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Form **990**

For the 2016 calendar year, or tax year beginning

OMB No 1545-0047 2016

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.

, 2016, and ending

Open to Public Inspection

В	Check	if applicable	C Name of organiza	ition Ne	vada Associ	iation of	Public	Safet	y 01	fficers	D Emplo	yer ident	ification nun	rber					
	∐ ^	ddress change	Doing business a	s							27-	0593	782						
	LI۱	lame change	Number and street	E Teleph	one numb	per													
		nitial return	P.O. Box 9	0387				j			(70	2) 4	31-267	7					
	F	Inal return/terminated	City or town, state	or provin	ce, country, and ZIP	or foreign postal	code				··*								
	\prod_{i}	mended return	Henderson	Henderson NV 89015									G Gross receipts \$ 504,888.						
		pplication pending	F Name and address	s of princi	pal officer					H(a) Is this	group retun	n for subc	ordinates?	Yes	X No				
			Timothy O'Neill	PO E	3ox 90387	Hender	son N	IV 890)15	H(b) Are all If 'No,'	subordinates	included	?	Yes [No				
ī	Tax	-exempt status		501(c)		sert no)	4947(a)(1) o		527	If 'No,'	attach a list.	(see instr	uctions)						
J			w.napso.ne		· · · · · · · · · · · · · · · · · · ·		1			H(c) Group	exemption ni	ımber 🕨	•						
K	Fon	m of organization	X Corporation	Trust	Association	Other >	L	. Year of f	formation				egal domicile	NV					
Pa	rt I	Summar		4	<u> </u>														
تبت	1		e the organization	n's miss	ion or most sign	ificant activit	ies: To	o impl	leme	nt and p	reserve	a sou	und orga	nizatio	onal				
a	ĺ	philosoph	y that will	be us	ed to secui	re fair a													
2	1																		
philosophy that will be used to secure fair and equitable compensation, benefits, po procedures for the protection of our present and future members and to prome labor, benevolent, educational, charitable, civic, patriotic, and fraternal Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)											ernal								
8	2		x ► if the or									ssets.							
∞ 5	3		ting members of t									3		····	_23				
S	4		lependent voting									4			23				
Ę	6		of individuals empore of volunteers (est				v, line ∠a) 					5			2				
듗	7a		d business reven									7a			23				
•	b	Net unrelated	business taxable	income	from Form 990-	line 34						7b			0.				
—	-					6 8		1	70	P	rior Year		Curn	ent Year					
	8	Contributions	and grants (Part \	VIII. line	1h)	<u> </u>			ဖြ		52,2								
Revenue	9		itions and grants (Part VIII, line 1h)								447,2			504,5	68.				
Ve	10	Investment inc	come (Part VIII. c	olumn (/	A), lines 3, 4, an	d 7d)			123			375.			20.				
8	11	Other revenue	(Part VIII, colum	n (A), lii	nes 5, 6d, 8c, 9c	10c, and 1	te) [5]	- يا - الأو الوط - الما - الأو الأوط	ا ب	ļ	`								
	12	Total revenue	- add lines 8 thr	ough 11	(must equal Pa	it VIII, colum	nn (A), time 1	12)			499,9	04.		504,8	88.				
	13	Grants and sir	milar amounts pai	d (Part	IX, column (A), I	ines 1-3)					2,1	108.							
	14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										1,9	84.						
<i>(</i> 2)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										345.		141,0	$\overline{71.}$					
Expenses	16 a	16a Professional fundraising fees (Part IX, column (A), line 11e)																	
8	١,	b Total fundraising expenses (Part IX, column (D), line 25) ►																	
ă	17		es (Part IX, colum							 	366 0	142		211 7	60				
	l		es. Add lines 13-1								366,0			344,7					
	18		expenses Subtra		-		-				486,4			487,8					
8		Venerine iess	expenses Subtra	ici iiile	10 IIOIII IIIIe 12		· · · · · · ·	· · · · ·	· · · ·		13,4		End	17,0					
# # E		Total accete //	Part X, line 16) .							Beginnii	178,4			194,1					
	21		(Part X, line 26)				· • • • • • •					84.			34.				
Net Ass Fund Bal	2.																		
	rt II	Signatur	fund balances. Si	i Daniaci	ine 21 from line	20		· · · ·	· · · ·		170,5	55/.		187,6	30.				
									46 - 6 -		4-4	-1-6 3							
com	erpena piete C	nues of penjury, 1 dec Declaration of prepart	lare that I have examin er (other than officer) is	pased on	all information of whi	ch preparer has	any knowledge	ns, end to) UNE DE	ISC OF THY KNOW	Nedda sun o	enen, it is	uue, correct,	3) N J					
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n-	ن د:	Tamdes	y White, C	DΣ	Lan	Jans	# }} —	103	/22/	17	self-employ		P00448	189					
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		Parer Firm's name Johns Collotta White GP U Firm's address P.O. BOX 530785							Firm's FIN	6 1.	_17221	an.							
~ 3	J	rim's addre			0 / 8 3		NIV OOO			Firm's EIN • 61-1722190 Phone no (818) 923-5251									
		IDC discuss 45	HENDER:		chown charge?		NV 8905		,		Phone no	(QT)	. X Yes		N _^				
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I Par			Public Safety Officers	27-0593782	Page 2
			Accomplishments		
			or note to any line in this Part III		· · · · · L
1					
			sound organizational		
			secure fair and equitable of	compensation, benefits, pol	icies and
	See Form 990, Page 2, Pa	rt III, Line 1 (continue	d)		
2	Did the organization under	ake any significant pr	ogram services during the year which were	not listed on the prior	
					X No
	If 'Yes,' describe these new			LJ **	
3			significant changes in how it conducts, any	program services? Yes	X No
	If Yes,' describe these cha			program correction and a large	<u> </u>
4		program service acco	omplishments for each of its three largest per equired to report the amount of grants also orted.	orogram services, as measured by expense and allocations to others, the total expense	ses es,
	a (Code:) (Expe	enses \$	including pro-to-of C) (Revenue \$	
40			including grants of \$		
	The Nevada Assoc	<u>lation of Pub</u>	olic Safety Officers (NAPS	SO) is the largest	
	attiliation of 1	<u>aw enforcemen</u>	nt unions in Nevada. Our	background_and	
	experience means	that we are	able to provide statewide	representation that	
	law enforcement	professionals	deserve in the following	_ areas:	
	disciplinary rep	resentation,	contract negotiations, li	tigation, and	-
	organizing.				
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	c (Code) (Expe	enses \$	including grants of \$		
		enses \$	including grants of \$) (Revenue \$	
	c (Code) (Expe	enses \$	including grants of \$		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A . . . Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Х 3 Х 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. Х 5 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, Х 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Х 8 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 Х 9 Х 10 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 Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total 11 c Х 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 11 d Х X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Х 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 14b Х Х 15 Χ 16 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) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes,

Х

Checklist of Required Schedules (continued) No Yes 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H Х 20a b If Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . 20b 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 Х Х 22 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* Х 23 Х 24a 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 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 25b 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? Х 26 27 Х 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 Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L. Part IV. . . . 28b Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. . . X 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 $\overline{\mathbf{x}}$ 35a 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X

Form 990 (2016) Nevada Association of Public Safety Officers 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.

1 a Enter the number reported in Box 3 of Form 1098 Enter -0- if not applicable 1 1 1 1 4 4 B Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 1 1 5 0 0 1 1 5 0 0 0 1 1 5 0 0 0 1 1 5 0 0 0 1 1 5 0 0 0 1 1 5 0 0 0 1 1 5 0 0 0 1 1 5 0 0 0 1 1 5 0 0 0 1 1 5 0 0 0 1 1 5 0 0 0 1 1 5 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V			. \Box
18 Enter the number reported in Box 3 of Form 1096 Enter -0 in not applicable	_	Charles of Schools of Schools of Hose to any month and part of the Charles of the	<u></u> -		No
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C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withmights prize withins 15 minuments. High off the calendary serie ending with or within the year covered by this return. 2			i l		
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial secount in a foreign country (seuch as a bank account, securities account or other financial accountly? 4 a X 5 if Yes, tenter the name of the foreign country. 5 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 a V 5 b Dd sny taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5 b X 6 if Yes, to line 5 a or 5b, did the organization line Form 888-17 6 a Does the organization have annual gross receipts that a normally greater than \$100,000, and did the organization solicit any contributions have were not tax deductible as chandrable contributions? 6 a X 6 b If Yes, did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 organizations shart may receive deductible contributions under section 170(c). 9 a Dd the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 to 1 if Yes, did the organization notify the donor of the value of the goods or services provided? 7 to 2 if Yes, did the organization selection and the year? 9 b If Yes, did the organization selection of years are grounded? 9 to 1 if Yes, indicate the number of Forms 8282 filed during the year 9 b If Yes, did the organization selection of years are grounded? 9 to 1 if Yes, indicate the number of Forms 8282 filed during the year 9 b If Yes, except		ments, filed for the calendar year ending with or within the year covered by this return 2a 2			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X bit if Yes, has it flied a form 990-1 for this year? if No to line 3, provide an explanation in Schedule O. 4 A 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. 5 A bit if Yes, incline the name of the foreign country. 5 See instructions for fling requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization on party to a prohibited tax whether transaction at any time during the tax year? 5 a Was the organization in the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X c If Yes, to line 5 a ro 5b, did the organization the form 888-7? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of solicitation an express statement that such contributions or gifts were not lax deductible? 6 a X b If Yes, did the organization include with every solicitation an expresses statement that such contributions or gifts were not lax deductible? 6 a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 a party or a service provided to the payor? 7 a lift Yes, did the organization notify the donor of the value of the goods or services provided? 7 b If Yes, did the organization notify the donor of the value of the goods or services provided? 7 b If Yes, did the organization move that pay the did the long organization services provided to the payor? 7 c If If yes, indicate the number of Forms 8282 filed during the year 9 Did the organization and payor organization services provided to the payor? 9 b If Yes, did the organization make a distribu		b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	<u> </u>
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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?			12a		
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. 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		• • • • • • • • • • • • • • • • • • • •	120		
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	•	·	138		
which the organization is licensed to issue qualified health plans				į	
c Enter the amount of reserves on hand		which the organization is licensed to issue qualified health plans			
				Ì	
	14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
			14 b		

Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members 23 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 23 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 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? Х 3 Did the organization make any significant changes to its governing documents X Did the organization become aware during the year of a significant diversion of the organization's assets? . . X X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X R a b Each committee with authority to act on behalf of the governing body? 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Х b if Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13......... 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 13 13 Did the organization have a written whistleblower policy? X 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? X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request 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 State the name, address, and telephone number of the person who possesses the organization's books and records:

Timothy O'Neill

Henderson

PO Box 90387

89015

Form 990 (2016) Nevada Association of Pr	ublic s	Safety Officers		27-05937	82 Page 7
Part VII Compensation of Officers, Director Independent Contractors	ors, Tru	stees, Key Employe	es, Highest C	ompensated En	nployees, and
Check if Schedule O contains a response or	note to an	y line in this Part VII			[
Section A. Officers, Directors, Trustees, Ke					
1 a Complete this table for all persons required to be listed organization's tax year	d. Report	compensation for the cale	ndar year ending v	vith or within the	
 List all of the organization's current officers, directo compensation. Enter -0- in columns (D), (E), and (F) if no 			organizations), reg	ardless of amount of	
 List all of the organization's current key employees, 	, if any. Se	e instructions for definitio	n of 'key employee	».'	
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form Worganization and any related organizations. 					
 List all of the organization's former officers, key em- of reportable compensation from the organization and any 	ployees, a	ind highest compensated rganizations	employees who re	ceived more than \$1	00,000
 List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensat 	stees tha	t received, in the capacity			
List persons in the following order: individual trustees or d employees, and former such persons.	irectors; ir	nstitutional trustees; office	rs; key employees	; highest compensate	∌d
Check this box if neither the organization nor any relat	ted organi	zation compensated any o	current officer, dire	ctor, or trustee.	
		(C)			
(A) Name and Title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director(trustee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/frustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Jim Dunlap	2.00	}		х			1		0	0
President (2) Marco Rafalovich Vice President	2.00			X				0.	0.	0.
(3) Matthew Richardson Secretary	2.00			х				0.	0.	0.
(4) Timothy O'Neill Treasurer	3.00			х				0.	0.	0.
(5) Richard McCann Executive Director	40.00			х	х			109,704.	0.	0.
(6) Shane Daz Director	1.00	х						0.	0.	0.
(7) Kevin Abernathy Director	1.00	х						0.	0.	0.
(8) Vince Albowicz Director	1.00	х		- -				0.	0.	0.
(9) Sean Giurlani Director	1.00	х						0.	0.	0.
(10) Lance Andres Director	1.00	х						0.	0.	0.
(11) Matthew Johns Director	1.00	х						0.	0.	0.
(12) Kendall Kendrick Director	_1.00	х						0.	0.	0.
(13) Ken Kerby Director	1.00	х						0.	0.	0.
(14) Roberto Morales Director	1.00	х						0.	0.	0.

	(A) Name and title	(B) (C) Average hours per officer and a director/ber		than or	ne an	(D) Reportable	(E) Reportable	E	(F)			
		per week (list any hours for related organiza - tions below dotted line)	or director	T	Officer		Highest compensated employee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org an	unt of other ipensation om the anization d related anizations
<u>(15)</u>	Josh Oldham	1.00_	1									
(40)	Director	1 00	X	Ш	<u> </u>	L_			0.	0.		0.
(16)	Nobert Pulley 1.00 X 0.								0			
(17)	77) Todd Huff 1.00									0.		0.
7.7	Director X 0.									0.		0.
(18) Sierra Scarlata 1.00										<u>·</u>		
<u> </u>	Director X 0. 0.											
(19)	19) Phil Singleton 1.00											
	Director		Х						0.	0.		_0.
(20)	Herman Russell	1.00					}					
	Director		X						0.	0.		0.
(21)	Sean Wilkin	1.00_	l						_	_		
(22)	Director	1 00	X	\vdash	-				0.	0.		0.
(22)	Brad Swanson	1.00_	x				1 1		_	0		0
(23)	Director Shawn Thornhill	1.00	1^	\vdash			 		0.	0.		0.
7	Director	1	x				1 1		0.	0.		0.
(24)	Cory Dunckhorst	1.00	 			-				<u> </u>		``
	Director		X						0.	0.		0.
(25)	Craig Christiansen	1.00										
	Director		Х						0.	0.		0.
	Sub-total						'	>	109,704.	0.		0.
	Total from continuation sheets to Part VII, Section			٠.			!	•	<u>.</u>			
	Total (add lines 1b and 1c)						<u>···</u>		109,704.	0.		0.
2	Total number of individuals (including but not limited from the organization ▶ γ	d to those	listed	d abo	ove)	who	rece	ive	d more than \$100,0	000 of reportable cor	npensa	tion
	from the organization = 1							_				Yes No
	Did the assessmentian that are former officer during											Tes No
3	Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in										. 3	X
4	For any individual listed on line 1a, is the sum of rep											
-	the organization and related organizations greater ti	han \$150,i	000?	If Y	'es, '	com	plete	Sc	hedule J for			
	such individual					-					4	X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensati	ion fr	om a	any i	unre	lated	org	anization or individ	lual	. 5	l x
Sec	tion B. Independent Contractors	Unipiete S	J. 100	410	, 101	300	. ι μ ο /.	<u> </u>	· · · · · · · · · · · · · · · · · · ·		-1.5	<u></u>
1	Complete this table for your five highest compensate	ed indepe	nden	t cor	ntrac	tors	that	rec	eived more than \$1	100,000 of		
	compensation from the organization. Report compe	nsation to	rtne	cale	nga	r yea	ar enc	ing				
	(A) Name and business addre	ess						ı	(B) Description o	f services	Compe	C) ensation
Morri	Polich and Purdy, LLP 500 S. Rancho Drive Suite 17	Las Ve	gas		ΝV	, ,	3910	16	Legal fees			20,286.
	120/200.								=-,=-,-			
2	Total number of independent contractors (including	but not lim	nted	to th	ose	liste	ed abo	ove)) who received mo	re than		
BAA	\$100,000 of compensation from the organization	<u>1</u>										000 (2046)

		II Statement of Revenue	Sarety Office	ers	27-0593782	Page 9
		Check if Schedule O contains a response or note to any lin	ne in this Part VIII			
		Check in Schedule O Contains a response of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns 1 a				
	b	Membership dues 1 b				
€ ي	C	Fundraising events 1 c	}	<u> </u>		
# is	d	Related organizations 1 d				
SE	е	Government grants (contributions) 1e	}	l		
Contributions; Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above				
質り	و ا	Noncash contributions included in lines 1a-1f \$				
20 2	h	Total. Add lines 1a-1f	1	ĺ		
활		Business Code				
Program Service Revenue	2 a	Membership dues 900099	504,568.	504,568.	0.	0.
8	t					
<u>Ş</u> .	c					
Ş	d					
Ē	6	,				T
충	f	All other program service revenue				
Ě	9	Total. Add lines 2a-2f	504,568.			
	3	Investment income (including dividends, interest and				
		other similar amounts)	320.	0.	0.	320.
	4	Income from investment of tax-exempt bond proceeds >	 			
	5	Royalties				
	۵.					
		Gross rents	1			
		> Less: rental expenses Rental income or (loss)	}			
	l .	· · · · · · · · · · · · · · · · · · ·	ł	ŀ		
		Net rental income or (loss)	 			
	7 a	Gross amount from sales of assets other than Inventory				
		Less, cost or other basis and sales expenses				:
		Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Š				1		
ب		See Part IV, line 18 a				
욢		Less: direct expenses b				
ō		Net income or (loss) from fundraising events			-	
		See Part IV, line 19				
		: Net income or (loss) from gaming activities				ł
		Gross sales of inventory, less returns and allowances				
		Less. cost of goods sold b		[
	С	Net income or (loss) from sales of inventory				
	4.4	Miscellaneous Revenue Business Code				1
	11 a					
	b	·				
	C بر	All other reverse				
	_	Total. Add lines 11a-11d				
	į e	r 10cai. Aud IIIco I Ia-I IU	l	ı l		ŧ

Total revenue. See instructions

504,888

504,568

0.

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). (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part Vill. Program service Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. Benefits paid to or for members. 1,984 Compensation of current officers, directors, trustees, and key employees 109,704 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)....... 15,483 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits 6,314 Payroll taxes 9,570 Fees for services (non-employees): 179,161 2,871 e Professional fundraising services. See Part IV, line 17 . f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 7.682 (A) amount, list line 11g expenses on Schedule O) . . . 12 13 ,586 Information technology 1,893 15 Occupancy 17,847 17 34,388 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . . . 19 7,778 58 21 22 Depreciation, depletion, and amortization . . . 398 261 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 78.464 a Dues_____ b Licenses____ 260 2.627 c Equipment rental d Meals and entertainment 3.435 e All other expenses 496 25 Total functional expenses. Add lines 1 through 24e. . 487,815. 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).

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	169,425.	1	189,423.
i	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net		4	3,130.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	8,021.	5	0.
	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	
ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	1,014.
	10 a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D			
		Less: accumulated depreciation	995.	10c	597.
i	11	Investments – publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	178,441.	16	194,164.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	7,884.	17	6,534.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total flabilities. Add lines 17 through 25	_7,884.	26	6,534.
Sec		Organizations that follow SFAS 117 (ASC 958), check here ► x and complete lines 27 through 29, and lines 33 and 34.			
<u>e</u>	27	Unrestricted net assets	170,557.	27	187,630.
83	28	Temporarily restricted net assets		28	
Ā	29	Permanently restricted net assets	······································	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
23	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	······
Ę	33	Total net assets or fund balances	170,557.	33	187,630.
	34	Total liabilities and net assets/fund balances	178,441.	34	194,164.
RA	Δ				Form 990 (2016)

-OI	m 990 (2016) Nevada Association of Public Safety Officers 27-0593/82	<u> </u>	2age 12
Pa	art XI Reconciliation of Net Assets	···	
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · ·	П
1	Total revenue (must equal Part VIII, column (A), line 12)	504,	888.
2	Protal expenses (must equal Part IX, column (A), line 25)		815.
3	Revenue less expenses. Subtract line 2 from line 1		073.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	170,	557.
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities		
7			
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10			
5	column (B))	187,	<u>630.</u>
<u> </u>	art XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		· ·
		Ye	B No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain	1 '	
	in Schedule O.		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	X
	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:	1 1	
	Separate basis Consolidated basis Both consolidated and separate basis		
	b Were the organization's financial statements audited by an independent accountant?	· 2b	X
	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		1
	[]		1
	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	
	If the organization changed either its oversight process or selection process during the tax year, explain		1
	in Schedule O		
3	a 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	X
		. 39	+^
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	. Зь	1
D.	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Form 990	(2016)
BA.	A	rom 990	(2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2016

• 5	ection	501(c) (other than section	on 501(c)(3)) organizations: Complete Parts I	-A and C below Do no	t complete Part I-B.	
		527 organizations. Comp	<u></u>			
If the	organ	ilzation answered Yes,	on Form 990, Part IV, line 4, or Form 990	-EZ, Part VI, line 47 (l	Lobbying Activities), th	ien
• 9		501(c)(3) organizations to	that have filed Form 5768 (election under sec that have NOT filed Form 5768 (election und			
If the	organ		' on Form 990, Part IV, line 5 (Proxy Tax) (ions), then	see separate instruc	tions) or Form 990-EZ,	Part V, line 35c
		· -	anizations: Complete Part III.			
	of organi		**************************************	· · · · · · · · · · · · · · · · · · ·	Employer identifica	ation number
Nev	rada	Association of	Public Safety Officers		27-059378	2
			rganization is exempt under section	on 501(c) or is a s		
	Provid	le a description of the on	ganization's direct and indirect political camp of 'political campaign activities')	······································		
2	Politic	al campaign activity exp	enditures (see instructions)			
			mpaign activities (see instructions)			
Par	t I-B	Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter	the amount of any excise	e tax incurred by the organization under secti	ion 4955	▶ \$	
2			e tax incurred by organization managers und			
_		· · · · · · · · · · · · · · · · · · ·				
3			ection 4955 tax, did it file Form 4720 for this			<u> </u>
			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • •	· · · · Yes No
		s,' describe in Part IV.			 	
			rganization is exempt under section			
1	Enter	the amount directly expe	ended by the filing organization for section 52	7 exempt function acti	viti es · · · · · · ≻ \$	
2	Enter function	the amount of the filing on activities	organization's funds contributed to other orga	nizations for section 5	27 exempt ▶ \$	
3	Total o	exempt function expendi	tures. Add lines 1 and 2. Enter here and on F	Form 1120-POL,		
4	Did th	e filing organization file F	Form 1120-POL for this year?			Yes No
5	Enter organi amou	the names, addresses a zation made payments. nt of political contribution	nd employer identification number (EIN) of al For each organization listed, enter the amousts received that were promptly and directly deaction committee (PAC). If additional space is	l section 527 political on the paid from the filing of elivered to a separate p	organizations to which the organization's funds. Also political organization, suc	e filing o enter the
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)						
(2)						
(3)						
(4)						
(5)						
(6)		· · · —				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II-A Complete if		ciation of Public n is exempt under sec			
section 501	(h)).	- is exempt under set	.cion 50 i(c)(3) and	med Form 5766 (e	section under
		s to an affiliated group (and		ated group member's na	me,
		share of excess lobbying exp	•		
B Check ► I if the filir	ng organization check	ed box A and 'limited control	provisions apply.		
(The term	Limits on Lobbyi 'expenditures' mea	ng Expenditures ns amounts paid or incurn	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence public	opinion (grass roots lobbyir	ng)		
b Total lobbying expenditu	res to influence a legi	slative body (direct lobbying)		
• • •	•	1b)			
			'	 	·
e Total exempt purpose ex	xpenditures (add lines	1c and 1d)	• • • • • • • • • •		
f Lobbying nontaxable am both columns	nount Enter the amou	nt from the following table in			
If the amount on line 1e, col	lumn (a) or (b) is	The lobbying nontaxable a	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the excess	over \$500,000	100 1000	
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000		, , , , , , , , , , , , , , , , , , ,	
g Grassroots nontaxable a	amount (enter 25% of	line 1f)			
h Subtract line 1g from line	e 1a. If zero or less, e	nter -0			
I Subtract line 1f from line	1c. If zero or less, en	ter <i>-</i> 0			
j If there is an amount oth section 4911 tax for this	ner than zero on either year?	line 1h or line 1i, did the org	panization file Form 472	0 reporting	Yes No
(Son	ne organizations that	Year Averaging Period Un made a section 501(h) ele ow. See the separate instr	ction do not have to c	omplete all of the five rough 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))		Sec. of an Y	<u>»_ •</u>		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e)) · · · ·	- "				
f Grassroots lobbying expenditures				0.101110	000 000 571 000
BAA				Schedule C (For	m 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016Nevada Association of Public Safety Officers	27	-059	3782	2	P	age 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	filed	For	m 57	68		
	(8	1)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No		Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?			-			
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				,		
i Other activities?						
j Total. Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If 'Yes,' enter the amount of any tax incurred under section 4912			-	•	-	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					,	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or				
					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ear? .			3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part	, or s III-A,	ectione	on 50 3, is	01(c)	15
1 Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tay was paid)						

•			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
á	a Current year	2 a	
1	Carryover from last year	2 b	
	Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047 2016

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Department of the Treasury Internal Revenue Service

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

Name of the organization Nevada Association of Public Safety Officers 27-0593782 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 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No 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? No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Tax Year 2 b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? . . . 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. 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: 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:

						ty Officers	27-059			Page 2
Par	tilli Organizations Mainta	ining Colle	ections	of Art, Histo	orical	Treasures, or	Other Similar Ass	ets (c	ontinu	ed)
3	Using the organization's acquisition terms (check all that apply):	n, accession,	and othe	r records, check	any of	the following that a	re a significant use of its	s collecti	ion	
a	Public exhibition			d Loan	or exct	ange programs				
b	Scholarly research			e Other						
C	Preservation for future genera	itions		_						
4	Provide a description of the organ Part XIII.	ization's collec	tions and	d explain how the	ey furth	er the organization	's exempt purpose in			
5	During the year, did the organizati to be sold to raise funds rather that	in to be mainta	ined as	part of the organ	nization	's collection?		Yes		No
Par	t V Escrow and Custodia line 9, or reported an a	al Arrangen Imount on F	nents. orm 99	Complete if the Complete of the Complete if the Complete in Comple	he oro e 21.	janization answ	vered 'Yes' on Form	990, F	art IV	/ ,
1 a	Is the organization an agent, trust on Form 990, Part X?	ee, custodian o	or other i	ntermediary for o	contribu	utions or other asse	ets not included	Yes		No
t	If 'Yes,' explain the arrangement in								_	
	•		·	•				Amount		
c	Beginning balance	<i>.</i>					. 1c			
	Additions during the year									
	Distributions during the year									
	Ending balance						16			
	Did the organization include an an							Yes	 -	No
							· .		<u> </u>	- ''
	o If 'Yes,' explain the arrangement in	n Part Ant Che	eck nere	ir the explanation	m nas t	een provided on P	an Alli	• • • •	· · · L	
Ba	4V Endoument Funds (Complete if t	ha			d'Vasi en Farm	000 Ded IV line 4			
rai	t V Endowment Funds.	T								
		(a) Current	year	(b) Prior year	<u></u>	(c) Two years back	(d) Three years back	(e) F	our years	s back
	Beginning of year balance			ļ <u>.</u>				↓		
t	Contributions	·[<u> </u>		
C	Net investment earnings, gains, and losses									
C	Grants or scholarships							1		
e	Other expenditures for facilities and programs									
f	Administrative expenses									
9	End of year balance									-
2	Provide the estimated percentage	of the current	year end	balance (line 1	g, colui	nn (a)) held as				
	Board designated or quasi-endow		•	· · · · · · · · · · · · · · · · ·	.	· // -				
	Permanent endowment >									
	Temporarily restricted endowmen		•	Q.						
`	The percentages on lines 2a, 2b,		ogual 10	°						
	The percentages on lines 2a, 2b,	and 20 should	equal it	<i>107</i> 6.						
3 a	Are there endowment funds not in	the possession	n of the	organization that	t are he	eld and administere	d for the	Г		TNa
	organization by:							10 00	Yes	No
	(i) unrelated organizations									
	(ii) related organizations									Ļ
t	o If 'Yes' on line 3a(ii), are the relate	ed organization	is listed a	as required on So	cheduk	e R?		. 3b		<u> </u>
4	Describe in Part XIII the intended	uses of the org	ganızatio	n's endowment f	funds.					
Par	Land, Buildings, and Complete if the organi			es' on Form	990. F	Part IV. line 11a	ı. See Form 990. Pa	art X. li	ne 10	··· <u>.</u>
	Description of property		(a) Cost	or other basis vestment)	(b)	Cost or other pasis (other)	(c) Accumulated depreciation		Book va	
1:			 		<u> </u>	(स्य प्रकारिक स्थापन स्थापन स्थापन स्थापन			
	Buildings				 			· · · · ·		
	Leasehold improvements				-					
					 					E 0.7
	d Equipment				 	3,206.	2,609.			<u>597.</u>
	Other				<u> </u>					
Tota BAA	I. Add lines 1a through 1e. (Column	n (d) must equi	al Form S	990, Part X, colu	mn (B)	, line 10c.)		ule D (F	om 99	597. 0) 2016

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Schedule D (Form 990) 2016 Nevada Association	of Public Safet	y Officers	27-0593782	Page 3
Part VII Investments — Other Securities.		D- 4 N / P 44b	5 000 Bod V !	40
Complete if the organization answered				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market va	alue
(1) Financial derivatives				
(2) Closely-held equity interests	<u> </u>	 		
(A) (B)				
(B) (C)		 		
(D)				
(E)			····	
(F)		†		<u>.</u>
(G)				
(H)				
(1)				
Total. (Column (b) must equal Form 990, Part X, column (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	on. Cost or end-of-year mark	et value
(1)		<u> </u>		
(2)				
(3)				
(4)				
(5)				
(6)			· · · · · · · · · · · · · · · · · · ·	
(8)		<u> </u>		
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13).			 	
Part IX Other Assets.				
Complete if the organization answered '		Part IV, line 11d. See		
	escription		(b) Boo	k value
<u>(1)</u> (2)				
(3)	· - · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
(7) (8)				
(9)	·	<u>,,,</u>		
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B)	line 15.)			
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on	Form 990, Part IV, line 1	11e or 11f. See Form 990,	Part X, line 25	
(a) Description of liability	(b) Book value	<u></u>		
(1) Federal income taxes (2)				
(3)				
(4)				
(5)				
(6)				
	-			
(8)				
(9) (10)				
(11)		 		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	▶			
2. Liability for uncertain tax positions In Part XIII, provide the text of the foo	tnote to the organization's fin	ancial statements that reports th	e organization's liability for uncerta	sin
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote	has been provided in Part XI	<u> </u>		· · · · 🗀

rt 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.		
Total revenue, gains, and other support per audited financial statements	1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2е	
Subtract line 2e from line 1	3	·
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	1 24	
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4c	
Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es per Return.	
Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements.	es per Return.	
Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	es per Return.	
Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	es per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b	es per Return.	
Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Cother losses.	es per Return.	
Total expenses and losses per audited financial statements With Expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	es per Return.	
Table Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. De Prior year adjustments. Cother losses. Cother (Describe in Part XIII.). Add lines 2a through 2d.	2 e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Do Prior year adjustments. Cother losses. Cother losses. Cother (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1.	2 e	
Table 1	2 e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Drior year adjustments. Cother losses. Cother losses. Cother (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	2 e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2 e	
Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) 2 d a Add lines 2a through 2d Subtract line 2e from line 1 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. 4 a	2 e 3	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

2016

Department of the Treasury

Open To Public

OMB No 1545-0047

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Name of the	•								1 '	•	dentifica		umber		
Nevada			blic Safet								378.				
Part I	Complete if the	enefit Trans	actions (sec answered 'Yes'	tion 50 on Form	01(c)(3 n 990, P), sect art IV, li	tion 501(c)(4 ne 25a or 25b	4), and 501(, or Form 990-	(c)(29 EZ, Pa	org irt V, I	aniza ine 40	ation b.	s only	/).	
1	(a) Name of disquale	fied person			between da nd organiza			(c) Des	cription o	f transa	ction			(d) Con	rected?
 ,				poisonal										Yes	No
<u>(1)</u>															<u> </u>
(2)														<u> </u>	
(3)			 					 						ļ	
(4) (5)														├	<u> </u>
(6)														<u> </u>	
			_ 				 							<u> </u>	<u> </u>
2 Ente	er the amount of	tax incurred by	the organization	n mana	gers or d	lisqualifi	ied persons du	iring the year i	ınder		▶ ¢				
			ine 2, above, rei												
Part II			Interested I			0.84					<u> </u>				
1 41(11	Complete if the	he organization	answered 'Yes	on Fo	rm 990-E	EZ. Part	V. line 38a o	r Form 990, Pa	art IV. 1	ine 26	5: or if	the			
	organization	reported an am	ount on Form 9	90, Par	t X, line	5, 6, or	22.								
(a) Name o	f interested person	(b) Relationship	(c) Purpose	(d) Los from		(e) Onginal	(f) Balance du	10	(g) In d	lefault?	(h) Ap	proved	(I) Wh	itten
		with organization	of loan	organi	zetion?	princ	apal amount	1				comi	pard or nittee?	agreen	nent?
	· · · · · · · · · · · · · · · · · · ·			То	From					Yes	No	Yes	No	Yes	No
	hard McCann	Employee	Health insurance		Х		8,021.		0.		X	X			Х
(2)						<u> </u>						ļ	<u> </u>	<u> </u>	<u> </u>
(3)						ļ							↓	<u> </u>	<u> </u>
(4)				Ĺ						ļ			↓	ļ	<u> </u>
(5)				 -		 _				 -			ļ	 	
(6)	 			<u> </u>		 		ļ		 	ļ	<u> </u>	┼		
(7)		 	 		 	ļ					 	 	 		
(8)		 	<u></u>		 	 	· · · · · · · · · · · · · · · · · · ·				 	 	+-	 -	
(9) (10)		 			 			<u> </u>				 	 	 -	├─
	 	<u> </u>		L	L	<u> </u>	▶\$	L	0.	 	<u>. </u>	 	——	 	<u> </u>
Part III			Benefiting I						<u> </u>	100 m = 1	. A Loge ase	Zedin us	Sandingueril II	between the desired	hass-ox d
Tart iii			answered 'Yes												
	(a) Name of interes		(b) Relationship		nterested p		(c) Amount of	f assistance	(d) Type	e of ass	istance	(0) Purpos	e of assu	stance
(1)							<u> </u>					+			
(2)	 		+									7			
(3)			 					-				\top			
(4)			1									\top			
(5)			 												
(6)		**********	 				l								
(7)			1		·······										
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(10)]					- -			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 201	6 Nevada	Association	οf	Public	Safety	Office
	o nevaua	VOOCCTOCTOIL	OI	FUDITO	Jareca	OTTIC

27-0593782

Page 2

Part IV	Business Transactions Involving Interested Persons.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.	

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
	- {			Yes	No
(1)					1
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					\Box
(8)					T
(9)					1
(10)					

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

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

Name of the organization Employer Identification number 27-0593782 Nevada Association of Public Safety Officers The Form 990 is sent to the Board of Directors for their review and Pt VI, Line 11b approval prior to filing. Pt VI, Line 7a The general membership represents the members of the organization. Any changes to the constitution and bylaws have to be approved by the Pt VI, Line 7b general membership. Financial statements are available at monthly board meetings and are Pt VI, Line 19 available upon request. The Executive Director's compensation is reviewed, assessed and approved Pt VI, Line 15a by the board annually. Part I, line 1 (cont) activitites among our membership. To preserve and strengthen camaraderie among law enforcement officers and to improve wages and hours of work, increase job security, improve working and Other living conditions, and defend the rights and liberties of our members.