Check if applicable

Address change

Name change

Initial return

Final return/ terminated

Amended return

Application pending

Tax-exempt status

Form of organization

Website >

Parti A

Activities & Governance

Revenue

MAR

Sign

Here

Preparer

Use Only

N Paid

C Name of organization

Doing business as

Titusville

Titusville

X 501(c)(3)

Corporation

6 Total number of volunteers (estimate if necessary)

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

Summary

6350 Horizon Drive

Name and address of principal officer

Brent Shepherd

www.nacoponline.org

6350 Horizon Drive

Trust

501(c) (

1 Briefly describe the organization's mission or most significant activities

3 Number of voting members of the governing body (Part VI, line 1a)

7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or Brembirs (Plate) 2010mn (A) line 4)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

16a Professional fundra sing fees (Pentity, solumn (A), lin b Total fundraising expenses (Part IX, column (D), line

19 Revenue less expenses Subtract line 18 from line 12

22 Net assets or fund balances Subtract line 21 from line 20

Brent Shepherd

ROBBINS

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

Signature Block

Signature of officer

Print/Type preparer's name

Mıchael J. Robbıns

Type or print name and title

4 Number of independent voting members of the governing body (Part VI, line 1b)

11 Other revenue (Patr VIII, couling (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue – add lines 8 through 11 (must equal Fart VIII, column (A), line 12)

15 Salaries, other compensation, employee benefits (Zart IX, column (A), lines 5–10)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

Police,

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

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

Inc.

FL 32780

(insert no )

Return of Organization Exempt From Income Tax

32780

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

Director/CFO

true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

& MORONEY

222 S.E. 10th Street

Fort Lauderdale, FL

4947(a)(1) or

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

X Yes Form 990 (2017)

408,195

. 2.018

PTIN

P01210648

65-0356804

954-467-3100

Check

Firm's EIN ▶

self-employed

59-11640

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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  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  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  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  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  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	Yes	No
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		X
complete Schedule D, Part III	<b>-</b>	X
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		<u> </u>
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	<del> </del>	X
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,"	X	
complete Schedule D, Part VI	+-	+-
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		X
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	<del>' </del>	+^
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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	+	+ 22
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	ı	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	-	X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		
Schedule D, Parts XI and XII	<u> X</u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}$
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	<u> </u>	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<u> </u>	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	<u> </u>	X
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		1
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<u> </u>	<u> </u>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		١,,
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	┼	<u> </u>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		\ <sub>V</sub>
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	1	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	\ <sub>V</sub>	
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  18 Did the experience there \$15,000 total of fundamental event areas income and contributions on	X	+
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	1	X_
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		$+$ $\alpha$ -
If "Yes," complete Schedule G, Part III	+	1

Form 990 (2017) National Association of Chiefs of 59-1164090 Page 4 **Checklist of Required Schedules** (continued) Yes No 20a Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 23 employees? If "Yes," complete Schedule J 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 Χ 24a through 24d and complete Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24¢ 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 Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Χ 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 Χ disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Χ 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) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 29 29 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 Χ conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ or IV, and Part V, line 1 34 Χ 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ related organization? If "Yes," complete Schedule R, Part V, line 2 36 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,

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

Χ

37

38

Part VI

1

DAA

Form 990 (2017)

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 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1b 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and 1c reportable gaming (gambling) winnings to prize winners? 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 Χ If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 X account)? 4a 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 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7c required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter а Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. 1<u>1a</u> Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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 Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c Enter the amount of reserves on hand 14a Χ Did the organization receive any payments for indoor tanning services during the tax year? 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 line 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

Sec	tion 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	17			
	If there are material differences in voting rights among members of the governing body, or			1		
	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	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1		
-	any other officer, director, trustee, or key employee?			2	Х	
3				<u> </u>		
3	Did the organization delegate control over management duties customarily performed by or under the direct			3		<u>X</u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	,		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	,		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			<del></del>		X
6	Did the organization have members or stockholders?			6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l <u>.</u> .		v
	one or more members of the governing body?			7a		<u>X</u>
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l		.,
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	ne following		.,	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Χ	
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		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	<u>evenue Co</u>	ide)		
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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 fo	rm?	11a	Χ,,	
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	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	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?					
а	The organization's CEO, Executive Director, or top management official			15a	Χ	L
b	Other officers or key employees of the organization			15b	Χ	
	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		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					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT,	FL,	GA, HI, IL	,KS,	KY	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50					
	available for public inspection. Indicate how you made these available. Check all that apply					
	X Own website Another's website X 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 inter-	est pol	icy, and			
_	financial statements available to the public during the tax year		<b>,</b>			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨				
	rent Shepherd 6350 Horizon Drive					
	itusville FL 3278	30	321	-26	4-0	911

<u>Form 990 (2</u> 01	7) National	Association	of Chiefs	of	59- <u>1164090</u>	Page 7		
Part VII	Compensation	of Officers, Directo	rs, Trustees, I	(ey Er	nployees, Highest Compensate	d Employees, and		
	Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A.	Officers, Director	s, Trustees, Key Employe	ees, and Highest	Compe	nsated Employees			
1a Complete t	this table for all perso	ns required to be listed. Re	eport compensatio	n for the	calendar year ending with or within the			

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	(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	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(	organization and related organizations
(1)Barry Shepherd	12.25									
Director/CEO	22.75	X		X	_			104,930	0	0
(2) Brent Shepherd	24.50									
Director/CFO	10,50	X		X	_			104,600	0	0
(3) Jamie Maynard	14.00				:			00.000		0
K-9 Placement Coor./IT Dir.	21.00	X	_	_	_	Н		80,280	0	0
(4) Peter Connolly	16.00									
Publications Editor	24.00	X						64,220	0	0
(5) Kim Connolly	20.00									
DPOF Coordinator/Controller	20.00	X						59,313	0	0
(6)Lori Shepherd	5.00									
Director	35.00	X						58,800	0	0
(7) Debra K. Chitwoo	d 3.50									
Director	6.50	X	<u>_</u>					0	0	31,070
(8) Jack Rinchich	2.00									
Natl Chaplain/Pres.	0.00	X		X				0	0	. 0
(9)John Kucan										
	2.00					_				
Outreach Chairman	0.00	X	<u> </u>					0	0	0
(10)Brian Smith	2.00									
VP/Sgt. at Arms	0.00	X	L.	X				0	0	0
(11)Wayne Ivey	2.00									
Senior VP	0.00	X	L	Х				0	0	0
DAA										Form <b>990</b> (2017)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	ind Highest Compensated	Employees (continued)	<b>,</b>		
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos heck ss pe	rson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an com	(F) stimated nount of other pensatio	Ī
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anization d related anization	d
(12) Steve Wayne Advisory Bd Member	2.00	Х						0	0			0
(13) Steve Newton 3rd VP	2.00	х		Х				0	0			0
(14) James Khoury 5th VP	2.00	x		Х				0	0			0
(15) Henry Hambel Florida State Pres.	2.00	Х		Х				0	0			0
(16) Steven Labov National VP	2.00	Х		Х				0	0			0
(17) Sarah Long Vice President	2.00	X		X				0	0			0
1b Sub-total						i ,	<u> </u>	472,143			31	L,070
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Secti	ion A	4			<b>&gt;</b>	472,143				1,070
Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov		\$100,000 of	-		
<ul> <li>Did the organization list any for employee on line 1a? If "Yes,"</li> <li>For any individual listed on line organization and related organization.</li> </ul>	<i>complete Sche</i> e and it	dule of re	J for	suc. able	h ind com	dividu pens	<i>ial</i> satio	on and other compensation	from the		3	es No
5 Did any person listed on line 1 for services rendered to the oil Section B. Independent Contractor	rganization? If ")								individual		5	X
Complete this table for your fire compensation from the organical compensation from the o	ve highest comp									ear		
Name and Midwest Publishing	(A) business address				108	3 4 4	N.	Descrip . 23rd Avenue	(B) tion of services		Comp	C) ensation
Phoenix Odell, Sımms & Assoc	ciates		50	29	770		ee	Education/Funcesburg Pike				907,333
Falls Church American Police Acad Titusville			20 27	80	635		01	Education/Func rizon Drive Management				417,125 194,330
SMS Direct Manassas Atlantic List Compar		. 2	01	09				rginia Meadows Di Prepaid Postac n St. S., Ste 30	ge			186,174
Arlington  2 Total number of independent received more than \$100,000	V <i>P</i> contractors (incl	udıng	but	0 4 · not	<u>-23</u>	3 4 5 ed to	tho	<u>List Invoices</u>	- 		<del></del>	136,629
DAA	or compensation	1101	n uit	<i>,</i> 019	<u>                                      </u>	.auUII			<u> </u>		Form	990 (2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) Unrelated Total revenue exempt function business excluded from tax under sections revenue revenue 512-514 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 4,000 1d d Related organizations Contributions, and Other Simi 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 2,623,768 g Noncash contributions included in lines 1a-1f 2,627,768 h Total. Add lines 1a-1f Program Service Revenue **Busn Code** 713990 287,711 287,711 2a Gun Range 74,123 511120 74,123 b Net Museum Revenue <u>58,6</u>38 611710 58,638 C NACOP Publications and Other f All other program service revenue 420,472 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, 18,246 18,246 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 96,000 6a Gross rents b Less rental exps 96,000 C Rental inc or (loss) 96,000 96,000 d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets 12,217 other than inventor b Less cost or other 10,105 basis & sales exos 2,112 c Gain or (loss) 2,112 ▶ 2,112 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b  $\blacktriangleright$ c Net income or (loss) from fundraising events 9a Gross income from garning activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 126,694 b 80,743 b Less cost of goods sold 45,951 45,951 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 1,743 541800 26,504 24,761 11a Publication-Chief of Police b d All other revenue 26,504 Total. Add lines 11a-11d  $\triangleright$ 3,237,053 134,504 358,423 116,358 Total revenue. See instructions

Section	501(c)(3) and 501(c)(1) organizations must c Check if Schedule O contains a resp			liste column (A)	
	include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
<b>1</b> Gra	ants and other assistance to domestic organizations	5 6 5 6 7	5.6.5.65		
	d domestic governments See Part IV, line 21	56,567	56,567		
	rants and other assistance to domestic	64 200	64 200		
	dividuals See Part IV, line 22	64,328	64,328		
	ants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals See Part IV, lines 15 and 16				<del>4(</del>
	enefits paid to or for members				
	ompensation of current officers, directors,	200 200	005 604	71 260	F1 2C4
	ustees, and key employees	328,328	205,604	71,360	51,364
	ompensation not included above, to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)	222 225		71 260	<u> </u>
	ther salaries and wages	328,327	205,603	71,360	51,364
	ension plan accruals and contributions (include	- 00 055	1, 2, 1	5 445	.5 100
	ction 401(k) and 403(b) employer contributions)	23,055	10,815	7,117	·5,123
	ther employee benefits	65,543	30,746	20,233	14,564 16,044
	ayroll taxes	72,206	33,872	22,290	16,044
	ees for services (non-employees)	'			
a Ma	anagement				
<b>b</b> Le	egal	24,459		24,459	
	ccounting	10,000		10,000	
	bbbying		· · · · · · · · · · · · · · · · · · ·		
e Pro	ofessional fundraising services. See Part IV, line 17	1,433,463			<u>1,433,463</u>
f In	vestment management fees				
g Oth	her (If line 11g amount exceeds 10% of line 25, column				
(A)	amount, list line 11g expenses on Schedule O)				
12 Ac	dvertising and promotion	43,693		43,693	<del></del>
	ffice expenses	10,779	5,277	5,043	459
	formation technology				
<b>15</b> Ro	oyalties				
<b>16</b> Oc	ccupancy	· · · · · · · · · · · · · · · · · · ·			
	avel				
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
	onferences, conventions, and meetings			***************************************	- su .
	terest	5,060	5,060		
	ayments to affiliates	100 101	1.60 000	45 661	10 501
	epreciation, depletion, and amortization	189,121	160,923	17,664	10,534
	surance	58,296	50,753	4,725	2,818
	her expenses Itemize expenses not covered				
	ove (List miscellaneous expenses in line 24e If				
	e 24e amount exceeds 10% of line 25, column				
	) amount, list line 24e expenses on Schedule O )				
	Postage and Mailing	185,767	148,054	32,393	5,320
	Repairs and Maintenance	162,945	146,271	10,445	6,229
	Printing and Publications	137,912	110,309	24,879	2,724
	Utılıties	100,676	85,665	9,403	5,608
e Al	I other expenses	269,904	186,523	62,816	20, 565
	tal functional expenses. Add lines 1 through 24e	3,570,429	1,506,370	437,880	1,626,179
org fro	pint costs. Complete this line only if the ganization reported in column (B) joint costs on a combined educational campaign and indraising solicitation. Check here ▶   X				
foll	lowing SOP 98-2 (ASC 958-720)	1,742,830	557,440	83,550	1,101,840
DAA					Form <b>990</b> (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 102,059 82,408 1 Cash-non-interest bearing 323,819 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 7 Notes and loans receivable, net 73,676 Inventories for sale or use 67,474 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 8,114,502 10a other basis Complete Part VI of Schedule D 5,127,314 987,188 4,813,653 10b b Less accumulated depreciation 532,345 566,794 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 4,538 15 15 Other assets See Part IV, line 11 993,837 5,893, 375 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 342 17 17 Accounts payable and accrued expenses 18 18 Grants payable 74,449 104,966 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 366, 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 166,791 26 585,642 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 5,726,584 5,408,195 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 5,726,584 5,408,195 33 33 Total net assets or fund balances 5,993,837 893, Total liabilities and net assets/fund balances

Form	1990 (2017) National Association of Chiefs of 59-1164090			Pag	qe <b>12</b>
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,23	37,0	053
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,5		
3	Revenue less expenses Subtract line 2 from line 1	3	-33	33,3	376
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,72	26,5	584
5	Net unrealized gains (losses) on investments	5		14,9	987
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	-		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5,40	08,1	19 <u>5</u>
Рa	rt 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				
	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		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.				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	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				
С	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	Χ	
	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		<u>X</u>
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		
			For	n 990	(2017)

### SCHEDULE A (Form 990 or 990-EZ)

# **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.

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

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

| 2017

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

National Association of Chiefs of Police, Inc.

Employer identification number 59-1164090

The organization is not a private foundation because it is (For lines 1 through 12, 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). 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 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) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions) Enter the name, city, and state of the college or university X 10 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. 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. 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (ii) EIN (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? instructions) above (see instructions)) instructions) (A) (B) (C) (D) (E)

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			4			
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				<u> </u>		
	tion B. Total Support	T	, ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			<u> </u>			
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)	/	1		12	
13	First five years. If the Form 990 is for the	organization's firs	t, seconď, third, fo	urth, or fifth tax ye	ar as a section 501	I(c)(3)	_
	organization, check this box and stop her						<b>&gt;</b>
Sec	tion C. Computation of Public St		· <del>* ,</del> - · · · · · · · · · · · · · · · · · ·			, ,	
14	Public support percentage for 2017 (line 6		- 1	nn (f)) 🚶		14	%_
15	Public support percentage from 2016 Sch			Ĭ.		15	<u>%</u>
16a	33 1/3% support test—2017. If the organ			1	33 1/3% or more, o	check this	′
	box and stop here. The organization qual		<b>1</b> · · · · · · · · · · · · · · · · · · ·		<b>,</b>		▶ ∐
b	33 1/3% support test—2016. If the organ		ž –		15 is 33 1/3% or m	ore, check	<b>.</b> —
4	this box and stop here. The organization	·			1		
17a					1		
	10% or more, and if the organization meet	,			1		
	Part VI how the organization meets the "fa	icts-and-circumsta	inces test the or	ganization qualifie	s as a publicly sup	ported	▶ □
h	organization	16 16 the e-man - et	on did not about	n hay an line 12 1	60 16b) or 170 on	d line	
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	s" test, check this l	box and stop here		
	Explain in Part VI how the organization me	ets the "facts and	-circumstances" te	est The organizati	on qualifies as a pi	ublicly	▶ □
40	supported organization	4	line 40 40 - 40	No. 474 475 1	ands Abus In a sign of Notice		▶ []
18	Private foundation. If the organization di	not cneck allbox	on line 13, 16a, 16	oo, 17a, or 17b, ch	eck this box and se	ee	▶ □
	instructions						
		.				Schedule A (Form 9	990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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)

Sec	tion A. Public Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,274,408	2,330,823	2,815,395	2,978,016	2,627,768	13,026,410
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	713,195	649,841	547,754	509,445	547,166	2,967,401
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			333			
6	Total. Add lines 1 through 5	2,987,603	2,980,664	3,363,149	3,487,461	3,174,934	15,993,811
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				_		
	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						
с 8	Add lines 7a and 7b  Public support. (Subtract line 7c from						
Sec	line 6 )			£			15,993,811
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	2,987,603	2,980,664	3,363,149	3,487,461	3,174,934	15,993,811
10a		30,687	21,300	114,266	114,483	114,246	394,982
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	30,687	21,300	114,266	114,483	114,246	394,982
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	3,018,290	3,001,964	3,477,415	3,601,944	3,289,180	16,388,793
14	First five years. If the Form 990 is for the						10,300,755
•	organization, check this box and stop here	•	, , , , , , , , , , , , , , , , , , , ,	,		(-)(-)	▶ 🗌
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2017 (line 8	, column (f) divided	by line 13, colum	n (f))		15	97.59%
<u>16</u>	Public support percentage from 2016 Scho					16	98.21%
Sec	tion D. Computation of Investme	nt Income Pero	<u>entage</u>			······································	
17	Investment income percentage for 2017 (I		•	, column (f))		17	2 %
18	Investment income percentage from 2016					18	2 %
19a	33 1/3% support tests—2017. If the orga						▶ X
b	17 is not more than 33 1/3%, check this be 33 1/3% support tests—2016. If the orga	-	-				▶ 🗠
	line 18 is not more than 33 1/3%, check th						▶ <u></u>
20	Private foundation. If the organization did	d not check a box or	n line 14, 19a, or	19b, check this box	and see instructi	ons	▶ □

### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I. complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. A	II Su	pporting	Organ	izations
--------------	-------	----------	-------	----------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," doscribe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization gualified 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
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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)
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- 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 )

		Yes	NO
	1	* all ii	dot o
	2		
	3a		
	3b		
	3с		*1 1
	4a		
	4b		<del></del>
	4-		
	4c_		
	<b>5</b> a		
	5b	:	
	5c	•	
	7		
	8		
	9a		
	9b		
	9с		
,	10a		
(F·	10b	0 or 990	EZ) 2017
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1000		1164090		Page 5
Par	t IV Supporting Organizations (continued)	<del></del>		NI.
11	the the experimental profit or experiment from any of the fallenger paragraph	[	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	;	
h	A family member of a person described in (a) above?	11b		
	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		
	on 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 <b>Part VI</b> 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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on 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 ]		
Secti	on 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		
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		
Secti	on 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 in:	structions)		
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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (	see instructions)		
	National Took Assessed (a) and (b) hadron	ſ		N-
	Activities Test Answer (a) and (b) below.		Yes	No
а	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	3-	:	
<b>L</b>	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	اما		
•	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
DAA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	hedule A (Form 99	n gan	FZ\ 2017
	30		,	,, ,

en	nergency temporary reduction (see instructions)	6	 	
7	Check here if the current year is the organization's first as a non-functionally integrated	Гуре II	I supporting organization (	see
	instructions)			

3 4

5

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

4 Enter greater of line 2 or line 3 Income tax imposed in prior year

6

Par	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	ses					
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 suppo						
4	Amounts paid to acquire exempt-use assets	I					
5	Qualified set-aside amounts (prior IRS approval required)						
6							
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organizations	ition is responsive					
	(provide details in Part VI) See instructions						
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6			<del></del>			
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required-explain in Part VI) See						
3	Instructions		<del></del>				
a a	Excess distributions carryover, if any, to 2017						
	From 2013		***************************************				
	From 2014	, , , , , , , , , , , , , , , , , , , ,					
	From 2015			***************************************			
	From 2016						
	Total of lines 3a through e		H-1444444444444444444444444444444444444	***************************************			
	Applied to underdistributions of prior years						
	Applied to 2017 distributable amount		***************************************				
	Carryover from 2012 not applied (see instructions)						
<u>.</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			***************************************			
4	Distributions for 2017 from						
•	Section D, line 7 \$						
а	Applied to underdistributions of prior years			······································			
	Applied to 2017 distributable amount		······································				
	Remainder Subtract lines 4a and 4b from 4			*			
5	Remaining underdistributions for years prior to 2017, if			***************************************			
•	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI See instructions						
6	Remaining underdistributions for 2017 Subtract lines 3h						
•	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2018. Add lines 3j						
-	and 4c						
8	Breakdown of line 7		***************************************	***************************************			
	Excess from 2013						
	Excess from 2014		<del></del>				
	Excess from 2015	-					
	Excess from 2016		***************************************	***************************************			
	Excess from 2017						

Part VI Supplemen

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)

### 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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number National Association of Chiefs of 59-1164090 Police, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 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? 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? Part II **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 Protection of natural habitat Preservation of a certified historic structure 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 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes 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 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

1, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	) (Form 990) 2017 National						1040		<del></del>		ge z
Part III	Organizations Maintainii	ng Collections of	Art, H	istorical Ti	reasures,	or Othe	<u>r Simil</u>	ar Assets	(continu	ed)	
	g the organization's acquisition, acces ction items (check all that apply)	sion, and other record	ls, check	any of the fol	lowing that a	re a signifi	cant use	of its			
a 🗌 I	Public exhibition	d 🗌	Loan or	exchange pro	grams						
ь 🗍 :	Scholarly research	е 🗍	Other		-						
<del>-</del>	Preservation for future generations	_									
	ide a description of the organization's	collections and explain	n how the	ev further the	organization'	s exempt i	ourpose i	n Part			
XIII				,	<b>3</b>						
	ng the year, did the organization solicit	or receive donations	of art his	storical treasur	res or other	sımılar					
	ets to be sold to raise funds rather than								Yes	$\Box$	No
Part IV			part or th	e organization	3 CONCOLION						-110
1 41 4 1 7	Complete if the organization 990, Part X, line 21	•	" on Fo	orm 990, Pa	rt IV, line 9	or rep	orted a	n amount	on Form		
1a Is th	e organization an agent, trustee, custo	dian or other intermed	diary for	contributions of	r other asset	s not					
	ded on Form 990, Part X?		•						Yes		No
	es," explain the arrangement in Part X	III and complete the fo	ollowina t	able					J		
							ſ		Amount		_
c Begi	nning balance						F	1c			
	tions during the year						F	1d			_
•							-	<u> </u>			_
	ibutions during the year						-	1e			
	ng balance						L	1f	<u> </u>		<del></del>
	he organization include an amount on					=			∐ Yes	$\mathbb{H}$	Νo
	es," explain the arrangement in Part X	III Check here if the e	xplanation	n has been pi	rovided on Pa	art XIII				للل	
Part V											
	Complete if the organization	on answered "Yes	" on Fo	<u>rm 990, Pa</u>	rt IV, line 1	10.					
		(a) Current year	(b	Prior year	(c) Two yea	irs back	(d) Thre	ee years back	(e) Four y	ears ba	ack
1a Begi	nning of year balance							•			
	ributions										
	nvestment earnings, gains, and								•		
losse			1					_	1		
	nts or scholarships				<del></del> -				<del></del>		
e Othe	er expenditures for facilities and										
prog	rams		ļ								
f Adm	inistrative expenses										
g End	of year balance										
2 Prov	ide the estimated percentage of the ci	urrent year end baland	e (line 1	g, column (a))	held as						
a Boar	d designated or quasi-endowment	%									
b Pern	nanent endowment ▶ %	<b>5</b>									
c Tem	porarily restricted endowment	%									
	percentages on lines 2a, 2b, and 2c s										
	there endowment funds not in the pos		ation tha	t are held and	administore	l for the					
		session of the organiza	allon ina	t are nelu anu	aummsteret	ioi tile			Г	'es	No
•	nization by									<del></del>	140
	unrelated organizations								3a(i)	-+	
	elated organizations								3a(ii)	$\dashv$	
	es" on line 3a(ii), are the related organ	•							3b		
	cribe in Part XIII the intended uses of t		owment 1	funds							
Part V	, , ,	-									
	Complete if the organization	on answered "Yes	on Fo	<u>rm 990, Pa</u>	<u>irt IV, line 1</u>	<u> 11a. See</u>	Form	<u>990, Part</u>	X, line 10	<u>.                                    </u>	
	Description of property	(a) Cost or other	basis	(b) Cost or o	other basis	(c) A	ccumulated	1	(d) Book va	llue	
		(investment)	)	(oth	er)	de	preciation				
1a Land				1.1	18,242	·	•		1,11	8.2	242
b Build					33,601	2	, 451,	220	3,78		
	sehold improvements	<del></del>		- U, Z	<u> </u>		, 191		J, 10	_ / _	<u>~</u> ±
	•	· · ·		7	80,870	-	164	970	1	6,0	$\overline{\cap}$
d Equi	•						164,				
e Othe					81,789		3/1,	098	21		91
ı otal. Add	lines 1a through 1e (Column (d) mus	t equal Form 990, Par	τ X, colu	mn (B), line 10	)C )			<u> </u>	5,12	1,3	<u> 14</u>

Schedule D (Form 990) 2017 National Association of Chiefs of 59-1164090 Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶ 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 (1) (2) (3) (4) (5) (6) (7) (8) (9) 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 (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  $\blacktriangleright$ 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 (a) Description of liability (b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	

<sup>2.</sup> 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

Publication-Chief of Police Direct Advertising Costs

15,604 \$

Part XII, Line 4b - Expense Amounts Included on Return - Other

Publication-Chief of Police Direct Advertising Costs

15,604

Page 5

### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs gov/Form990 for the latest instructions. Open to Public thispection .

Name of the organization National Association Police, Inc.	on of Chi	efs	0	f	Employer identificati	
Part I Fundraising Activities. Complete if	the organizatio	n an	SWei	red "Yes" on Form		
Form 990-EZ filers are not required to				00 100 0111 01111	000, 1 4, 1, 1, 1, 1, 1	•••
1 Indicate whether the organization raised funds through a	iny of the following	activ	ities	Check all that apply	<del></del>	
a X Mail solicitations	Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	F Solicitation		-	-		
c X Phone solicitations	g Special fun	_		_		
	g Opecial luli	uraisi	ng ev	ents		
	415			E d AA		
<ul> <li>Did the organization have a written or oral agreement will or key employees listed in Form 990, Part VII) or entity it</li> <li>If "Yes," list the 10 highest paid individuals or entities (full or extension or entities).</li> </ul>	n connection with	profes	ssiona	al fundraising services?		X Yes No
compensated at least \$5,000 by the organization				none under timen the		
(i) Name and address of individual or entity (fundraiser)	(II) Activity	raisei custo cont	d fund- have dy or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Midwest Publishing		Yes	No			
1 10844 N. 23rd Ave.		1				
Phoenix AZ 85029	Phone	X		1,069,000	907,333	161,667
2 Odell, Simms & Associates 7704 Leesburg Pike						
Falls Church VA 22043	DirectMail		х	1,277,446	417,125	860,321
3 Shamrock Publications Co., Inc.	DITECTMATI	1		1,2//,440	417,123	000,321
515 Sam Houston Pkwy East, Ste 365						
Houston TX 77060	Phone		х	99,043	62,415	36,628
4 Press Box						
3600 Clipper Mill Rd. #155						
Baltimore MD 21211	Phone	ļ	Х	2,156	26,813	-24,657
5						
6						
7						
8						
9						
10						
T-A-1	L	<u> </u>	Ļ	2 447 645	1 412 606	1,033,959
Total  3 List all states in which the organization is registered or lie	concod to color o	ontrib	utions	2,447,645	1,413,686	1,033,939
registration or licensing	censed to solicit c	UIIIII	utions	or has been nothed it	is exempt nom	
Alabama, Alaska, Arizona, Ark						
Florida, Georgia, Hawaii, Ill						
Massachusetts, Michigan, Minn						
Hampshire, New Jersey, New Yo						
Ohio, Oklahoma, Oregon, Penns Tennessee, Texas, Utah, Virgi						
	iiia, wasi.	. 7 11/	<u> </u>	II' MODE ATT	ATITA, MISC	<u></u>

P	than \$15,000 o	<b>vents.</b> Complete if the f fundraising event con greater than \$5,000.						
		(a) Event #1		(b) Event #2		(c) Other event	ts	(d) Total events (add col (a) through
6)		(event type)		(event type)		(total number	)	cot (c))
Revenue								
æ	1 Gross receipts							
	2 Less Contributions 3 Gross income (line 1 minus					<del></del>	***	
	line 2)							
	4 Cash prizes							
	5 Noncash prizes							<u>.</u>
sesue	6 Rent/facility costs							
Direct Expenses	7 Food and beverages							
O E	8 Entertainment			· · · · · · · · · · · · · · · · · · ·				<del> </del>
	9 Other direct expenses							
	10 Direct expense summary 11 Net income summary. Si	ubtract line 10 from line 3, co	lumn (d)	- 100				
۲		plete if the organization on Form 990-EZ, line 6		ed "Yes" on Foi	rm 990, Pa	iπ IV, line 19,	or reporte	ea more
Revenue		(a) Bingo		(b) Pull tabs/insta bingo/progressive b	į	(c) Other gam	ing	(d) Total gaming (add col (a) through col (c))
Rev	1 Gross revenue							
ses	2 Cash prizes							
Direct Expenses	3 Noncash prizes					·		
Direct	4 Rent/facility costs						-	<del> </del>
	5 Other direct expenses	) pro-24		<del></del>				
	6 Volunteer labor	Yes No	%	Yes No	%	Yes No	%	
	7 Direct expense summary	Add lines 2 through 5 in co	lumn (d)				•	
	8 Net gaming income sum	mary Subtract line 7 from lir	ne 1, colum	ın (d)			<b>•</b>	
_								
	Enter the state(s) in which the ls the organization licensed to	-	_					Yes No
b	If "No," explain							
	Were any of the organization If "Yes," explain	's gaming licenses revoked,	suspende	d, or terminated dui	ring the tax y	ear?		Yes No
		· · · · · · · · · · · · · · · · · · ·			<del></del>	- Cab	adula C (Fa	rm 990 or 990-F7) 2017

National Association of Chiefs of 59-1164090

Sche'dule G (Form 990 or 990-EZ) 2017

Sche	edule G (Form 990 or 990-EZ) 2017 National Association of Chiefs of 59-1164	<u> 90 (</u>	Page	3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes I	No
13	Indicate the percentage of gaming activity conducted in.	_	_	
а	The organization's facility	3a	%	ó
b	- · · · · · · · · · · · · · · · · · · ·	3b	%	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			_
	records			
	Name ▶			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		Yes T	No
ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			
·	The state with data address of the still a party			
	Name ▶			
	Address ▶			
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	Director/officer			
47	Mandatan, distributions			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		🗆 .	
_	retain the state gaming license?		Yes   1	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Par	spent in the organization's own exempt activities during the tax year ▶ \$ <b>***********************************</b>	<u> </u>	<u> </u>	-
4	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		u	
	See instructions.	OH		
Sc	h G, Part I, Line 2b, Col (iii) - Custody or Control Arrangement			-
	dwest Publishing			
		41.2	00+111	
	dwest Publishing has donations they raise for NACOP made payable			
	NACOP and deposits all such funds into a bank account at the Bank		Ι	
	izona in NACOP's name. Each week the amounts due pursuant to the			
	signated percentages due to Midwest Publishing and NACOP are sen			
dı:	rectly to each respective's party bank account. Midwest Publishin	ng h	as	
	mited custody, control and access to the funds. NACOP also has c	ısto	dy,	
CO	ntrol and access as the account is in NACOP's name.			
	Schedule G (Form	990 or	990-EZ) 201	١7

SCHEDULE (Form 990)

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

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

Open to Public OMB No 1545-0047 2017 Inspection

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Association of Chiefs of

National

Department of the Treasury Internal Revenue Service Name of the organization Police,

Part

**Employer identification number** 59-1164090

ž K-9 Matching Grant K-9 Matching Grant K-9 Matching Grant Grant K-9 Matching Grant (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance K-9 Matching X Yes S noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 10,000 6,350 25,067 1,800 10,850 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant ( Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) AR 72719-0100 71-0460462 GOV GOV KY 40484-1322 61-6000968 GOV MN 56310-0195 41-1226588 GOV GOV GA 30457-2541 |58-6000666 | AZ 86401-5714 82-1976074 (p) EIN the selection criteria used to award the grants or assistance? (3) Lincoln County Sheriff's Office (2) Mohave County Sheriff's Office (a) Name and address of organization (1) Centerton Police Dept. (5) Soperton Police Dept. or government 600 W Beale Street 4001 E Main Street 104 N 2nd Street (4) Avon Police Dept PO Box 100 PO Box 195 Centerton Stanford Soperton Kinqman Part I Avon 8 8 6

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Schedule I (	chedule (Form 990) (2017) National Association of Chiefs of 59-1164090
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Dott III and the desired of additional angula

Fait III can be duplicated it additional space is needed	onal space is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
1 Educational Scholarships	53	31,000			
2 Summer Camp	19	5, 689			
3 Christmas Cards	493	7,395			
4 Medical Reimb. Grant	2	754			
5 Christmas Gifts	93	6,510			
6 Birthday Gifts	68	6,230			
7 Mothers/Fathers Day Gifts 450	450	6,750			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information.	vide the information re-	quired in Part I, line 2	2; Part III, column (b)	, and any other additional in	nformation.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Records are maintained for recipients of grants and assistance.

### 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.

2017

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

National Association of Chiefs of Police, Inc.

Employer identification number 59-1164090

Form 990 - Organization's Mission

The National Association of Chiefs of Police, Inc. (NACOP) is organized as a charitable and educational not-for-profit company directed to provide services to, 1) officers who hold supervisory positions in federal, state, county, university and local law enforcement agencies within the borders of the United States and its territories, including individuals who are involved in the security industry and work hand in hand in the protection of life and property of this nation, and 2) officers who have been paralyzed or disabled because of a line of duty incident, and to these officers' families.

NACOP has a multi-faceted program service effort including, but not limited to, the following:

- a. To maintain and perpetuate the American Police Hall of Fame and Museum for the purpose of honoring officers who have died in the line of duty in the United States of America and its territories and possessions and to house a museum of law enforcement artifacts for public display to promote the law enforcement profession and help develop the public's understanding of the day to day challenges faced by law enforcement professionals.
- b. To educate and promote the annual observance of Peace Officers' Week and May 15th, Peace Officers' Memorial Day, to the general public through activities and sponsored programs.
- c. To offer assistance to officers and to the families of officers who have been disabled in the line of duty.
- d. To encourage educational activities and services to upgrade law enforcement and security on a professional level.

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- e. To publish, distribute and print materials relative to law enforcement history, training and services and research material which may be funded by NACOP.
- f. To hold meetings and sponsor seminars and conferences for the purpose of educating and upgrading those who may supervise agencies in law enforcement at the federal, state, county, University and local levels as well as private security, as needed.
- g. To encourage citizen support for law enforcement, for the establishment and maintenance of a law enforcement memorial and museum and for honoring those who serve and protect in the community on all levels of government.
- h. To help fund or provide resources to law enforcement agencies for crime prevention and/or crime deterrence programs or services for which funds or resources are not readily available to the agency. Such funding and/or resources may be provided for such programs and/or services which may include, but need not be limited to, police K9's, K9 program related expenses, community oriented gun safety programs and children's safety education.
- i. To operate a gun range at which police departments, officers and the public can safely participate in firearm education, training, skill development, recreation and competition and at which the public can develop a better understanding of the firearm competencies required of police officers.
- j. To operate a pro shop common to gun ranges in general where firearms, ammunition, firearm accessories, safety products and personal defense items can be sold to law enforcement and security personnel and to the general public who typically use the Shooting Center in accordance with federal, state and local requirements and regulations and at which firearms safety

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can be demonstrated.

Form 990, Part VI, Line 1a (and Part I, Line 3) - Explanation of Governing Body

NACOP has an active, 17 member Board of Directors that meets regularly throughout the year to discuss, brainstorm and evaluate the mission accomplishments of the organization. The organization also has an active Advisory Board comprised of professionals from outside of the organization that provides input to the Board of Directors. There is an annual board meeting that summarizes the accomplishments and concerns of the organization from the previous year.

Form 990, Part III, Line 4a - First Accomplishment EDUCATION, RECOGNITION, SUPPORT AND PUBLIC AWARENESS:

EDUCATION: Among the many educational benefits, we encourage every law-abiding individual to support their local police. We accomplish this with many publications and programs that are educational in nature. In most cases, these are provided without charge to the police agencies or at minimal cost. We produce other educational materials such as posters and printed guidelines to promote Police Week and to encourage citizen support of police in their own community.

Chief of Police Magazine: NACOP publishes a magazine on a regular basis to members. It provides information on changes in the law and of ideas of successful anti-crime programs, administrative concerns and training of staff and officers to chiefs of police, county sheriffs, state and federal agencies and universities, who employ hundreds of thousands of

Name of the organization

National Association of Chiefs of

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sworn law enforcement officers in the United States.

Survey: On an annual basis, we conduct a survey of command officers regarding issues and questions of ethics that they in turn can use as a guideline for training and actions. The survey also provides the media, the legislature and the community with the views of the police departments on subjects such as firearms, funding, training, use of force, sharing crime facts, and problems dealing with the use of narcotics, school violence, and issues of policing in the years ahead. We can respond to major issues, via the results of the Survey, which is now in its 31st year of publication.

Police Ethics: Part of the educational program of the National Association of Chiefs of Police is to reach out to citizens in the community to help set standards for police leadership and police ethics. We encourage citizens to understand that a real professional must have ethics and standards to keep the community alert to trends in crime and in the selection of men and women who uphold the law.

Police Museum: The 30,000 square foot Police Museum houses many exciting exhibits and displays that provide visitors with an abundance of hands-on educational opportunities. Visitors learn about police equipment from yesterday, today and tomorrow, and about such topics as terrorism, street and prison weapons, and capital punishment through a close-up view of thousands of artifacts assembled from all over the world over the past 57 years. A simulated crime scene together with police investigations and forensics tools provide an opportunity for visitors to gain a better

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understanding of crime scene investigation work. An interactive counterfeit money display allows visitors to check the authenticity of their currency using several techniques available to law enforcement agencies. In addition to many other visitors, thousands of police officers and survivors of police officers killed in the line of duty visit the Museum every year to see the Memorial where more than 8,900 names of slain police officers from the past 58 years are engraved.

Training Facility: Our training rooms have been used recently by many governmental agencies, local municipalities and educational institutions for training and educational sessions. These groups include the U.S. Department of Commerce, 18th Judicial Circuit Court, Florida Department of Law Enforcement, Florida Department of Transportation, Brevard County Sheriff's Office, Titusville Police Department, Kennedy Space Center Security, Brevard County Correctional Institute, Brevard Community College Police Academy, Florida Institute of Technology, Brevard County, the City of Titusville, Police Benevolent Association, and the Space Coast League of Numerous schools make field trips that start in the training room and then continue to the Museum and Memorial. Thousands of school children have been part of NACOP's programs. Every year during the week of May 15th, we hold services where the families of slain officers are invited, as are members of the Board of Directors, to commemorate and remember officers killed in the line of duty during prior years. We also support and work with our local Police Athletic Leagues and Police Explorers groups.

Shooting Center: Our 24-lane indoor gun range known as the Shooting Center is open to law enforcement, corrections, security, military personnel

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National Association of Chiefs of

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and the general public. The range is used for teaching firearms safety, self-defense, training, competitions and practice. More than 24,000 people annually shoot in the range. Many of these are first time firearms users who come away with a keen appreciation for the skills and competencies required of law enforcement officers in the performance of their duties and with a real life, first-hand education on firearms safety. The Shooting Center has hosted training conducted by Kennedy Space Center Security, the Bureau of Alcohol, Tobacco, Firearms and Explosives, the State Attorney's Office, Department of Homeland Security, the US Department of Labor, the National Park Service, Brevard County Sheriff's Office, Melbourne Police Department, the Titusville Police Department, and has hosted events in conjunction with the Civilian Marksmanship Program, NJROTC, Keiser University, Boy Scouts of America and Florida Sport Shooting Association. Many private security firms and training organizations use the Shooting Center for firearms and self-defense training and for armed security officer qualifying.

Pro Shop: Our Pro Shop is an integral part of the Shooting Center operation as it provides a place where law enforcement and security personnel and the general public who typically use the Shooting Center can purchase firearms with confidence and assurance that the process is performed professionally and in compliance with federal, state and local regulations. Firearm accessories, ammunition, safety products and personal defense items can also be purchased.

RECOGNITION: National Awards Program: This program is in its 58th year. Various citations, medals and uniform bars are available to all U.S. law

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enforcement agencies for the purpose of recognizing acts of service and valor. This simple but effective method of recognition is very important for officer morale. The medals and uniform bars are similar to those worn by members of the armed forces and can be worn on a police uniform. The second highest award a law enforcement officer can receive is the Silver Star of Bravery. Citizens who come to the aid of local law enforcement officers and/or fellow citizens are also eligible for recognition through the National Award Program.

Medal of Honor: The highest award, the Posthumous Medal of Honor, is issued when an officer has died in the line of duty. The award is sent to the officer's department and then presented to the officer's family. The officer's name, rank and department affiliation is then added to the memorial walls located inside the Police Museum.

Law Enforcement Officer of the Year: One officer is selected each year to receive this award. The award is designed to recognize the bravery and dedication of one outstanding law enforcement officer each year.

SUPPORT: One of the goals of the National Association of Chiefs of Police is to support the law enforcement community, both to the individual officers and to the agencies themselves. The organization seeks to find areas where normal funding and support is not currently available and make that service or funding available.

Disabled Police Officer Program: Each day almost 156 law enforcement officers are injured in the line of duty. Many of these officers will be permanently disabled and unable to return to work. NACOP studies the type

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of injuries law enforcement officers receive. Because each state has differing guidelines concerning disabled officers, there are no consistent standards for a disabled or paralyzed officer to follow. volunteer chairman, who is a permanently disabled officer, who can assist other injured officers and advise them on options for rehabilitation. provide grants to disabled officers to help with needs such as medical reimbursements or educational scholarships. The children of disabled officers are also provided educational scholarships, Christmas and Birthday gifts and Summer Camp grants. Every officer who becomes permanently disabled as a result of a line of duty injury is eligible to enroll at no cost to the officer in our Disabled Police Officers Fund. They are provided a free lifetime membership as well as a citation and medal for Line of Duty Injury. We also encourage disabled officers to attend our annual meetings.

K-9 Matching Grant Program: The National Association of Chiefs of Police has worked with 108 police departments in 33 states throughout the U.S. to help raise funds for their canine programs. Almost \$1,034,000 has been awarded to underfunded police departments since the program began in 2001.

PUBLIC AWARENESS: NACOP strives to make the public aware of the nature and importance of law enforcement, the law enforcement profession and the dangers that accompany it.

Press Releases: When a recipient of our National Awards Program is presented their award, local newspapers often publish the facts surrounding the actios which led to the recipient's recognition. Information on

departments who have received assistance from the K9 Matching Grant program is also provided to local media.

Direct mail: Information on current relevant law enforcement issues are sent to individuals who have expressed interest in the organization's purpose. Throughout the year, personal safety and identity theft information is provided to citizens throughout the United States.

Public Service Announcements: From time to time NACOP produces public service announcements on law enforcement topics relevant to the public.

Form 990, Part VI - Additional Information

Board Officers and Directors

Board Officers Barry and Brent Shepherd are brothers.

Board Officer Barry Shepherd and Board Director Lori Shepherd are married.

Board Officer Brent Shepherd and Board Director Lori Shepherd are in-laws.

Board Directors Peter and Kim Connolly are married.

Barry Shepherd, Brent Shepherd, Jamie Maynard, Peter Connolly, Kim Connolly, Lori Shepherd & Debra K. Chitwood are board members for American Police Academy, Inc., Florida Crime Prevention Commission, Inc., Venerable Order of Knights of Michael the Archangel, Inc. & Ameican Federation of Police & Concerned Citizens, Inc. (AFP&CC). These organizations are listed on Schedule R, Part II. NACOP also received \$543,750 from AFP&CC (\$96,000 was for rent, \$443,750 was for management services and \$4,000 was a donation). NACOP also paid compensation of \$194,330 to American Police Academy, Inc. for management services. These amounts are included on Schedule R, Part V.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
After an independent CPA firm has prepared a draft copy of the organization's Internal Revenue Service Form 990, the Audit Committee, every member of the Executive Board, the Executive Director and the Director of Operations are all required to review the form in detail. Every member of the Board of Directors and the Advisory Committee are asked to review the form. All of these individuals may make comments or suggestions or raise any questions they may have about the form. All questions, comments and suggestions are answered by the Chief Financial Officer and/or the CPA. Changes that need to be made are presented to the CPA to prepare and file the final IRS Form 990.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Policy is reviewed and discussed by board members and employees at meetings
and any possible conflicts that arise are required to be disclosed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Review by board, consultation with CPA specializing in not-for-profit companies, monitoring of salaries listed in philanthropic industry publications, salary and benefit studies by independent sources, information from IRS Form 990 filings of similar organizations, written job offers for positions at similar organizations and/or documented telephone calls about similar positions at nonprofit and for-profit companies.

Form 990, Part VI, Line 15b - Compensation Process for Officers
Review by board, consultation with CPA specializing in not-for-profit

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companies, monitoring of salaries listed in philanthropic industry publications, salary and benefit studies by independent sources, information from IRS Form 990 filings of similar organizations, written job offers for positions at similar organizations and/or documented telephone calls about similar positions at nonprofit and for-profit companies.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New York, North Carolina, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

2017

OMB No 1545-0047

Open to Public

(f)
Direct controlling entity Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year 59-1164090 (e) End-of-year assets Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity National Association of Chiefs of (a) Name, address, and EIN (if applicable) of disregarded entity Inc. Police, Department of the Treasury Internal Revenue Service Name of the organization Part II Part Ξ 3 4 3 ල

one of more related tax-exempt organizations during the	lax year						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	·(d) Exempt Code section	(e) Public chanty status	(f) Direct controlling	(g) Section 512(b)(13) controlled entity	73 73
		or foreign country)		(if section 501(c)(3))	entity	Yes N	No
(1) American Police Academy, Inc.							
6350 Horizon Drive 59-1632952	Crime						
Titusville FL 32780	& Safety	FL	3	12a	N/A	۲ T	×
(2) FL Crime Prevention Commission, Inc							
6350 Horizon Drive 59-1764219	Drevention						
Titusville FL 32780	& Safety	FL	3	10	N/A	^	×
(3) Venerable Order of Knights of Michael the Archangel, Inc.	( E						
6350 Horizon Drive 59-2598998	Prevention						
Titusville FL 32780	& Safety	FL	3	8	N/A	`	×
(4) American Federation of Police & Concerned Citizens, Inc.						_	
6350 Horizon Drıve 52-1127259	Public						
Titusville FL 32780	Education	FL	3	10	N/A	_	×
(5)							

Schedule R (Form 990) 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Page 2

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Schedule R (Form 990) 2017 National Association of Chiefs of

Schedule R (Form 990) 2017 · (kt Percentage ownership Section 512(b)(13) controlled entity? Yes No (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Percentage ownership Ξ amount in box 20 of Schedule K-1 Code V—UBI (Form 1065) ί end-of-year assets Share of (h)
Disproportionate
alloc ? Yes No (g) Share of end-of-year assets Share of total (f) Share of total income Type of entity (C corp. S corp. (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity € (d)
Direct controlling
entity foreign country) Legal domicite (state or (c) Legal domicile (state or foreign Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part # ă 8 3 E E |ල 2 | ල 13

Yes

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# 59-1164090 Schedule R (Form 990) 2017

nPartiV.	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	
	And the Constitution of th	

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
    - b Gift, grant, or capital contribution to related organization(s)
- c Giff, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s) 3 (

on thresholds	(p)	A Contract of the second of th
lationships and transacti	(c)	Povior joi ouv
line, including covered re	(q)	Tomorowa
love is "Yes," see the instructions for info	(a)	The state of sales of

Method of determining amount involved	00	50	00
Amount involved	96,000	443,750	4,000
Transaction type (a–s)	u	0	O
Name of related organization	(1) American Federation of Police & Concerned Citizens, Inc.	(2) American Federation of Police & Concerned Citizens, Inc.	(3) American Federation of Police & Concerned Citizens, Inc.

194,330		
0		
American Police Academy, Inc.		
€	(9)	

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59-1164090 Schedule R (Form 990) 2017 National Association of Chiefs of Unrelated Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage ownership													10) 2017
	S.												orm 99
(I) General or managing partner?	Yes								,				e R (F
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)													Schedule R (Form 990) 2017
	2										<u> </u>		
(h) Disproportionate allocations?	Yes						_						
(g) Share of end-of-year assets	<u></u>												
(f) , Share of total income													
artners on (3)	No No												
(e) Are all partners section 501(c)(3)	organizations?												
(d) Predominant income (related, unrelated, excluded	from tax under sections 512-514)												
	foreign country)								_				
(b) Primary activity													
(a) Name, address, and EIN of entity		(1	5)	(8	(†	. (5	(9	7)	(8	(6	(0	1)	
		<u>E</u>	(2)	(3)	<u>4</u>	(9)	9)	(2)	(8)	6)	(10)	(11)	

Part VII S

Supplemental Information.

Provide additional information for responses to questions on Schedule R See Instructions