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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3060 WILLAMETTE DRIVE NE NO 200

City or town, state or province, country, and ZIP or foreign postal code
LACEY, WA 98516

D Employer identification number
91-0961051

E Telephone number
(360) 486-2380

G Gross receipts $ 14,822,620

F Name and address of principal officer
KIM GOODMAN
3060 WILLAMETTE DRIVE NE NO 200
LACEY, WA 98516

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.WASPC.ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1963

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO LEAD COLLABORATION AMONG LAW ENFORCEMENT EXECUTIVES TO ENHANCE PUBLIC SAFETY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	31
6	Total number of volunteers (estimate if necessary)	**6**	17
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,623,932	12,471,510
9	Program service revenue (Part VIII, line 2g)	430,619	411,171
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,608	13,290
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,072,436	932,953
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,130,595	13,828,924
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,902,294	7,718,192
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,429,305	2,421,018
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,867,209	3,696,192
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,198,808	13,835,402
19	Revenue less expenses Subtract line 18 from line 12	-68,213	-6,478

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,147,713	7,649,059
21	Total liabilities (Part X, line 26)	4,210,531	3,744,375
22	Net assets or fund balances Subtract line 21 from line 20	3,937,182	3,904,684

Part II Signature Block

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 — 2016-11-14 Date

MITCH BARKER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JANE M SEARING	JANE M SEARING	2016-11-14		P00235495

Firm's name ▶ CLARK NUBER PS — Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 NE 4TH STREET SUITE 1700
BELLEVUE, WA 98004 — Phone no (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PROVIDE A MEANS FOR LAW ENFORCEMENT EXECUTIVES IN WASHINGTON STATE TO IDENTIFY AND COOPERATE IN THE SOLUTION OF COMMON PROBLEMS RELATING TO THE MANAGEMENT OF LAW ENFORCEMENT AGENCIES AND THE DELIVERY OF LAW ENFORCEMENT AND CORRECTIONAL SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

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? . . . . . ☐ Yes ☑ No

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 by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,798,109 including grants of $ 4,798,109) (Revenue $)

SEX OFFENDER ADDRESS VERIFICATION - PROVIDE GRANTS TO LOCAL SHERIFFS' OFFICES TO VERIFY THE ADDRESSES OF ALL REGISTERED SEX OFFENDERS THERE ARE CURRENTLY AROUND 18,000 OFFENDERS BEING MONITORED BY LOCAL LAW ENFORCEMENT

4b (Code) (Expenses $ 2,492,447 including grants of $ 2,378,086) (Revenue $)

WA AUTO THEFT PREVENTION AUTHORITY - PROVIDE GRANT FUNDS TO LOCAL LAW ENFORCEMENT AGENCIES TO COMBAT AUTO THEFT

4c (Code) (Expenses $ 1,321,671 including grants of $) (Revenue $)

JAIL BOOKING & REPORTING SYSTEM - COLLECT STATEWIDE JAIL STATISTICS INCLUDES DEVELOPMENT, IMPLEMENTATION, TRAINING AND TRANSITION TO INFORMATION SYSTEMS INCLUDES THE STATEWIDE AUTOMATED VICTIM INFO NETWORK AND THE PROTECTION ORDER PROGRAM

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 4,100,538 including grants of $ 541,998) (Revenue $ 1,320,052)

4e **Total program service expenses ▶** 12,712,765

Part IV 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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
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		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
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**	Yes	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	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**		No
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**		No
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? *If "Yes," complete Schedule L, Part II*	**26**		No
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**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	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	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
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			
4a	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			No
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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
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			No
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).**				
a	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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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			
9a	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 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	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		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	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			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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 with a taxable entity during the year?	16a		No
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 organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(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)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ▶KIM GOODMAN 3060 WILLAMETTE DR NE SUITE 200 LACEY, WA 98516 (360) 486-2380

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, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC OLSEN PRESIDENT/PAST PRESIDENT THRU 10/15	4 00	X		X				0	0	0
(2) CASEY SALISBURY PRESIDENT ELECT/PRESIDENT	6 00	X		X				0	0	0
(3) OZZIE KNEZOVICH PAST PRESIDENT THRU 05/15	1 00	X		X				0	0	0
(4) ED HOLMES PAST PRESIDENT FROM 11/15	1 00	X		X				0	0	0
(5) BRIAN BURNETT VICE PRESIDENT	2 00	X		X				0	0	0
(6) KEN HOHENBERG VICE PRESIDENT/PRESIDENT ELECT	2 00	X		X				0	0	0
(7) KEN THOMAS TREASURER	4 00	X		X				0	0	0
(8) JOHN BATISTE BOARD MEMBER	1 00	X						0	0	0
(9) BONNIE BOWERS BOARD MEMBER	1 00	X						0	0	0
(10) MARK COUEY BOARD MEMBER	1 00	X						0	0	0
(11) GARRY LUCAS BOARD MEMBER THRU 05/15	1 00	X						0	0	0
(12) FRANK MONTOYA BOARD MEMBER	1 00	X						0	0	0
(13) MARK NELSON BOARD MEMBER	1 00	X						0	0	0
(14) DUSTY PIERPOINT BOARD MEMBER	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TOM ROBBINS BOARD MEMBER THRU 05/15	1 00	X						0	0	0
(16) JOHN SNAZA BOARD MEMBER	1 00	X						0	0	0
(17) STEVE STRACHAN BOARD MEMBER	1 00	X						0	0	0
(18) JOHN TURNER BOARD MEMBER	1 00	X						0	0	0
(19) MITCH BARKER EXECUTIVE DIRECTOR	40 00			X				105,000	0	33,720
(20) RON WALTERS MANAGER	40 00					X		120,200	0	15,312
(21) GLEN MOWREY MANAGER	40 00					X		126,756	0	16,682
(22) CONSTANTINE MARTIN MANAGER	40 00					X		186,856	0	19,558
(23) KIM GOODMAN CHIEF OF STAFF	40 00					X		105,390	0	18,245
(24) JAMES MCMAHAN POLICY DIRECTOR	40 00					X		110,700	0	13,863
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								754,902	0	117,380

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
APPRISS INC 10401 LINN STATION ROAD LOUISVILLE, KY 40223	IT - JAIL BOOKING SYSTEM	1,255,785
BI INCORPORATED 6400 LOOKOUT ROAD BOULDER, CO 80301	ELECTRONIC MONITORING	515,457
PREPARED RESPONSE 3518 6TH AVENUE SUITE 200B TACOMA, WA 98406	IT - CRITICAL INCIDENT MAPPING SYSTEM	459,356
3M ELECTRONIC MONITORING 1838 GUNN HIGHWAY ODESSA, FL 33556	ELECTRONIC MONITORING	459,356
WATCH SYSTEMS 516 E RUTLAND STREET COVINGTON, LA 70433	SEX OFFENDER SYSTEM	306,110

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	12,466,505			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,005			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		12,471,510			
Program Service Revenue			Business Code				
	2a	CONFERENCES/WORKSHOPS	900099	253,181	253,181		
	b	MEMBERSHIP DUES	900099	85,570	85,570		
	c	CRTCL INCIDENT MAPPING	900099	72,420	72,420		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		411,171			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		13,220			13,220
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	6,630				
	b	Less rental expenses	2,204				
	c	Rental income or (loss)	4,426				
	d	Net rental income or (loss) . . . . . ▶		4,426	4,426		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	70				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	70				
	d	Net gain or (loss) . . . . . ▶		70			70
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a	1,911,979				
	b	Less cost of goods sold . . b	991,492				
	c	Net income or (loss) from sales of inventory . . ▶		920,487	920,487		
		Miscellaneous Revenue	Business Code				
	11a	RECORDS AGREEMENT	900099	5,440	5,440		
	b	REFUNDS	900099	2,110			2,110
	c	SETTLEMENT REVENUE	900099	190			190
	d	All other revenue		300			300
	e	**Total.** Add lines 11a–11d . . . . . ▶		8,040			
	12	**Total revenue.** See Instructions . . . . . ▶		13,828,924	1,341,524	0	15,890

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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	7,718,192	7,718,192		
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	138,720		138,720	
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 Other salaries and wages	1,802,077	1,560,997	241,080	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	143,222	128,363	14,859	
9 Other employee benefits	173,205	157,179	16,026	
10 Payroll taxes	163,794	125,886	37,908	
11 Fees for services (non-employees)				
a Management	37,197	36,906	291	
b Legal	33,001		33,001	
c Accounting	54,719	15,000	39,719	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,377,196	2,377,196		
12 Advertising and promotion	7,522	6,516	1,006	
13 Office expenses	111,987	61,555	50,432	
14 Information technology				
15 Royalties				
16 Occupancy	132,018	7,143	124,875	
17 Travel	89,617	72,386	17,231	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	253,953	245,282	8,671	
20 Interest	36,179		36,179	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	252,655		252,655	
23 Insurance	36,207		36,207	
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)				
a EQUIPMENT NON-CAPITAL	153,196	153,196		
b BAD DEBT EXPENSE	35,021	35,021		
c REPAIR/MAINTENANCE	23,401	4,500	18,901	
d LEASES	10,912		10,912	
e All other expenses	51,411	7,447	43,964	
25 **Total functional expenses.** Add lines 1 through 24e	13,835,402	12,712,765	1,122,637	0
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 Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		240,299	1	35,148
	2	Savings and temporary cash investments		15,889	2	39,717
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,496,269	4	4,029,678
	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	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,182	8	4,977
	9	Prepaid expenses and deferred charges		749,579	9	775,490
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,887,105			
	b	Less accumulated depreciation	10b 2,489,152	2,619,002	10c	2,397,953
	11	Investments—publicly traded securities		0	11	345,803
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		21,493	14	20,293
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,147,713	16	7,649,059
Liabilities	17	Accounts payable and accrued expenses		2,910,195	17	2,640,537
	18	Grants payable		54,297	18	54,297
	19	Deferred revenue		698,198	19	930,947
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		547,841	23	118,594
	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		4,210,531	26	3,744,375
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,937,182	27	3,904,684
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,937,182	33	3,904,684
	34	Total liabilities and net assets/fund balances		8,147,713	34	7,649,059

Part XI Reconcilliation 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	13,828,924
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,835,402
3	Revenue less expenses Subtract line 2 from line 1	3	-6,478
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,937,182
5	Net unrealized gains (losses) on investments	5	-26,020
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,904,684

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			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," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or 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?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain 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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 91-0961051

Name: WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	706,844	including grants of $	) (Revenue $	72,420)

CRITICAL INCIDENT MAPPING - PROVIDE ELECTRONIC MAPPING OF SCHOOLS AND COMMUNITY COLLEGES AS WELL AS PUBLIC BUILDINGS THIS PROVIDES FIRST RESPONDERS WITH ACCURATE DATA IN THE EVENT OF A DISASTER

(Code	) (Expenses $	439,477	including grants of $	) (Revenue $	920,487)

CORRECTIONAL OPTIONS SERVICES - PROVIDE HOME DETENTION & OTHER SENTENCING ALTERNATIVES TO INCARCERATED PERSONS CONVICTED OF CRIMES BY LOCAL & STATE COURTS THIS PROGRAM IS CURRENTLY OPERATING WITH AN AVERAGE DAILY POPULATION OF 445 COST SAVINGS TO THE STATE AND LOCAL COMMUNITY VARY BASED ON THE TYPE OF PROGRAM RUN (BOOKING FEES, MEDICAL COSTS OR JAIL COSTS)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses $	510,575	including grants of $	) (Revenue $)

SEX OFFENDER WEBSITE - PROVIDE COMMUNITIES WITH REGISTERED SEX OFFENDER INFORMATION, E G , TYPE OF CONVICTION, LOCATION OF REGISTERED RESIDENCE, VICINITY TO SCHOOLS, ETC ALSO LINKED WITH NATIONAL SEX OFFENDER REGISTRY

(Code)	(Expenses $	564,496	including grants of $	) (Revenue $)

FALSE ALARM - PROVIDE INFORMATION AND TRAINING ON FALSE ALARM REDUCTION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 305,208 including grants of $) (Revenue $)

UNIFORM CRIME REPORTING/INCIDENT-BASED REPORTING - COLLECT STATE-WIDE CRIME STATISTICS FOR ANNUAL "CRIME IN WASHINGTON STATE" REPORT DEVELOPMENT, IMPLEMENTATION AND TRANSITION TO INCIDENT BASED REPORTING

(Code) (Expenses $ 336,291 including grants of $ 312,591) (Revenue $)

TRAFFIC GRANTS - PROVIDE LAW ENFORCEMENT WITH EQUIPMENT AND EDUCATIONAL GRANTS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 239,528 including grants of $) (Revenue $ 338,751)

CONFERENCE/MEMORABILIA - PROVIDES MEMBERSHIP WITH SEMI-ANNUAL CONFERENCES INCLUDES STATE CERTIFIED TRAINING AS WELL AS COMMITTEE MEETINGS AND CHIEF/SHERIFF/JAIL MANAGER MEETINGS

(Code) (Expenses $ 180,671 including grants of $) (Revenue $)

SECTOR/PCH & CACHE - PROVIDE LOCAL LAW ENFORCEMENT AGENCIES WITH PRINTERS AND SCANNERS FOR TRAFFIC ENFORCEMENT VEHICLES TO ASSIST IN THE STATEWIDE IMPLEMENTATION OF THE SECTOR (ELECTRONIC TICKETING) PROGRAM

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 20,290 including grants of $) (Revenue $ -17,046)

TRAINING - WORK CLOSELY WITH WASHINGTON STATE CRIMINAL JUSTICE TRAINING COMMISSION TO PROVIDE EXECUTIVE LEVEL TRAINING TO MEMBERS PROVIDE SUPPORT TO MEMBERSHIP THROUGH WORKING COMMITTEES, REPRESENTATION ON STAKEHOLDER COMMITTEES AND PROVIDING EXECUTIVE-LEVEL LAW ENFORCEMENT POINT OF VIEW

(Code) (Expenses $ 89,442 including grants of $) (Revenue $)

24/7 DUI MONITORING PROGRAM - REPEAT OFFENDER SWIFT AND CERTAIN DAILY MONITORING FOR ALCOHOL USE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 310,224 including grants of $ 229,407) (Revenue $)

PROJECT SAFE NEIGHBORHOODS - PROVIDE FUNDING FOR PROSECUTORS, TASK FORCES, MEDIA OUTREACH AND TRAINING IN SUPPORT OF THE PRESIDENT'S GUN VIOLENCE INITIATIVE

(Code) (Expenses $ 68,919 including grants of $) (Revenue $)

ACCREDITATION/LOANED EXECUTIVE MANAGEMENT ASSISTANCE PROGRAM - PROVIDE LAW ENFORCEMENT AGENCIES WITH STANDARDS WORK WITH AGENCIES TO ACCREDIT AGENCIES ACCORDING TO SET STANDARDS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 55,748 including grants of $) (Revenue $ 5,440)

OTHER PROGRAMS - OTHER SMALL PROGRAMS INCLUDE A MISSING PERSONS WEBSITE, INTELLIGENCE TRAINING, AND OPERATION CRACKDOWN, WHICH PROVIDES LOCAL LAW ENFORCEMENT AGENCIES WITH OVERTIME GRANTS FOR UN-REGISTERED SEX OFFENDER ENFORCEMENT

(Code) (Expenses $ 218,970 including grants of $) (Revenue $)

INTERNET CRIMES AGAINST CHILDREN - PROVIDE FUNDING TO THE SEATTLE POLICE DEPARTMENT FOR TASK FORCE TO FIGHT INTERNET CRIMES AGAINST CHILDREN

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 53,855 including grants of $) (Revenue $)

SEX OFFENDER RECORD RETENTION - COLLECT SEX OFFENDER DOCUMENTS FROM LAW ENFORCEMENT AGENCIES
DOCUMENTS ARE SCANNED TO CD THEN DESTROYED SERVES AS STATEWIDE RECORD RETENTION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320090036

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Employer identification number
91-0961051

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,529,232	13,516,509	12,250,862	12,623,932	12,471,510	65,392,045
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,483,767	2,680,986	2,703,481	2,485,502	2,335,220	13,688,956
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	18,012,999	16,197,495	14,954,343	15,109,434	14,806,730	79,081,001
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	1,668,972	733,597	708,411	995,404	748,919	4,855,303
c Add lines 7a and 7b	1,668,972	733,597	708,411	995,404	748,919	4,855,303
8 **Public support.** (Subtract line 7c from line 6)						74,225,698

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	18,012,999	16,197,495	14,954,343	15,109,434	14,806,730	79,081,001
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,392	2,718	1,394	1,348	13,220	24,072
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,392	2,718	1,394	1,348	13,220	24,072
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	609	18,473	136,586	6,715	190	162,573
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	539	4,290	2,203	12,911	2,410	22,353
13 **Total support.** (Add lines 9, 10c, 11, and 12)	18,019,539	16,222,976	15,094,526	15,130,408	14,822,550	79,289,999

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	93 610 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	93 400 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	0 030 %
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	0 020 %

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	REFUNDS - 2011 AMOUNT $ 539 2012 AMOUNT $ 859 2013 AMOUNT $ 2,203 2014 AMOUNT $ 1,822 2015 AMOUNT $ 2,110 YEAR END ADJUSTMENTS - 2012 AMOUNT $ 3,431 2014 AMOUNT $ 11,089 2015 AMOUNT $ 300

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS	91-0961051

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		496,628		496,628
b Buildings		2,716,832	1,191,301	1,525,531
c Leasehold improvements				
d Equipment		120,206	96,918	23,288
e Other		1,553,439	1,200,933	352,506
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,397,953

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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 derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (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 IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (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 IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	14,796,600
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-26,020		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-26,020
3	Subtract line **2e** from line **1**			3	14,822,620
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-993,696		
c	Add lines **4a** and **4b**			4c	-993,696
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	13,828,924

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	14,829,098
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	993,696		
e	Add lines **2a** through **2d**			2e	993,696
3	Subtract line **2e** from line **1**			3	13,835,402
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	13,835,402

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B -991,492 RENTAL EXPENSE REPORTED ON FORM 990, PART VIII, LINE 6B -2,204

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320090036

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Employer identification number
91-0961051

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 56

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	**Explanation**
PART I, LINE 2	GRANTEES PROVIDE PROGRESS REPORTS PROGRAM MANAGERS ALSO PERFORM SITE VISITS SOME GRANTEES RECEIVE OVERSIGHT VIA ORAL REPORTS/PRESENTATIONS TO AN OVERSIGHT COMMITTEE

Additional Data

Software ID:
Software Version:
EIN: 91-0961051
Name: WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADAMS COUNTY SHERIFF'S OFFICE 210 WEST BROADWAY RITZVILLE,WA 99169	91-6001294	N/A	45,431				SEX OFFENDER ADDRESS VERIFICATION GRANT
ADAMS COUNTY SHERIFF'S OFFICE 210 WEST BROADWAY RITZVILLE,WA 99169	91-6001294	N/A	4,243				TRAFFIC GRANT
ASOTIN COUNTY SHERIFF'S OFFICE PO BOX 130 ASOTIN,WA 994020130	91-6001295	N/A	69,594				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BENTON COUNTY SHERIFF'S OFFICE 7122 OKANOGAN PLACE BLDG A KENNEWICK,WA 99336	91-6001296	N/A	135,365				SEX OFFENDER ADDRESS VERIFICATION GRANT
BENTON COUNTY SHERIFF'S OFFICE 7122 OKANOGAN PLACE BLDG A KENNEWICK,WA 99336	91-6001296	N/A	10,634				TRAFFIC GRANT
CHELAN COUNTY SHERIFF'S OFFICE 401 WASHINGTON STREET SUITE 1 WENATCHEE,WA 98801	91-6001297	N/A	85,578				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF AUBURN 25 WEST MAIN STREET AUBURN,WA 980014998	91-6001228	N/A	7,667				TRAFFIC GRANT
CITY OF BELLINGHAM 505 GRAND AVENUE BELLINGHAM,WA 98225	91-6001229	N/A	6,641				TRAFFIC GRANT
CITY OF FEDERAL WAY 33325 8TH AVENUE SOUTH FEDERAL WAY,WA 980639718	91-1462550	N/A	418,118				AUTO THEFT PREVENTION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF FEDERAL WAY 33325 8TH AVENUE SOUTH FEDERAL WAY,WA 980639718	91-1462550	N/A	1,000				TRAFFIC GRANT
CITY OF FIFE 3737 PACIFIC HIGHWAY EAST FIFE,WA 98424	91-6012977	N/A	331,067				AUTO THEFT PREVENTION GRANT
CITY OF KELSO 201 SOUTH PACIFIC AVE KELSO,WA 98626	91-6001252	N/A	18,613				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF KENT 220 4TH AVENUE SOUTH KENT, WA 98032	91-6001254	N/A	466,447				AUTO THEFT PREVENTION GRANT
CITY OF KENT 220 4TH AVENUE SOUTH KENT, WA 98032	91-6001254	N/A	6,965				TRAFFIC GRANT
CITY OF LAKEWOOD 6000 MAIN STREET SW LAKEWOOD, WA 98499	91-1698185	N/A	10,655				TRAFFIC GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF LONGVIEW 1351 HUDSON STREET LONGVIEW,WA 98632	91-6001367	N/A	52,504				SEX OFFENDER ADDRESS VERIFICATION GRANT
CITY OF LONGVIEW 1351 HUDSON STREET LONGVIEW,WA 98632	91-6001367	N/A	2,500				TRAFFIC GRANT
CITY OF LYNNWOOD PO BOX 5008 LYNNWOOD,WA 98046	91-6015840	N/A	5,681				TRAFFIC GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF OAK HARBOR 860 SE BARRINGTON DRIVE OAK HARBOR,WA 98277	91-6001476	N/A	7,000				TRAFFIC GRANT
CITY OF PACIFIC 133 3RD AVENUE SE PACIFIC,WA 98047	91-6001483	N/A	6,242				TRAFFIC GRANT
CITY OF POULSBO 200 NE MOE STREET POULSBO,WA 98370	91-6601488	N/A	9,888				TRAFFIC GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SPOKANE WEST 1100 MALLON SPOKANE,WA 99260	91-6001280	N/A	185,816				AUTO THEFT PREVENTION GRANT
CITY OF SPOKANE WEST 1100 MALLON SPOKANE,WA 99260	91-6001280	N/A	13,226				TRAFFIC GRANT
CITY OF VANCOUVER PO BOX 1995 VANCOUVER,WA 98668	91-6001288	N/A	10,000				AUTO THEFT PREVENTION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF VANCOUVER PO BOX 1995 VANCOUVER,WA 98668	91-6001288	N/A	6,827				TRAFFIC GRANT
CITY OF WENATCHEE PO BOX 519 WENATCHEE,WA 98807	91-6001291	N/A	3,816				AUTO THEFT PREVENTION GRANT
CITY OF WENATCHEE PO BOX 519 WENATCHEE,WA 98807	91-6001291	N/A	2,620				TRAFFIC GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLALLAM COUNTY SHERIFF'S OFFICE 22 EAST 4TH STREET SUITE 12 PORT ANGELES,WA 98302	91-6001298	N/A	89,251				SEX OFFENDER ADDRESS VERIFICATION GRANT
CLARK COUNTY SHERIFF'S OFFICE PO BOX 410 VANCOUVER,WA 98666	91-6001299	N/A	252,781				SEX OFFENDER ADDRESS VERIFICATION GRANT
CLARK COUNTY SHERIFF'S OFFICE PO BOX 410 VANCOUVER,WA 98666	91-6001299	N/A	9,400				TRAFFIC GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLARK COUNTY SHERIFF'S OFFICE PO BOX 410 VANCOUVER,WA 98666	91-6001299	N/A	108,589				AUTO THEFT PREVENTION GRANT
COLUMBIA COUNTY SHERIFF'S OFFICE 341 EAST MAIN STREET DAYTON,WA 99328	91-6001309	N/A	18,359				SEX OFFENDER ADDRESS VERIFICATION GRANT
COWLITZ COUNTY SHERIFF'S OFFICE 312 SW 1ST AVENUE KELSO,WA 98626	91-6001310	N/A	82,061				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COWLITZ COUNTY SHERIFF'S OFFICE 312 SW 1ST AVENUE KELSO,WA 98626	91-6001310	N/A	4,179				TRAFFIC GRANT
DOUGLAS COUNTY SHERIFF'S OFFICE 110 2ND STREET NE SUITE 200 EAST WENATCHEE,WA 98802	91-6001313	N/A	64,138				SEX OFFENDER ADDRESS VERIFICATION GRANT
FERRY COUNTY SHERIFF'S OFFICE PO BOX 1099 REPUBLIC,WA 99166	91-6001314	N/A	34,233				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FERRY COUNTY SHERIFF'S OFFICE PO BOX 1099 REPUBLIC,WA 99166	91-6001314	N/A	1,915				TRAFFIC GRANT
FRANKLIN COUNTY SHERIFF'S OFFICE 1016 NORTH 4TH AVENUE PASCO,WA 99301	91-6001315	N/A	89,460				SEX OFFENDER ADDRESS VERIFICATION GRANT
GARFIELD COUNTY SHERIFF'S OFFICE PO BOX 338 POMEROY,WA 99347	91-6001318	N/A	9,191				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GARFIELD COUNTY SHERIFF'S OFFICE PO BOX 338 POMEROY,WA 99347	91-6001318	N/A	3,000				TRAFFIC GRANT
GRANT COUNTY SHERIFF'S OFFICE PO BOX 37 EPHRATA,WA 98823	91-6001319	N/A	101,643				SEX OFFENDER ADDRESS VERIFICATION GRANT
GRANT COUNTY SHERIFF'S OFFICE PO BOX 37 EPHRATA,WA 98823	91-6001319	N/A	1,000				TRAFFIC GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAYS HARBOR COUNTY SHERIFF'S OFFICE PO BOX 630 MONTESANO,WA 98563	91-6001320	N/A	105,163				SEX OFFENDER ADDRESS VERIFICATION GRANT
GRAYS HARBOR COUNTY SHERIFF'S OFFICE PO BOX 630 MONTESANO,WA 98563	91-6001320	N/A	1,709				TRAFFIC GRANT
ISLAND COUNTY SHERIFF'S OFFICE PO BOX 5000 COUPEVILLE,WA 98277	91-6001321	N/A	75,962				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ISLAND COUNTY SHERIFF'S OFFICE PO BOX 5000 COUPEVILLE,WA 98277	91-6001321	N/A	2,620				TRAFFIC GRANT
JEFFERSON COUNTY SHERIFF'S OFFICE 79 ELKINS ROAD PORT HADLOCK,WA 98339	91-6001322	N/A	60,797				SEX OFFENDER ADDRESS VERIFICATION GRANT
KING COUNTY PROSECUTING ATTORNEY 516 3RD AVENUE SEATTLE,WA 98104	91-6001337	N/A	180,294				PROJECT SAFE NEIGHBORHOOD GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KING COUNTY SHERIFF'S OFFICE 516 3RD AVENUE SEATTLE,WA 98104	91-6001337	N/A	666,246				SEX OFFENDER ADDRESS VERIFICATION GRANT
KING COUNTY SHERIFF'S OFFICE 516 3RD AVENUE SEATTLE,WA 98104	91-6001337	N/A	31,580				TRAFFIC GRANT
KITSAP COUNTY SHERIFF'S OFFICE 614 DIVISION STREET PORT ORCHARD,WA 98366	91-6001348	N/A	183,109				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KITTITAS COUNTY SHERIFF'S OFFICE 205 WEST 5TH AVENUE SUITE 1 ELLENSBURG,WA 98926	91-6001349	N/A	68,120				SEX OFFENDER ADDRESS VERIFICATION GRANT
KLICKITAT COUNTY SHERIFF'S OFFICE 205 S COLUMBUS AVENUE ROOM 108 GOLDENDALE,WA 98620	91-6001350	N/A	62,881				SEX OFFENDER ADDRESS VERIFICATION GRANT
KLICKITAT COUNTY SHERIFF'S OFFICE 205 S COLUMBUS AVENUE ROOM 108 GOLDENDALE,WA 98620	91-6001350	N/A	8,013				TRAFFIC GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEWIS COUNTY SHERIFF'S OFFICE 345 WEST MAIN STREET CHEHALIS,WA 98532	91-6001351	N/A	127,197				SEX OFFENDER ADDRESS VERIFICATION GRANT
LEWIS COUNTY SHERIFF'S OFFICE 345 WEST MAIN STREET CHEHALIS,WA 98532	91-6001351	N/A	8,354				TRAFFIC GRANT
LINCOLN COUNTY SHERIFF'S OFFICE 404 SINCLAIR PO BOX 367 DAVENPORT,WA 99122	91-6001352	N/A	6,300				AUTO THEFT PREVENTION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LINCOLN COUNTY SHERIFF'S OFFICE 404 SINCLAIR PO BOX 367 DAVENPORT,WA 99122	91-6001352	N/A	20,859				SEX OFFENDER ADDRESS VERIFICATION GRANT
LINCOLN COUNTY SHERIFF'S OFFICE 404 SINCLAIR PO BOX 367 DAVENPORT,WA 99122	91-6001352	N/A	5,327				TRAFFIC GRANT
MAIKE & ASSOCIATES LLC 213 ELWHA BLUFFS ROAD PORT ANGELES,WA 98363	27-0573715	N/A	9,177				PROJECT SAFE NEIGHBORHOOD GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MASON COUNTY SHERIFF'S OFFICE 419 NORTH 4TH STREET SHELTON,WA 98584	91-6001354	N/A	98,751				SEX OFFENDER ADDRESS VERIFICATION GRANT
OKANOGAN COUNTY SHERIFF'S OFFICE 123 5TH AVENUE NORTH ROOM 200 OKANOGAN,WA 98840	91-6001355	N/A	85,514				SEX OFFENDER ADDRESS VERIFICATION GRANT
OKANOGAN COUNTY SHERIFF'S OFFICE 123 5TH AVENUE NORTH ROOM 200 OKANOGAN,WA 98840	91-6001355	N/A	4,225				TRAFFIC GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC COUNTY SHERIFF'S OFFICE PO BOX 27 SOUTH BEND,WA 98586	91-6001356	N/A	60,895				SEX OFFENDER ADDRESS VERIFICATION GRANT
PACIFIC COUNTY SHERIFF'S OFFICE PO BOX 27 SOUTH BEND,WA 98586	91-6001356	N/A	1,400				TRAFFIC GRANT
PEND OREILLE COUNTY SHERIFFS OFFICE 331 SOUTH GARDEN AVENUE NORTHPORT,WA 99156	91-6001357	N/A	36,460				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PIERCE COUNTY SHERIFF'S OFFICE 930 TACOMA AVENUE SOUTH TACOMA,WA 98402	91-6001359	N/A	457,797				SEX OFFENDER ADDRESS VERIFICATION GRANT
SAN JUAN COUNTY SHERIFF'S OFFICE PO BOX 669 FRIDAY HARBOR,WA 98250	91-6001360	N/A	29,535				SEX OFFENDER ADDRESS VERIFICATION GRANT
SEATTLE NEIGHBORHOOD GROUP 1810 E YESLER WAY SEATTLE,WA 98122	94-3098473	N/A	35,234				PROJECT SAFE NEIGHBORHOOD GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SKAGIT COUNTY SHERIFF'S OFFICE 600 SOUTH THIRD MOUNT VERNON, WA 98273	91-6001361	N/A	106,628				SEX OFFENDER ADDRESS VERIFICATION GRANT
SKAGIT COUNTY SHERIFF'S OFFICE 600 SOUTH THIRD MOUNT VERNON, WA 98273	91-6001361	N/A	17,778				TRAFFIC GRANT
SKAMANIA COUNTY SHERIFF'S OFFICE PO BOX 790 STEVENSON, WA 98648	91-6001363	N/A	46,423				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SNOHOMISH COUNTY SHERIFF'S OFFICE 3000 ROCKEFELLER AVENUE MS 606 EVERETT,WA 98201	91-6001368	N/A	715,553				AUTO THEFT PREVENTION GRANT
SNOHOMISH COUNTY SHERIFF'S OFFICE 3000 ROCKEFELLER AVENUE MS 606 EVERETT,WA 98201	91-6001368	N/A	340,882				SEX OFFENDER ADDRESS VERIFICATION GRANT
SPOKANE COUNTY SHERIFF'S OFFICE PUBLIC SAFETY BLDG 1100 W MALLON SPOKANE,WA 99260	91-6001370	N/A	274,132				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STEVENS COUNTY SHERIFF'S OFFICE PO BOX 186 COLVILLE,WA 99114	91-6001372	N/A	87,060				SEX OFFENDER ADDRESS VERIFICATION GRANT
THURSTON COUNTY SHERIFF'S OFFICE 2000 LAKERIDGE DRIVE SW OLYMPIA,WA 98502	91-6001375	N/A	174,544				SEX OFFENDER ADDRESS VERIFICATION GRANT
WAHKIAKUM COUNTY SHERIFF'S OFFICE 64 MAIN STREET PO BOX 65 CATHLAMET,WA 98612	91-6001377	N/A	13,183				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAHKIAKUM COUNTY SHERIFF'S OFFICE 64 MAIN STREET PO BOX 65 CATHLAMET,WA 98612	91-6001377	N/A	2,000				TRAFFIC GRANT
WALLA WALLA COUNTY SHERIFFS OFFICE 240 WEST ALDER SUITE 101 WALLA WALLA,WA 99362	91-6001381	N/A	78,296				SEX OFFENDER ADDRESS VERIFICATION GRANT
WALLA WALLA COUNTY SHERIFFS OFFICE 240 WEST ALDER SUITE 101 WALLA WALLA,WA 99362	91-6001381	N/A	982				TRAFFIC GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHATCOM COUNTY SHERIFF'S OFFICE 311 GRAND AVENUE BELLINGHAM,WA 98225	91-6001383	N/A	141,876				SEX OFFENDER ADDRESS VERIFICATION GRANT
WHATCOM COUNTY SHERIFF'S OFFICE 311 GRAND AVENUE BELLINGHAM,WA 98225	91-6001383	N/A	10,624				TRAFFIC GRANT
WHITMAN COUNTY SHERIFF'S OFFICE PO BOX 470 COLFAX,WA 99111	91-6001384	N/A	59,580				SEX OFFENDER ADDRESS VERIFICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YAKIMA COUNTY SHERIFF'S OFFICE PO BOX 1388 YAKIMA,WA 98907	91-6001387	N/A	106,588				AUTO THEFT PREVENTION GRANT
YAKIMA COUNTY SHERIFF'S OFFICE PO BOX 1388 YAKIMA,WA 98907	91-6001387	N/A	197,448				SEX OFFENDER ADDRESS VERIFICATION GRANT
YAKIMA COUNTY SHERIFF'S OFFICE PO BOX 1388 YAKIMA,WA 98907	91-6001387	N/A	975				TRAFFIC GRANT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Employer identification number
91-0961051

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CONSTANTINE MARTIN MANAGER	(i)	186,856	0	0	11,678	7,880	206,414	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2015

Open to Public Inspection

Name of the organization	Employer identification number
WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS	91-0961051

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6, VOLUNTEERS	THROUGHOUT THE COURSE OF THE YEAR, THERE WERE 17 VOLUNTEER BOARD MEMBERS
FORM 990, PART III, LINE 2	INTERNET CRIMES AGAINST CHILDREN TASK FORCE - FUNDING PROVIDED TO SEATTLE PD TASKFORCE TO COMBAT INTERNET CRIMES AGAINST CHILDREN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ACTIVE MEMBERS ARE THE PRINCIPAL MEMBERS OF A LAW ENFORCEMENT AGENCY (SHERIFF, CHIEF, ETC) ASSOCIATE MEMBERS ARE COMMAND STAFF WITHIN A LAW ENFORCEMENT AGENCY (DEPUTY CHIEF, CRIMINAL DEPUTY, ETC) AFFILIATE MEMBERS ARE ASSOCIATED WITH LAW ENFORCEMENT BUT ARE NOT COMMISSIONED
FORM 990, PART VI, SECTION A, LINE 7A	ACTIVE MEMBERS HAVE VOTING RIGHTS ASSOCIATE MEMBERS DO NOT HAVE VOTING RIGHTS AFFILIATE MEMBERS ARE ASSOCIATED WITH LAW ENFORCEMENT BUT ARE NOT COMMISSIONED AND THEREFORE HAVE NO VOTING RIGHTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	RESOLUTIONS MUST BE APPROVED BY A VOTE OF THE MEMBERSHIP
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED IN CONJUNCTION WITH AN ACCOUNTING FIRM AND PRESENTED TO THE TREAS URER AND EXECUTIVE DIRECTOR WHO REVIEW IT PRIOR TO BEING REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS THE WHOLE BOARD DOES NOT RECIEVE A COPY OF THE FORM 990 BEFORE IT IS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND THE EXECUTIVE DIRECTOR ARE COVERED BY THE CONFLICT OF INTEREST POLICY, THEIR DISCLOSURE REQUIREMENTS ARE COMPLETED ANNUALLY IF A POTENTIAL CONFLICT OF INTEREST ARISES, THE DISINTERESTED PARTIES OF THE EXECUTIVE COMMITTEE SHALL MAKE A DETERMINATION AS TO WHETHER A CONFLICT DOES EXIST THEY WILL THEN REVIEW THE CONFLICT AND DETERMINE WHAT SUBSEQUENT ACTION IS APPROPRIATE. RESTRICTIONS ARE IMPOSED AT THE DISCRETION OF THE EXECUTIVE BOARD ON A CASE BY CASE BASIS
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE COMPRISED OF BOARD MEMBERS DETERMINES THE EXECUTIVE DIRECTOR'S COM PENSATION BASED ON COMPARABLES IN THE AREA THE CONTRACT FOR THE EXECUTIVE DIRECTOR IS REV IEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE EXECUTIVE BOARD MEMBERS THE MOST CUR RENT COMPENSATION REVIEW WAS TAKING PLACE NOVEMBER OF 2015 AND IS EXPECTED TO BE COMPLETED BY YEAR END

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST REQUESTS ARE REVIEWED FOR VALIDITY BY DIRECTOR OR DEPUTY ONCE APPROVED FOR DISSEMINATION, THE INFORMATION IS PROVIDED
FORM 990, PART IX, LINE 11G	JAIL BOOKING AND REPORTING SYSTEM FEES PROGRAM SERVICE EXPENSES 932,165 MANAGEMENT AND G ENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 932,165 CRITICAL INCIDENT MAPPI NG PROGRAM SERVICE EXPENSES 517,903 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPEN SES 0 TOTAL EXPENSES 517,903 WEBSITE SYSTEM FEES PROGRAM SERVICE EXPENSES 306,110 MANA GEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 306,110 VICTIM NOTI FICATION SYSTEM PROGRAM SERVICE EXPENSES 178,589 MANAGEMENT AND GENERAL EXPENSES 0 FUND RAISING EXPENSES 0 TOTAL EXPENSES 178,589 VICTIM PROTECTIVE ORDER SYSTEM PROGRAM SERVIC E EXPENSES 100,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPEN SES 100,000 NATIONAL INCIDENT BASED REPORTING SYSTEM PROGRAM SERVICE EXPENSES 50,053 MA NAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 50,053 CRIMES AGA INST CHILDREN TASK FORCE PROGRAM SERVICE EXPENSES 218,970 MANAGEMENT AND GENERAL EXPENSE S 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 218,970 PROJECT SAFE NEIGHBORHOOD PROGRAM SE RVICE EXPENSES 73,406 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EX PENSES 73,406