country, and ZIP or foreign postal code						
$\overline{\Box}$	Amended			G Gross re	eceipts \$ 490,038			
П		on pending F Name and address of principal officer: JOHN NEWNAN	H(a) Is this a		subordinates? Yes No			
	пррпоат	6740 ALEXANDER BELL DRIVE, COLUMBIA, MD 21046	I		s included? Yes No			
$\overline{}$	Tay-even	ppt status: ☐ 501(c)(3)			ee instructions)			
J	Website:		H(c) Groun	o exemption	number >			
_	_	rganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form		1	of legal domicile: MD			
_	art I	Summary	1701	111 2 1111	- MD			
_	_	Briefly describe the organization's mission or most significant activities: SEE	PART III I INI	- 1				
ģ	-	2						
Activities & Governance								
Ĩ	2	Check this box ▶☐ if the organization discontinued its operations or dispose	d of more tha	n 25% of	its net assets			
Š	1	Number of voting members of the governing body (Part VI, line 1a)		1	20			
<u>ფ</u>		Number of independent voting members of the governing body (Part VI, line 1			20			
es	1	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	b)	. 5				
ΞĘ				. 6	1 20			
∖ cti		Total number of volunteers (estimate if necessary)		. 7a	0			
_		Net unrelated business taxable income from Form 990-T, line 38		. 7a				
	-	Net unrelated business taxable income norm of our 990-1, line 30	Prior Y		Current Year			
	8	Contributions and grants (Part VIII, line 1h)		488,036				
īue	1	Program service revenue (Part VIII, line 2g)		466,036	490,003			
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36	35			
	1			400.073	400.000			
_		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		488,072	490,038			
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0			
	4-	Benefits paid to or for members (Part IX, column (A), line 4)		0	0			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		51,202	49,312			
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)		30,613	21,866			
쭚	_ b	Total fundraising expenses (Part IX, column (D), line 25) 21,866						
_	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		395,581	374,614			
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		477,396	445,792			
		Revenue less expenses. Subtract line 18 from line 12	Designing of C	10,676	44,246			
Net Assets or Fund Balances	00	T (D) (40)	Beginning of C		End of Year			
Sse	20	Total assets (Part X, line 16)		163,472	203,703			
let /	21	Total liabilities (Part X, line 26)		13,565	8,800			
		Net assets or fund balances. Subtract line 21 from line 20		149,907	194,903			
	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta , and complete. Declaration of preparer (other than officer) is based on all information of which prepa			my knowledge and belief, it is			
	.,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Siç	nn.	Signature of officer		ate				
_	-		D	ale				
He	ere	JOHN NEWNAN, EXECUTIVE DIRECTOR						
		Type or print name and title	Dete		DTIN			
Pa	nid	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN			
Pr	epare		1	self-em	ployed P01230911			
	e Only	Firm's name DAVE EVANS CPA	Fin	m's EIN ▶				
		Firm's address ► 201 SOLWAY RD, TIMONIUM, MD 21093	Ph	one no. 410-746-5770				
Ma	ιy the IR	S discuss this return with the preparer shown above? (see instructions)			🗸 Yes 🗌 No			

Form 990 (2018) Page **2**

Part		_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO SUPPORT AND DEFEND THE CONSTITUTION OF THE UNITED STATES OF AMERICA AND THE STATE OF	
	MARYLAND; TO PROMOTE AND FOSTER THE ENFORCEMENT OF LAW AND ORDER; TO INCREASE THE EFFECTIVENESS	
	OF THE POLICE PROFESSION AND ENHANCE PUBLIC CONFIDENCE IN THE POLICE; AND TO IMPROVE THE QUALITY OF	
	LIFE IN THE COMMUNITIES THAT WE SERVE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 383,064 including grants of \$0) (Revenue \$ 490,038)	
	The Maryland Chiefs of Police Association, Inc. (MCPA), works tirelessly on behalf of our members and our communities in	
	several critical areas: Legislative and Legal Advocacy, Training and Member Services. Our active engagement on issues of public	
	safety policy has allowed the associations to effectively shape legislation that impacts legal, social, and budgetary issues. MCPA	
	is recognized as the voice of law enforcement advocacy on behalf of local law enforcement in Maryland. MCPA provides	
	contemporary training to law enforcement leaders statewide, ensuring our members remain current on leading issues as well as	
	preparing the next generation of Maryland's law enforcement executives. MCPA's Annual Professional Development Training	
	Seminar is the associations' flagship event and the premier annual conference in the law enforcement community in Maryland. The	
	four-day conference brings together more than 350+ leaders in law enforcement with industry partners for amazing networking	
	opportunities, educational sessions and awards ceremonies.	
41-	(O-d	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
40	Total program service expenses > 383 064	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	~	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		-
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		-
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		V
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	,	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		-
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		/
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		/
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		/
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		•
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		/
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38 Part	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance	38	~	
rail	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	'	
	Toportable garriing (garriding) willings to prize williers:			(2018)

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
,			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	~	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) Page **6**

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 20 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 ~ Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a ~ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," V 12c Did the organization have a written whistleblower policy? 13 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a ~ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► MD 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JOHN NEWNAN EXECUTIVE DIRECTOR, (410)516-9873

Form 990 (2018)	Page 7
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

□ Check this box if heither the organization not	r any relate	a orga	anız	atic	n c	ompe	nsa	ited any curren	t onicer, airecto	r, or trustee.
				(0	C)					
(A)	(B)	(B) Position (do not check more the						(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	less person is and a director		is both	n an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GARY GARDNER	2.00									
PRESIDENT		~		~				0	0	C
ED HARGIS	2.00									
1ST VICE PRESIDENT	0.00	~		~				0	0	C
HENRY STAWINSKY	2.00									
2ND VICE PRESIDENT	0.00	~		~				0	0	C
JOHN NEWNAN	50.00									
EXECUTIVE DIRECTOR	0.00				~	~		47,018	0	C

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (cor	ntinued)	•	
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck s pe	rson	e than o is both or/trus	n an	(D) Reportable compensation	Reportable Reportable compensation from			
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	c) f org an	other npensation rom the ganization d related anizations	
1b	Sub-total							>	47,018		0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						▶	47,018		0		0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited					above	e) w	· · · · · · · · · · · · · · · · · · ·				
3	Did the organization list any former of employee on line 1a? If "Yes," complete								bloyee, or high	•			No ⁄
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	150,	000	? /:	f "Ye	s, "					·
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	tion	froi	m any	/ un	related organiz		dual		<u>'</u>
	on B. Independent Contractors											•	
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	dress							(B) Description of s	ervices	(C Compe		
None													_
	Total number of independent contractor	ors (includir	na hi	ıt n	ot l	limit	ad to	 th	nose listed ah	ove) who			

received more than \$100,000 of compensation from the organization ▶

Total. Add lines 11a-11d.

Total revenue. See instructions

Form 9	90 (201	8)				Page
Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response or note	to any line in this	Part VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns 1a				
ara Iour	b	Membership dues 1b 46,575	5_			
ts, (Am	С	Fundraising events 1c				
ia i	d	Related organizations 1d				
ns,	е	Government grants (contributions) 1e 127,508				
er S	f	All other contributions, gifts, grants,				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f 315,920				
nd of	g	Noncash contributions included in lines 1a–1f: \$	-			
	h	Total. Add lines 1a–1f	490,003			
anue	0-	Business Code				
Seve	2a b					
Program Service Revenue	C					
ĒΞ	d					
S E	e					
gra	f	All other program service revenue .	0	0	0	(
P.	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest,				
		and other similar amounts)	35	35	0	C
	4	Income from investment of tax-exempt bond proceeds ►	0	0	0	C
	5	Royalties	0	0	0	C
		(i) Real (ii) Personal				
	6a	Gross rents	_			
	b	Less: rental expenses	_			
	C	Rental income or (loss) 0 0				
	_d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	_			
	b	Less: cost or other basis and sales expenses .				
	С	Gain or (loss) 0)			
_	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$ 0				
r Rev		of contributions reported on line 1c). See Part IV, line 18 a				
je			_			
ō		Less: direct expenses b Net income or (loss) from fundraising events . >				
		Gross income from gaming activities.				
	ou	See Part IV, line 19				
	b	Less: direct expenses b	-			
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				

0

35

490,038

0

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .	<u> </u>	<u> </u>
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	47,018	23,509	23,509	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes	2,294	1,147	1,147	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	1,715		1,715	
d	Lobbying	20,165	20,165		24.0//
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	21,866			21,866
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	200	200		
13	Office expenses	5,270	200	5,270	
14	Information technology	5/2.0		5/2.0	
15	Royalties				
16	Occupancy				
17	Travel	6,163	3,082	3,081	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	199,428	195,747	3,681	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	300		300	
23	Insurance	2,159		2,159	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MHSO GRANT EXPENSES	114,560	114,560	0	0
b	TESTING AGREEMENT EXPENSE	12,622	12,622	0	0
С	BANK SERVICE CHARGES	7,016	7,016	0	0
d	GRANTS , SCHOLARSHIPS ,AWARDS	3,866	3,866	0	0
е	All other expenses	1,150	1,150		
25	Total functional expenses. Add lines 1 through 24e	445,792	383,064	40,862	21,866
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	56,744	1	57,731
	2	Savings and temporary cash investments	100,829	2	135,818
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,445	4	10,000
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ğ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 1,504			
	b	Less: accumulated depreciation 10b 1,350	454		154
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	163,472		203,703
	17	Accounts payable and accrued expenses	8,565	17	5,000
	18	Grants payable		18	0.000
	19	Deferred revenue	5,000	19 20	3,800
	20 21	Tax-exempt bond liabilities		21	
'n				21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	13,565	26	8,800
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>la</u> n	27	Unrestricted net assets	149,907	27	194,903
Ва	28	Temporarily restricted net assets	0	28	0
nd	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţs	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	149,907		194,903
	34	Total liabilities and net assets/fund balances	163,472	34	203,703

Form 990 (2018) Page **12**

Part	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			49	0,038
2	Total expenses (must equal Part IX, column (A), line 25)	2			44	5,792
3	Revenue less expenses. Subtract line 2 from line 1	3			4	4,246
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			149	9,907
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				750
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			19	4,903
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u>.</u>		_Ц
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were com					
	reviewed on a separate basis, consolidated basis, or both:					
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersigl/	nt			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant'	? 2	2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?		_	3a		'
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		3b		
				Form	990	(2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

, (504()(4) (5) (0)					
	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.				
	of organization			Employer ider	ntification number	
	LAND CHIEFS OF POLICE A		504/	· · · · · · · · · · · · · · · · · · ·	52-1235249	
Part 1 2 3 Part 1 2 3 4a b Part 1	Provide a description of definition of "political campaign activity Volunteer hours for political the Enter the amount of any of Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount direct	y expenditures (see instructions). cal campaign activities (see instructions) e organization is exempt under excise tax incurred by the organization and a section 4955 tax, did it file Form.	direct political calculus	mpaign activities in Part	IV. (see instructions Yes I	
2 3 4 5	Enter the amount of the 527 exempt function activated to 17b and 17b a	filing organization's funds contributities	uted to other org Enter here and ? mber (EIN) of all senter the amount properties.	anizations for section ▶ \$ on Form 1120-POL, ▶ \$	Yes I rations to which the fill ration's funds. Also er	No ling
		fund or a political action committee (b) Address				V.
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Pac	ıe	2

Pa	rt II-A	Complete if the organization section 501(h)).	on is exempt u	under section 50	01(c)(3) and file	d Form 5768 (ele	ection under
Α	Check ►	if the filing organization below address, EIN, expenses, and				iliated group memb	er's name,
_	Obsali N			, ,	,		
В	Check ►	if the filing organization chec			ovisions apply.		
		(The term "expenditures" n	bying Expendit		١	(a) Filing organization's totals	(b) Affiliated group totals
	- T-4-11-	· · · · · · · · · · · · · · · · · · ·		-		organization o totalo	group totals
		bbying expenditures to influence			•		
		bbying expenditures to influence	•	• • • • •	-,		
		obbying expenditures (add lines	,				
		exempt purpose expenditures .					
		xempt purpose expenditures (ad		•			
	f Lobbyi columr	ng nontaxable amount. Enter	the amount fi	rom the following	table in both		
	If the ar	nount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the an	nount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.				
	g Grassr	oots nontaxable amount (enter 2	5% of line 1f)				
	h Subtra	ct line 1g from line 1a. If zero or l	ess, enter -0-				
	i Subtra	ct line 1f from line 1c. If zero or le	ess, enter -0-				
	-	e is an amount other than zerong section 4911 tax for this year		1h or line 1i, did	•	i i	Yes No
	(Som	e organizations that made a se	ection 501(h) ele	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five colum	ns below.
		Lobbyin	g Expenditures	During 4-Year Av	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	a Lobbyi	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e))					
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
	f Grassr	oots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	า 5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	iption of the lobbying activity.	Yes	No	A	mount	t
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), (or se	ction		
	501(c)(6).					
	Mana and atantially all (000) an arraya dina maninal and admittal by an arraya			-	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		V
Part 1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members				line (3, is
			-			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	от				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
2 (see	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047
2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

MARY	LAND CHIEFS OF POLICE ASSOCIATION INC			52-1235249
Par	t I Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	ds or Ac	counts.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(i) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	S S		
	funds are the organization's property, subject to the	e organization's exclusive legal contro	ol?	· · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a			
	only for charitable purposes and not for the benef			
	conferring impermissible private benefit?			Yes No
Par				
	Complete if the organization answered '			
1	Purpose(s) of conservation easements held by the	= : : : : : : : : : : : : : : : : : : :		
	Preservation of land for public use (e.g., recreated)			
	☐ Protection of natural habitat	☐ Preservation of	a certifie	d historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the f	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а			-	
b	Total acreage restricted by conservation easement			
С	Number of conservation easements on a certified h	` ,	-	С
d	Number of conservation easements included in			
	_			d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated b	y the organization during the
	tax year ▶			
4	Number of states where property subject to conse			
5	Does the organization have a written policy re-			
_	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec-	cting, handling of violations, and enforcing	g conserva	ation easements during the year
_	Annual of the second to the se			
7	Amount of expenses incurred in monitoring, inspectin \$\bigset\$ \$	ig, nandling of violations, and enforcing	conservat	ion easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	acation 1	70/b)/4)/P)/i)
0	and section 170(h)(4)(B)(ii)?		Section	Yo(i)(4)(b)(i) Yes No
0	In Part XIII, describe how the organization reports of		and ava	
9	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easeme		ariolal Sta	tionichts that describes the
Pari			Other S	imilar Assets
· ai	Complete if the organization answered		U	a. 7.000.01
1a	If the organization elected, as permitted under SF.		revenue	statement and balance sheet
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f			
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue s	statement and balance sheet
_	works of art, historical treasures, or other similar			
	public service, provide the following amounts relati	•	,	
	-	_		. ▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art,	historical treasures or other similar	assets f	or financial gain, provide the
-	following amounts required to be reported under S			
а		-		. ▶ \$
b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X			. • \$

	le D (Form 990) 2018								Page 2
Part						•			
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and oth	er recor	ds, check	any of th	e follov	ving that are a	significant	use of its
а	☐ Public exhibition		d	Loan	or exchang	ae proa	rams		
b	Scholarly research		e i		-				
c	☐ Preservation for future generations		C (
		a'a gallagtiana ar	ما میرمام	in how th	ov frustbor	+ha ara	ranization'a av	omat aliva	oo in Dor
4	Provide a description of the organization XIII.	1 S COIIECTIONS ar	ій ехріа	un now th	ey turther	the org	janization's exe	empt purpo	se in Par
5	During the year, did the organization so assets to be sold to raise funds rather th								s 🗌 No
Part	IV Escrow and Custodial Arrang	gements.							
	Complete if the organization at 990, Part X, line 21.	nswered "Yes"	on For	m 990, P	art IV, lind	e 9, or	reported an a	amount on	Form
1a	Is the organization an agent, trustee, c	ustodian or othe	r interm	ediary for	r contribut	tions or	other assets	not	
	included on Form 990, Part X?								s 🗆 No
h	If "Yes," explain the arrangement in Part								
b	ii res, explain the arrangement in Fart	Alli allu complet	e lile io	nowing ta	Die.			Amount	
								Amount	
С	Beginning balance					10	;		
d	Additions during the year					10			
е	Distributions during the year					1e	•		
f	Ending balance					1f			
2a	Did the organization include an amount of	on Form 990. Par	t X. line	21. for es	scrow or c	ustodia	l account liabili	tv? TYe	s No
b	If "Yes," explain the arrangement in Part							-	
	Endowment Funds.	7 CHOOK HOLD	11 1110 07	tpianation	1100 00011	provide	34 0111 41174111	<u> </u>	
· ai	Complete if the organization a	newarad "Vae"	on For	m 000 P	art IV line	10 م			
	·	(a) Current year	(b) Pric		(c) Two year		(d) Three years ba	ock (a) Four	years back
		(a) current year	(6) 1 110	or your	(b) Two year	13 Daore	(a) Three years be	ion (c) i oui	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance								
g			م ما ما ما	- /lin - 1 -	l /-	\\			
2	Provide the estimated percentage of the	-	i balanc	e (line 1g,	column (a	i)) neid	as:		
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶	_%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c	should equal 10	0%.						
3a	Are there endowment funds not in the porganization by:	ossession of the	organiz	zation tha	t are held	and ad	ministered for	_	Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga							. 3b	
4	Describe in Part XIII the intended uses of							. 30	
			1 3 61100	will e lit iu	iius.				
Part			–				0	0 D. LV I	40
	Complete if the organization a								
	Description of property	(a) Cost or othe		` '	other basis		Accumulated	(d) Bool	k value
		(investmer	IL)	(Oth	ner)	de	epreciation		
1a	Land		0		0				0
b	Buildings		0		0		0		0
С	Leasehold improvements		0		0		0		0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

0

d Equipment

Schedule D (Form 990) 2018

Part VII	Investments—Other Securities.		000 5 114 11 40
	Complete if the organization answered "Yes" on Form 990, Part I		· · · · · · · · · · · · · · · · · · ·
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial			
	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
	b) must equal Form 990, Part X, col. (B) line 12.) ►		
Part VIII	Investments—Program Related.		
r aire viii	Complete if the organization answered "Yes" on Form 990, Part I	V line 11c. See Fo	orm 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Booshphon of invocation	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets. Complete if the organization answered "Yes" on Form 990, Part I	V line 11d See F	orm 000 Part V line 15
	(a) Description	v, iiiic 11a. occ 1	(b) Book value
(1)	VI ···· p··		(,,),
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
	line 25.		1
1.	(a) Description of liability		(b) Book value
(1) Federal in	icome taxes		
(2)			
(3)			
(4)			
(5)			
(7)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	ization's financial stat	taments that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the te		

Schedule D (Form 990) 2018 Page **4**

Part	<u> </u>		Return.	
	Complete if the organization answered "Yes" on Form 990,		1.1	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities		_	
С.	Recoveries of prior year grants		_	
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)	L	10	
с 5	Add lines 4a and 4b		4c	
	XII Reconciliation of Expenses per Audited Financial Statem			
rart	Complete if the organization answered "Yes" on Form 990,		er neturn.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
	Donated services and use of facilities	2a		
a	Prior year adjustments	2b	-	
b	Other losses		-	
c d	Other (Describe in Part XIII.)	 		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	
Part	XIII Supplemental Information.	,		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			t X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number MARYLAND CHIEFS OF POLICE ASSOCIATION INC 52-1235249 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events ☐ In-person solicitations 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 If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) organization custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in col. (i) Yes No See Schedule G, Part IV, Statement 2 3 4 5 6 7 8 9 10 Total 30,462 22,066 8,396 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

	rt II	Fundraising Events. Cor than \$15,000 of fundraising				
		gross receipts greater that				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
ř	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		·				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra				
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E	e organization answe			or reported more that
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
۳ ا	1	Gross revenue				
es	2	Cash prizes				
xbeus	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes%	
	7	Direct expense summary. Ac	dd lines 2 through 5 in co	olumn (d)		
	_	N	0.1.1.1.7.6.1.	4 1 (1)		
	8	Net gaming income summar	y. Subtract line / from li	ne 1, column (d)		
9		nter the state(s) in which the or				
		the organization licensed to co "No," explain:	5 5		s?	
10	a W	ere any of the organization's g	gaming licenses revoked	, suspended, or termin	ated during the tax year?	'. ☐ Yes ☐ No

b If "Yes," explain:

cneau	ile G (Form 990 or 990-EZ) 2018		Page J
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:		
а	The organization's facility		%
b	An outside facility		<u>%</u>
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 ▶ \$		
С			
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
b	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or	☐ Yes	☐ No
	spent in the organization's own exempt activities during the tax year ▶ \$	\	`
art	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

Schedule G, Part IV, Statement 1

MARYLAND CHIEFS OF POLICE ASSOCIATION INC

Form: **Schedule G (2018)** EIN: **52-1235249**

Page: 1

Fundraiser Activity Information

F	Part	I, L	ine	2b	

Name and Address	Activity	C1	Gross	C2	C3
			Receipts		
MARKETING ACQUISITIONS LLC 2006 SOUTHERN BLVD SUITE 101 RIO RANCHO, NM 87124	FUNDRAISING	No	30,462	22,066	8,396
Total:			30.462	22.066	8.396

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization MARYLAND CHIEFS OF POLICE ASSOCIATION INC 52-1235249 Form 990, Part VI, Section B, Line 11b - PRIOR TO FILING, THE EXECUTIVE DIRECTOR DISTRIBUTED A COMPLETE COPY OF THE FORM 990 TO EACH BOARD MEMBER WITH A REQUEST TO REVIEW IT AND SUBMIT QUESTIONS OR CONCERNS WITHIN 14 DAYS Form 990, Part VI, Section B, Line 12c - THE GOVERNING BOARD AND OFFICERS ARE REMINDED ANNUALLY OF THEIR **OBLIGATION TO DISCLOSE POSSIBLE CONFLICTS OF INTEREST** Form 990, Part VI, Section C, Line 19 - FORM 990 - PART VI - SECTION C - LINE 19- THE ORGANIZATION'S GOVERNING DOCUMENTS AND IRS FORM 990 ARE MADE AVAILABLE UPON REQUEST TO THE EXECUTIVE DIRECTOR AT 6740 ALEXANDER **BELL DRIVE, COLUMBIA MD 21046** Form 990, Part XI, Line 9 - ADJUSTMENTS TOTALING \$750 WERE MADE TO CERTAIN EXPENSE ACCOUNTS AFTER THE 2017 FORM