

Part II Signature Block																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge																
Sign Here	***** Signature of officer 2019-11-14 Date															
	KIM GOODMAN CHIEF OF STAFF Type or print name and title															
Paid Preparer Use Only	<table border="1"> <tr> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date 2019-11-14</td> <td>Check ☐ if self-employed</td> <td>PTIN P00192887</td> </tr> <tr> <td colspan="3">Firm's name ▶ CLARK NUBER PS</td> <td colspan="2">Firm's EIN ▶ 91-1194016</td> </tr> <tr> <td colspan="3">Firm's address ▶ 10900 NE 4TH STREET SUITE 1400 BELLEVUE, WA 98004</td> <td colspan="2">Phone no (425) 454-4919</td> </tr> </table>	Print/Type preparer's name	Preparer's signature	Date 2019-11-14	Check ☐ if self-employed	PTIN P00192887	Firm's name ▶ CLARK NUBER PS			Firm's EIN ▶ 91-1194016		Firm's address ▶ 10900 NE 4TH STREET SUITE 1400 BELLEVUE, WA 98004			Phone no (425) 454-4919	
	Print/Type preparer's name	Preparer's signature	Date 2019-11-14	Check ☐ if self-employed	PTIN P00192887											
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Firm's address ▶ 10900 NE 4TH STREET SUITE 1400 BELLEVUE, WA 98004			Phone no (425) 454-4919													

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ **Yes** ☒ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$	4,912,842	including grants of \$	4,912,842)	(Revenue \$)
See Additional Data						

4b	(Code)	(Expenses \$	2,518,307	including grants of \$	2,364,723)	(Revenue \$)
See Additional Data						

4c	(Code)	(Expenses \$	1,198,265	including grants of \$		(Revenue \$	30,200)
See Additional Data							

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses \$	5,559,895	including grants of \$	1,371,265)	(Revenue \$	1,345,320)
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4e	Total program service expenses ▶	14,189,309
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	31	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	25			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► KIM GOODMAN 3060 WILLAMETTE DR NE SUITE 200 LACEY, WA 98516 (360) 486-2380

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEN HOHENBERG PAST PRESIDENT	1 00	X		X				0	0	0
(2) BRIAN BURNETT PRESIDENT/PAST PRESIDENT	4 00	X		X				0	0	0
(3) KEN THOMAS PRESIDENT ELECT/PRESIDENT	6 00	X		X				0	0	0
(4) JOHN SNAZA VICE PRESIDENT/PRESIDENT ELECT	2 00	X		X				0	0	0
(5) CRAIG MEIDL BOARD MEMBER/VICE PRESIDENT	2 00	X		X				0	0	0
(6) BRIAN WINTER TREASURER	4 00	X		X				0	0	0
(7) JOHN TURNER BOARD MEMBER	1 00	X						0	0	0
(8) RICK SCOTT BOARD MEMBER	1 00	X						0	0	0
(9) JAY TABB BOARD MEMBER	1 00	X						0	0	0
(10) JOHN BATISTE BOARD MEMBER	1 00	X						0	0	0
(11) BILL BENEDICT BOARD MEMBER	1 00	X						0	0	0
(12) DUSTY PIERPOINT BOARD MEMBER	1 00	X						0	0	0
(13) RONNIE ROBERTS BOARD MEMBER	1 00	X						0	0	0
(14) MARK COUEY BOARD MEMBER	1 00	X						0	0	0
(15) MARK NELSON BOARD MEMBER	1 00	X						0	0	0
(16) RAY DOUDA BOARD MEMBER	1 00	X						0	0	0
(17) GARY JENKINS BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVE CROWN BOARD MEMBER	1 00	X						0	0	0
(19) STEVE STRACHAN EXECUTIVE DIRECTOR	40 00	X		X				130,000	0	41,456
(20) MITCH BARKER EXECUTIVE DIRECTOR THRU 01/18	40 00	X		X				16,236	0	3,455
(21) KIM GOODMAN CHIEF OF STAFF	40 00					X		126,782	0	22,366
(22) JAMES MCMAHAN POLICY DIRECTOR	40 00					X		129,548	0	26,215
(23) MICHAEL PAINTER PROFESSIONAL SVCS DIRECTOR	40 00					X		111,252	0	28,169
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								513,818	0	121,661

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
APPRISS INC 10401 LINN STATION ROAD LOUISVILLE, KY 40223	IT - JAIL BOOKING SYSTEM	1,994,587
BI INCORPORATED 6400 LOOKOUT ROAD BOULDER, CO 80301	ELECTRONIC MONITORING	658,431
3M ELECTRONIC MONITORING 1838 GUNN HIGHWAY ODESSA, FL 33556	ELECTRONIC MONITORING	456,340
VENUTIZE 3104 NORTH AMERNIA AVE STE2 TAMPA, FL 33607	IT - CRITICAL INCIDENT MAPPING	418,880
WATCH SYSTEMS 516 E RUTLAND STREET COVINGTON, LA 70433	SEX OFFENDER SYSTEM	306,110

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 6**

Form 990 (2018)

Page 9

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a

Federated campaigns

1a

1b

Membership dues

1b

1c

Fundraising events

1c

1d

Related organizations

1d

1e

Government grants (contributions)

1e

13,759,483

1f

All other contributions, gifts, grants, and similar amounts not included above

1f

1g

Noncash contributions included in lines 1a - 1f \$

1h

Total. Add lines 1a-1f

13,759,483

Program Service Revenue

2a

CONFERENCES/WORKSHOPS

Business Code

900099

309,555

309,555

2b

MEMBERSHIP DUES

900099

91,065

91,065

2c

JAIL BOOKING & RPRT

900099

30,200

30,200

2d

CRTCL INCIDENT MAPPING

900099

17,840

17,840

2e

2f

All other program service revenue

2g

Total. Add lines 2a-2f

448,660

Other Revenue

3

Investment income (including dividends, interest, and other similar amounts)

24,195

24,195

4

Income from investment of tax-exempt bond proceeds

5

Royalties

6a

Gross rents

(i) Real

(ii) Personal

47,220

6b

Less rental expenses

20,450

6c

Rental income or (loss)

26,770

6d

Net rental income or (loss)

26,770

26,770

7a

Gross amount from sales of assets other than inventory

(i) Securities

(ii) Other

615

7b

Less cost or other basis and sales expenses

0

7c

Gain or (loss)

615

7d

Net gain or (loss)

615

615

8a

Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18

a

8b

Less direct expenses

b

8c

Net income or (loss) from fundraising events

9a

Gross income from gaming activities See Part IV, line 19

a

9b

Less direct expenses

b

9c

Net income or (loss) from gaming activities

10a

Gross sales of inventory, less returns and allowances

a

2,082,016

10b

Less cost of goods sold

b

1,188,006

10c

Net income or (loss) from sales of inventory

894,010

894,010

Miscellaneous Revenue

Business Code

11a

RECORDS AGREEMENT

900099

6,080

6,080

11b

REFUNDS

900099

2,023

2,023

11c

11d

All other revenue

1,543

1,543

11e

Total. Add lines 11a-11d

9,646

12

Total revenue. See Instructions

15,163,379

1,375,520

0

28,376

Form 990 (2018)

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,648,830	8,648,830		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	191,147		191,147	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	1,505,737	1,203,581	302,156	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	114,864	88,542	26,322	
9 Other employee benefits.	203,902	166,457	37,445	
10 Payroll taxes.	149,387	102,625	46,762	
11 Fees for services (non-employees):				
a Management.				
b Legal.	95,102	69,142	25,960	
c Accounting.	57,554	41,502	16,052	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	6,028		6,028	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,969,908	2,916,265	53,643	
12 Advertising and promotion.	612	314	298	
13 Office expenses.	111,984	81,923	30,061	
14 Information technology.	126,123	126,123		
15 Royalties.				
16 Occupancy.	81,953	73,591	8,362	
17 Travel.	123,426	96,756	26,670	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	292,559	285,454	7,105	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	118,367	85,354	33,013	
23 Insurance.	30,888	24,945	5,943	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a BAD DEBT EXPENSE	112,708	112,708		
b REPAIR/MAINTENANCE	89,884	52,233	37,651	
c LEASES	15,945	11,498	4,447	
d CREDIT CARD FEES	11,192		11,192	
e All other expenses	8,643	1,466	7,177	
25 Total functional expenses. Add lines 1 through 24e.	15,066,743	14,189,309	877,434	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	596,525	1	673,894
	2 Savings and temporary cash investments	81,210	2	128,816
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,921,405	4	3,381,915
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,821	8	4,821
	9 Prepaid expenses and deferred charges	881,267	9	1,009,331
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	4,866,873		
	b Less: accumulated depreciation	3,067,666		
		1,905,638	10c	1,799,207
	11 Investments—publicly traded securities	439,694	11	568,019
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	7,830,560	16	7,566,003
Liabilities	17 Accounts payable and accrued expenses	3,041,912	17	2,380,315
	18 Grants payable	54,297	18	266,797
	19 Deferred revenue	718,447	19	865,019
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,814,656	26	3,512,131
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,015,904	27	4,053,872
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,015,904	33	4,053,872
	34 Total liabilities and net assets/fund balances	7,830,560	34	7,566,003

Part XI Reconciliation of Net AssetsCheck 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	15,163,379
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,066,743
3	Revenue less expenses Subtract line 2 from line 1	3	96,636
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,015,904
5	Net unrealized gains (losses) on investments	5	-58,668
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,053,872

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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	No	
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 91-0961051

Name: WASHINGTON ASSOCIATION OF
SHERIFFS AND POLICE CHIEFS

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 510,452 including grants of \$) (Revenue \$ 894,010)

CORRECTIONAL OPTIONS SERVICES - PROVIDE HOME DETENTION & OTHER SENTENCING ALTERNATIVES TO INCARCERATED PERSONS CONVICTED OF CRIMES BY LOCAL & STATE COURTS THIS PROGRAM IS CURRENTLY OPERATING WITH AN AVERAGE DAILY POPULATION OF 450 COST SAVINGS TO THE STATE AND LOCAL COMMUNITY VARY BASED ON THE TYPE OF PROGRAM RUN (BOOKING FEES, MEDICAL COSTS OR JAIL COSTS)

(Code) (Expenses \$ 593,887 including grants of \$) (Revenue \$ 17,840)

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

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 528,233 including grants of \$ 13,000) (Revenue \$)

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

(Code) (Expenses \$ 504,000 including grants of \$) (Revenue \$)

HEALTH CARE AUTHORITY DATA EXTRACT - PROVIDE JAIL DATA TO THE WA HEALTH CARE AUTHORITY FOR THE PURPOSES OF BENEFIT REINSTATEMENT AND SUSPENSION

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code	)	(Expenses \$	493,411	(Revenue \$
SEX OFFENDER WEBSITE - PROVIDE COMMUNITIES WITH REGISTERED SEX OFFENDER INFORMATION, E G , TYPE OF CONVICTION, LOCATION OF REGISTERED RESIDENCE, VICINITY TO SCHOOLS, ETC ALSO LINKED WITH NATIONAL SEX OFFENDER REGISTRY				
(Code	)	(Expenses \$	485,056	(Revenue \$
DENIED FIREARM TRANSACTION NOTIFICATION - WORK CLOSELY WITH FEDERAL FIREARM LICENSORS TO COLLECT AND COMPARE PERSONS DENIED PURCHASE OF A FIREARM WITH THE VICTIM PROTECTIVE ORDER SYSTEM				

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	431,484	including grants of \$	(Revenue \$)
UNIFORM CRIME REPORTING/INCIDENT-BASED REPORTING - COLLECT STATE-WIDE CRIME STATISTICS FOR ANNUAL "CRIME IN WASHINGTON STATE" REPORT DEVELOPMENT, IMPLEMENTATION AND TRANSITION TO INCIDENT BASED REPORTING				
(Code)	(Expenses \$	425,000	including grants of \$	425,000) (Revenue \$)
INTERNET CRIMES AGAINST CHILDREN - PROVIDE FUNDING TO THE SEATTLE POLICE DEPARTMENT FOR TASK FORCE TO FIGHT INTERNET CRIMES AGAINST CHILDREN				

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code	)	(Expenses \$	344,680	including grants of \$ 320,999) (Revenue \$)
TRAFFIC GRANTS - PROVIDE LAW ENFORCEMENT WITH EQUIPMENT AND EDUCATIONAL GRANTS				
(Code	)	(Expenses \$	301,328	including grants of \$) (Revenue \$ 400,620)
CONFERENCE/MEMORABILIA - PROVIDES MEMBERSHIP WITH SEMI-ANNUAL CONFERENCES INCLUDES STATE CERTIFIED TRAINING AS WELL AS COMMITTEE MEETINGS AND CHIEF/SHERIFF/JAIL MANAGER MEETINGS				

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code	)	(Expenses \$	218,116	including grants of \$	118,644	) (Revenue \$	)
-------	---	--------------	---------	------------------------	---------	---------------	---

MENTAL HEALTH FIELD RESPONSE TEAMS (MHFRT) - PROVIDE GRANTS TO LOCAL AGENCIES TO COLLABORATE WITH MENTAL & BEHAVIORIAL HEALTH AGENCIES PROVIDE A CO-RESPONDER WITH OFFICERS TO REDUCE INCARCERATION IN SITUATIONS WHERE INTERVENTION IS BENEFICIAL

(Code	)	(Expenses \$	194,763	including grants of \$	134,711	) (Revenue \$	)
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PROJECT SAFE NEIGHBORHOODS - PROVIDE FUNDING FOR PROSECUTORS, TASK FORCES, MEDIA OUTREACH AND TRAINING IN SUPPORT OF THE PRESIDENT'S GUN VIOLENCE INITIATIVE

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	181,011	including grants of \$	181,011) (Revenue \$)
WAGANG DATABASE ENHANCEMENT PROJECT - PROVIDE FUNDING TO LOCAL LAW ENFORCEMENT AGENCIES TO POPULATE WA GANG DATABASE WITH RECORDS				
(Code)	(Expenses \$	95,000	including grants of \$	95,000) (Revenue \$)
HUMAN TRAFFICKING ENFORCEMENT TASKFORCE - PROVIDE FUNDING TO LOCAL LAW ENFORCEMENT TO COMBAT HUMAN TRAFFICKING IN TARGETED AREAS				

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	77,837	including grants of \$	(Revenue \$)
ACCREDITATION/LOANED EXECUTIVE MANAGEMENT ASSISTANCE PROGRAM - PROVIDE LAW ENFORCEMENT AGENCIES WITH STANDARDS WORK WITH AGENCIES TO ACCREDIT AGENCIES ACCORDING TO SET STANDARDS				
(Code)	(Expenses \$	73,758	including grants of \$	(Revenue \$)
SECTOR/PCH & CACHE - PROVIDE LOCAL LAW ENFORCEMENT AGENCIES WITH PRINTERS AND SCANNERS FOR TRAFFIC ENFORCEMENT VEHICLES TO ASSIST IN THE STATEWIDE IMPLEMENTATION OF THE SECTOR (ELECTRONIC TICKETING) PROGRAM				

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code	)	(Expenses \$	39,077	including grants of \$) (Revenue \$)
SEX OFFENDER RECORD RETENTION - COLLECT SEX OFFENDER DOCUMENTS FROM LAW ENFORCEMENT AGENCIES DOCUMENTS ARE SCANNED TO CD THEN DESTROYED SERVES AS STATEWIDE RECORD RETENTION				
(Code	)	(Expenses \$	39,103	including grants of \$) (Revenue \$)
24/7 DUI MONITORING PROGRAM - REPEAT OFFENDER SWIFT AND CERTAIN DAILY MONITORING FOR ALCOHOL USE				

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code	) (Expenses \$	23,699	including grants of \$	) (Revenue \$	32,850)
OTHER PROGRAMS - OTHER SMALL PROGRAMS INCLUDE A MISSING PERSONS WEBSITE, INTELLIGENCE TRAINING, AND MASS SHOOTING WORKGROUP					

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WASHINGTON ASSOCIATION OF
SHERIFFS AND POLICE CHIEFS

Employer identification number
91-0961051

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

The organization is not a private foundation because it is (For lines 1 through 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).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **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
- 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
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,623,932	12,471,510	13,125,138	13,221,809	13,759,483	65,201,872
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	2,485,502	2,335,220	2,192,207	2,187,851	2,583,976	11,784,756
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	15,109,434	14,806,730	15,317,345	15,409,660	16,343,459	76,986,628
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	995,404	748,919	721,495	726,094	1,105,933	4,297,845
c	Add lines 7a and 7b	995,404	748,919	721,495	726,094	1,105,933	4,297,845
8	Public support. (Subtract line 7c from line 6.)						72,688,783

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	15,109,434	14,806,730	15,317,345	15,409,660	16,343,459	76,986,628
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,348	13,220	12,648	19,406	24,195	70,817
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1,348	13,220	12,648	19,406	24,195	70,817
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	6,715	190		336	250	7,491
12	Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	12,911	2,410	1,618	2,769	3,316	23,024
13	Total support. (Add lines 9, 10c, 11, and 12.)	15,130,408	14,822,550	15,331,611	15,432,171	16,371,220	77,087,960

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	94.290 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	94.570 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.090 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.060 %

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>	6	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b 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? <i>If "Yes," provide detail in Part VI.</i>	9b	
c 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? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a 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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	REFUNDS - 2014 AMOUNT \$ 1,822 2015 AMOUNT \$ 2,110 2016 AMOUNT \$ 1,600 2017 AMOUNT \$ 1,888 2018 AMOUNT \$ 2,023 YEAR END ADJUSTMENTS - 2014 AMOUNT \$ 11,089 2015 AMOUNT \$ 300 2016 AMOUNT \$ 18 2017 AMOUNT \$ 881 2018 AMOUNT \$ 1,293

2018

Open to Public Inspection

91-0961051

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
 - a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		496,628		496,628
b Buildings		2,716,832	1,464,372	1,252,460
c Leasehold improvements				
d Equipment		94,323	85,452	8,871
e Other		1,559,090	1,517,842	41,248
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,799,207

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(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	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(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) ▶		

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	16,307,139
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-58,668
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-58,668
3	Subtract line 2e from line 1	3	16,365,807
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,028
b	Other (Describe in Part XIII)	4b	-1,208,456
c	Add lines 4a and 4b	4c	-1,202,428
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	15,163,379

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

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

1	Total expenses and losses per audited financial statements	1	16,269,171
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,208,456
e	Add lines 2a through 2d	2e	1,208,456
3	Subtract line 2e from line 1	3	15,060,715
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,028
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	6,028
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	15,066,743

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B -1,188,006 RENTAL EXPENSE REPORTED ON FORM 990, PART VIII, LINE 6B -20,450

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B 1,188,006 RENTAL EXPENSE REPORTED ON FORM 990, PART VIII, LINE 6B 20,450

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
WASHINGTON ASSOCIATION OF
SHERIFFS AND POLICE CHIEFS

Employer identification number

91-0961051

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 65

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FEDERAL WAY 33325 8TH AVENUE SOUTH FEDERAL WAY, WA 980639718	91-1462550	LOCAL GOVERNMENT	1,253,307				WA AUTO THEFT PREVENTION AUTHORITY GRANT
CITY OF KENNEWICK PO BOX 6108 KENNEWICK, WA 99336	91-6001253	LOCAL GOVERNMENT	7,105				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SEATTLE 610 5TH AVENUE SEATTLE, WA 981244986	91-1461832	LOCAL GOVERNMENT	425,000				INTERNET CRIMES AGAINST CHILDREN TASK FORCE
ADAMS COUNTY SHERIFFS OFFICE 210 WEST BROADWAY RITZVILLE, WA 99169	91-6001294	LOCAL GOVERNMENT	49,250				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASOTIN COUNTY SHERIFFS OFFICE PO BOX 130 ASOTIN, WA 994020130	91-6001295	LOCAL GOVERNMENT	74,725				SO ADDRESS VERIFICATION GRANT
AUBURN POLICE DEPARTMENT 25 WEST MAIN STREET AUBURN, WA 980014998	91-6001228	LOCAL GOVERNMENT	2,000				DENIED FIREARM TRANSACTION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN POLICE DEPARTMENT 25 WEST MAIN STREET AUBURN, WA 980014998	91-6001228	LOCAL GOVERNMENT	6,254				TRAFFIC SAFETY GRANT
AUBURN POLICE DEPARTMENT 25 WEST MAIN STREET AUBURN, WA 980014998	91-6001228	LOCAL GOVERNMENT	14,925				WA GANG DATABASE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENTON COUNTY SHERIFFS OFFICE 7122 OKANOGAN PLACE BLDG A KENNEWICK, WA 99336	91-6001296	LOCAL GOVERNMENT	143,249				SO ADDRESS VERIFICATION GRANT
BENTON COUNTY SHERIFFS OFFICE 7122 OKANOGAN PLACE BLDG A KENNEWICK, WA 99336	91-6001296	LOCAL GOVERNMENT	5,177				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHELAN CO SHERIFF'S OFFICE 401 WASHINGTON STREET SUITE 1 WENATCHEE, WA 98801	91-6001297	LOCAL GOVERNMENT	500				DENIED FIREARM TRANSACTION GRANT
CHELAN CO SHERIFF'S OFFICE 401 WASHINGTON STREET SUITE 1 WENATCHEE, WA 98801	91-6001297	LOCAL GOVERNMENT	84,829				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHELAN CO SHERIFF'S OFFICE 401 WASHINGTON STREET SUITE 1 WENATCHEE, WA 98801	91-6001297	LOCAL GOVERNMENT	10,556				TRAFFIC SAFETY GRANT
CLALLAM CO SHERIFFS OFFICE 22 EAST 4TH STREET SUITE 12 PORT ANGELES, WA 98302	91-6001298	LOCAL GOVERNMENT	90,636				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLALLAM CO SHERIFFS OFFICE 22 EAST 4TH STREET SUITE 12 PORT ANGELES, WA 98302	91-6001298	LOCAL GOVERNMENT	3,207				TRAFFIC SAFETY GRANT
CLARK CO SHERIFFS OFFICE PO BOX 410 VANCOUVER, WA 98666	91-6001299	LOCAL GOVERNMENT	251,308				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK CO SHERIFFS OFFICE PO BOX 410 VANCOUVER, WA 98666	91-6001299	LOCAL GOVERNMENT	8,006				TRAFFIC SAFETY GRANT
CLARK CO SHERIFFS OFFICE PO BOX 410 VANCOUVER, WA 98666	91-6001299	LOCAL GOVERNMENT	128,550				WA AUTO THEFT PREVENTION AUTHORITY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA COUNTY SHERIFFS OFFICE 341 EAST MAIN STREET DAYTON, WA 99328	91-6001309	LOCAL GOVERNMENT	22,000				SO ADDRESS VERIFICATION GRANT
COWLITZ CO SHERIFFS OFFICE 312 SW 1ST AVENUE KELSO, WA 98626	91-6001310	LOCAL GOVERNMENT	92,032				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUGLAS COUNTY SHERIFFS OFFICE 110 2ND STREET NE SUITE 200 EAST WENATCHEE, WA 98802	91-6001313	LOCAL GOVERNMENT	67,750				SO ADDRESS VERIFICATION GRANT
DOUGLAS COUNTY SHERIFFS OFFICE 110 2ND STREET NE SUITE 200 EAST WENATCHEE, WA 98802	91-6001313	LOCAL GOVERNMENT	3,403				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERRY COUNTY SHERIFFS OFFICE PO BOX 1099 REPUBLIC, WA 99166	91-6001314	LOCAL GOVERNMENT	37,000				SO ADDRESS VERIFICATION GRANT
FIRCREST POLICE DEPARTMENT 302 REGENTS BLVD FIRCREST, WA 98466	91-6001431	LOCAL GOVERNMENT	5,907				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN COUNTY SHERIFFS OFFIC 1016 NORTH 4TH AVENUE PASCO, WA 99301	91-6001315	LOCAL GOVERNMENT	92,034				SO ADDRESS VERIFICATION GRANT
GARFIELD COUNTY SHERIFFS DEPT PO BOX 338 POMEROY, WA 99347	91-6001318	LOCAL GOVERNMENT	8,500				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARFIELD COUNTY SHERIFFS DEPT PO BOX 338 POMEROY, WA 99347	91-6001318	LOCAL GOVERNMENT	655				TRAFFIC SAFETY GRANT
GOLDENDALE POLICE DEPARTMENT PO BOX 1176 GOLDENDALE, WA 98620	91-6001249	LOCAL GOVERNMENT	5,151				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT COUNTY SHERIFFS OFFICE PO BOX 37 EPHRATA, WA 98823	91-6001319	LOCAL GOVERNMENT	103,126				SO ADDRESS VERIFICATION GRANT
GRANT COUNTY SHERIFFS OFFICE PO BOX 37 EPHRATA, WA 98823	91-6001319	LOCAL GOVERNMENT	8,968				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT COUNTY SHERIFFS OFFICE PO BOX 37 EPHRATA, WA 98823	91-6001319	LOCAL GOVERNMENT	15,273				WA GANG DATABASE GRANT
GRAYS HARBOR COUNTY SHERIFF PO BOX 630 MONTESANO, WA 98563	91-6001320	LOCAL GOVERNMENT	111,225				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLAND COUNTY SHERIFF PO BOX 5000 COUPEVILLE, WA 98277	91-6001321	LOCAL GOVERNMENT	78,290				SO ADDRESS VERIFICATION GRANT
ISLAND COUNTY SHERIFF PO BOX 5000 COUPEVILLE, WA 98277	91-6001321	LOCAL GOVERNMENT	7,665				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON CO SHERIFF'S OFFICE 79 ELKINS ROAD PORT HADLOCK, WA 98339	91-6001322	LOCAL GOVERNMENT	62,000				SO ADDRESS VERIFICATION GRANT
JEFFERSON CO SHERIFF'S OFFICE 79 ELKINS ROAD PORT HADLOCK, WA 98339	91-6001322	LOCAL GOVERNMENT	1,861				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KELSO POLICE DEPARTMENT 201 SOUTH PACIFIC AVE KELSO, WA 98626	91-6001252	LOCAL GOVERNMENT	10,000				DENIED FIREARM TRANSACTION GRANT
KELSO POLICE DEPARTMENT 201 SOUTH PACIFIC AVE KELSO, WA 98626	91-6001252	LOCAL GOVERNMENT	19,957				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNEWICK POLICE DEPARTMENT PO BOX 6108 KENNEWICK, WA 99336	91-6001253	LOCAL GOVERNMENT	19,500				DENIED FIREARM TRANSACTION GRANT
KENNEWICK POLICE DEPARTMENT PO BOX 6108 KENNEWICK, WA 99336	91-6001253	LOCAL GOVERNMENT	24,450				WA GANG DATABASE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT POLICE DEPARTMENT 220 4TH AVENUE SOUTH KENT, WA 98032	91-6001254	LOCAL GOVERNMENT	11,455				TRAFFIC SAFETY GRANT
KING COUNTY PROSECUTING ATTORNEY 516 3RD AVENUE SEATTLE, WA 98104	91-6001337	LOCAL GOVERNMENT	77,817				PROJECT SAFE NEIGHBORHOOD GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING COUNTY SHERIFF'S OFFICE 516 3RD AVENUE SEATTLE, WA 98104	91-6001337	LOCAL GOVERNMENT	669,392				SO ADDRESS VERIFICATION GRANT
KING COUNTY SHERIFF'S OFFICE 516 3RD AVENUE SEATTLE, WA 98104	91-6001337	LOCAL GOVERNMENT	13,735				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING COUNTY SHERIFF'S OFFICE 516 3RD AVENUE SEATTLE, WA 98104	91-6001337	LOCAL GOVERNMENT	27,825				WA GANG DATABASE GRANT
KIRKLAND POLICE DEPARTMENT 11750 NE 118TH STREET KIRKLAND, WA 98034	91-6001255	LOCAL GOVERNMENT	11,144				MENTAL HEALTH FIELD RESPONSE TEAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITSAP COUNTY SHERIFFS OFFICE 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	6,500				DENIED FIREARM TRANSACTION GRANT
KITSAP COUNTY SHERIFFS OFFICE 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	32,558				MENTAL HEALTH FIELD RESPONSE TEAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITSAP COUNTY SHERIFFS OFFICE 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	173,304				SO ADDRESS VERIFICATION GRANT
KITSAP COUNTY SHERIFFS OFFICE 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	500				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITTITAS CO SHERIFF'S OFFICE 205 WEST 5TH AVENUE SUITE 1 ELLENSBURG, WA 98926	91-6001349	LOCAL GOVERNMENT	7,000				DENIED FIREARM TRANSACTION GRANT
KITTITAS CO SHERIFF'S OFFICE 205 WEST 5TH AVENUE SUITE 1 ELLENSBURG, WA 98926	91-6001349	LOCAL GOVERNMENT	70,500				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITTITAS CO SHERIFF'S OFFICE 205 WEST 5TH AVENUE SUITE 1 ELLENSBURG, WA 98926	91-6001349	LOCAL GOVERNMENT	2,876				TRAFFIC SAFETY GRANT
KLICKITAT COUNTY 205 S COLUMBUS AVENUE ROOM 108 GOLDENDALE, WA 98620	91-6001350	LOCAL GOVERNMENT	63,500				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEWIS CO SHERIFFS OFFICE 345 WEST MAIN STREET CHEHALIS, WA 98532	91-6001351	LOCAL GOVERNMENT	134,304				SO ADDRESS VERIFICATION GRANT
LEWIS CO SHERIFFS OFFICE 345 WEST MAIN STREET CHEHALIS, WA 98532	91-6001351	LOCAL GOVERNMENT	11,188				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN COUNTY SHERIFFS OFFICE 404 SINCLAIR PO BOX 367 DAVENPORT, WA 99122	91-6001352	LOCAL GOVERNMENT	23,500				SO ADDRESS VERIFICATION GRANT
LINCOLN COUNTY SHERIFFS OFFICE 404 SINCLAIR PO BOX 367 DAVENPORT, WA 99122	91-6001352	LOCAL GOVERNMENT	2,055				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONGVIEW POLICE DEPARTMENT 1351 HUDSON STREET LONGVIEW, WA 98632	91-6001367	LOCAL GOVERNMENT	46,753				SO ADDRESS VERIFICATION GRANT
MAPLE VALLEY POLICE DEPARTMENT PO BOX 320 MAPLE VALLEY, WA 98038	91-6001271	LOCAL GOVERNMENT	5,126				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASON COUNTY SHERIFFS OFFICE 419 NORTH 4TH STREET SHELTON, WA 98584	91-6001354	LOCAL GOVERNMENT	100,095				SO ADDRESS VERIFICATION GRANT
MERCER ISLAND PD 9610 SE 36TH STREET MERCER ISLAND, WA 98040	91-6017561	LOCAL GOVERNMENT	5,500				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKANOGAN COUNTY SHERIFFS OFFICE 123 5TH AVENUE NORTH ROOM 200 OKANOGAN, WA 98840	91-6001355	LOCAL GOVERNMENT	86,687				SO ADDRESS VERIFICATION GRANT
OKANOGAN COUNTY SHERIFFS OFFICE 123 5TH AVENUE NORTH ROOM 200 OKANOGAN, WA 98840	91-6001355	LOCAL GOVERNMENT	6,461				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLYMPIA POLICE DEPARTMENT 900 PLUM STREET OLYMPIA, WA 98507	91-6001261	LOCAL GOVERNMENT	13,503				MENTAL HEALTH FIELD RESPONSE TEAM GRANT
PACIFIC COUNTY SHERIFFS OFFICE PO BOX 27 SOUTH BEND, WA 98586	91-6001356	LOCAL GOVERNMENT	61,750				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC COUNTY SHERIFFS OFFICE PO BOX 27 SOUTH BEND, WA 98586	91-6001356	LOCAL GOVERNMENT	2,913				TRAFFIC SAFETY GRANT
PASCO POLICE DEPARTMENT 525 N THIRD AVENUE PASCO, WA 99301	91-6001264	LOCAL GOVERNMENT	500				DENIED FIREARM TRANSACTION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASCO POLICE DEPARTMENT 525 N THIRD AVENUE PASCO, WA 99301	91-6001264	LOCAL GOVERNMENT	3,715				TRAFFIC SAFETY GRANT
PASCO POLICE DEPARTMENT 525 N THIRD AVENUE PASCO, WA 99301	91-6001264	LOCAL GOVERNMENT	6,064				WA GANG DATABASE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEND OREILLE CO SHERIFFS DEPT 331 SOUTH GARDEN AVENUE NORTHPORT, WA 99156	91-6001357	LOCAL GOVERNMENT	36,000				SO ADDRESS VERIFICATION GRANT
PIERCE COUNTY SHERIFF'S DEPT 930 TACOMA AVENUE SOUTH TACOMA, WA 98402	91-6001359	LOCAL GOVERNMENT	470,243				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORT ANGELES POLICE DEPARTMENT 321 E 5TH STREET PORT ANGELES, WA 98362	91-6001266	LOCAL GOVERNMENT	40,636				MENTAL HEALTH FIELD RESPONSE TEAM GRANT
PULLMAN POLICE DEPARTMENT 260 SE KAMIAKEN PULLMAN, WA 99163	91-6001269	LOCAL GOVERNMENT	5,965				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUYALLUP POLICE DEPARTMENT 311 WEST PIONEER PUYALLUP, WA 98371	91-6001274	LOCAL GOVERNMENT	2,500				DENIED FIREARM TRANSACTION GRANT
PUYALLUP POLICE DEPARTMENT 311 WEST PIONEER PUYALLUP, WA 98371	91-6001274	LOCAL GOVERNMENT	5,400				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHLAND POLICE DEPARTMENT PO BOX 190 RICHLAND, WA 99352	91-6015119	LOCAL GOVERNMENT	95,000				TRAFFIKING ENF PILOT GRANT
SAN JUAN COUNTY PO BOX 669 FRIDAY HARBOR, WA 98250	91-6001360	LOCAL GOVERNMENT	23,000				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE POLICE DEPARTMENT 610 5TH AVENUE SEATTLE, WA 981244986	91-1461832	LOCAL GOVERNMENT	5,000				DENIED FIREARM TRANSACTION GRANT
SEATTLE POLICE DEPARTMENT 610 5TH AVENUE SEATTLE, WA 981244986	91-1461832	LOCAL GOVERNMENT	56,895				PROJECT SAFE NEIGHBORHOOD GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE POLICE DEPARTMENT 610 5TH AVENUE SEATTLE, WA 981244986	91-1461832	LOCAL GOVERNMENT	42,450				WA GANG DATABASE GRANT
SEQUIM POLICE DEPARTMENT 609 W WASHINGTON ST STE 16 SEQUIM, WA 98382	91-6001502	LOCAL GOVERNMENT	12,500				DENIED FIREARM TRANSACTION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAGIT COUNTY SHERIFF 600 SOUTH THIRD MOUNT VERNON, WA 98273	91-6001361	LOCAL GOVERNMENT	109,025				SO ADDRESS VERIFICATION GRANT
SKAGIT COUNTY SHERIFF 600 SOUTH THIRD MOUNT VERNON, WA 98273	91-6001361	LOCAL GOVERNMENT	13,200				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAMANIA COUNTY SHERIFFS OFFICE PO BOX 790 STEVENSON, WA 98648	91-6001363	LOCAL GOVERNMENT	51,750				SO ADDRESS VERIFICATION GRANT
SKAMANIA COUNTY SHERIFFS OFFICE PO BOX 790 STEVENSON, WA 98648	91-6001363	LOCAL GOVERNMENT	2,000				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNOHOMISH CO SHERIFF'S OFFICE 3000 ROCKEFELLER AVENUE MS 606 EVERETT, WA 98201	91-6001368	LOCAL GOVERNMENT	341,473				SO ADDRESS VERIFICATION GRANT
SNOHOMISH CO SHERIFF'S OFFICE 3000 ROCKEFELLER AVENUE MS 606 EVERETT, WA 98201	91-6001368	LOCAL GOVERNMENT	6,966				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNOHOMISH CO SHERIFF'S OFFICE 3000 ROCKEFELLER AVENUE MS 606 EVERETT, WA 98201	91-6001368	LOCAL GOVERNMENT	743,660				WA AUTO THEFT PREVENTION AUTHORITY GRANT
SPOKANE COUNTY SHERIFFS OFFICE PUBLIC SAFETY BLDG 1100 W MALLON SPOKANE, WA 99260	91-6001370	LOCAL GOVERNMENT	3,328				MENTAL HEALTH FIELD RESPONSE TEAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE COUNTY SHERIFFS OFFICE PUBLIC SAFETY BLDG 1100 W MALLON SPOKANE, WA 99260	91-6001370	LOCAL GOVERNMENT	291,628				SO ADDRESS VERIFICATION GRANT
SPOKANE POLICE DEPARTMENT WEST 1100 MALLON SPOKANE, WA 99260	91-6001280	LOCAL GOVERNMENT	3,500				DENIED FIREARM TRANSACTION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE POLICE DEPARTMENT WEST 1100 MALLON SPOKANE, WA 99260	91-6001280	LOCAL GOVERNMENT	3,782				TRAFFIC SAFETY GRANT
SPOKANE POLICE DEPARTMENT WEST 1100 MALLON SPOKANE, WA 99260	91-6001280	LOCAL GOVERNMENT	238,706				WA AUTO THEFT PREVENTION AUTHORITY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEVENS CO SHERIFF'S OFFICE PO BOX 186 COLVILLE, WA 99114	91-6001372	LOCAL GOVERNMENT	85,291				SO ADDRESS VERIFICATION GRANT
THURSTON COUNTY SHERIFFS OFFICE 2000 LAKERIDGE DRIVE SW OLYMPIA, WA 98502	91-6001375	LOCAL GOVERNMENT	176,108				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THURSTON COUNTY SHERIFFS OFFICE 2000 LAKERIDGE DRIVE SW OLYMPIA, WA 98502	91-6001375	LOCAL GOVERNMENT	11,963				TRAFFIC SAFETY GRANT
WAHKIAKUM COUNTY SHERIFFS 64 MAIN STREET PO BOX 65 CATHLAMET, WA 98612	91-6001377	LOCAL GOVERNMENT	15,000				SO ADDRESS VERIFICATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALLA WALLA CO SHERIFFS OFFICE 240 WEST ALDER SUITE 101 WALLA WALLA, WA 99362	91-6001381	LOCAL GOVERNMENT	79,448				SO ADDRESS VERIFICATION GRANT
WALLA WALLA CO SHERIFFS OFFICE 240 WEST ALDER SUITE 101 WALLA WALLA, WA 99362	91-6001381	LOCAL GOVERNMENT	6,487				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE PARKS 1111 ISRAEL RD SW OLYMPIA, WA 98504	91-6001109	STATE GOVERNMENT	10,500				TRAFFIC SAFETY GRANT
WENATCHEE POLICE DEPARTMENT PO BOX 519 WENATCHEE, WA 98807	91-6001291	LOCAL GOVERNMENT	17,474				MENTAL HEALTH FIELD RESPONSE TEAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WENATCHEE POLICE DEPARTMENT PO BOX 519 WENATCHEE, WA 98807	91-6001291	LOCAL GOVERNMENT	2,955				TRAFFIC SAFETY GRANT
WHATCOM COUNTY SHERIFFS OFFICE 311 GRAND AVENUE BELLINGHAM, WA 98225	91-6001383	LOCAL GOVERNMENT	500				DENIED FIREARM TRANSACTION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHATCOM COUNTY SHERIFFS OFFICE 311 GRAND AVENUE BELLINGHAM, WA 98225	91-6001383	LOCAL GOVERNMENT	140,381				SO ADDRESS VERIFICATION GRANT
WHATCOM COUNTY SHERIFFS OFFICE 311 GRAND AVENUE BELLINGHAM, WA 98225	91-6001383	LOCAL GOVERNMENT	5,600				TRAFFIC SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITMAN CO SHERIFFS OFFICE PO BOX 470 COLFAX, WA 99111	91-6001384	LOCAL GOVERNMENT	64,000				SO ADDRESS VERIFICATION GRANT
WA STATE INFORMATION NETWORK 1825 BELL ST SUITE 205 SACRAMENTO, CA 95825	27-1453421	STATE GOVERNMENT	50,025				WA GANG DATABASE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA CO SHERIFFS OFFICE PO BOX 1388 YAKIMA, WA 98907	91-6001387	LOCAL GOVERNMENT	204,531				SO ADDRESS VERIFICATION GRANT

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	OMB No 1545-0047 2018 Open to Public Inspection
	Name of the organization WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS Employer identification number 91-0961051	
	Part I Questions Regarding Compensation	

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2			
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III			No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes," on line 6a or 6b, describe in Part III			No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7			No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8			No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9			

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

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

[illegible]

Part III **Supplemental Information**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
WASHINGTON ASSOCIATION OF
SHERIFFS AND POLICE CHIEFS**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

91-0961051

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6, VOLUNTEERS	THROUGHOUT THE COURSE OF THE YEAR, THERE WERE 15 VOLUNTEER BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	MENTAL HEALTH FIELD RESPONSE TEAMS (MHFRT), SEE DETAILED DESCRIPTION ON PART III, SCHEDULE O CONTINUATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ACTIVE MEMBERS ARE THE PRINCIPAL MEMBERS OF A LAW ENFORCEMENT AGENCY (SHERIFF, CHIEF, ETC) ASSOCIATE MEMBERS ARE COMMAND STAFF WITHIN A LAW ENFORCEMENT AGENCY (DEPUTY CHIEF, CRIMI NAL DEPUTY, ETC) AFFILIATE MEMBERS ARE ASSOCIATED WITH LAW ENFORCEMENT BUT ARE NOT COMMIS SIONED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ACTIVE MEMBERS HAVE VOTING RIGHTS ASSOCIATE MEMBERS DO NOT HAVE VOTING RIGHTS AFFILIATE MEMBERS ARE ASSOCIATED WITH LAW ENFORCEMENT BUT ARE NOT COMMISSIONED AND THEREFORE HAVE NO VOTING RIGHTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	RESOLUTIONS MUST BE APPROVED BY A VOTE OF THE MEMBERSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND THE EXECUTIVE DIRECTOR ARE COVERED BY THE CONFLICT OF INTEREST POLICY, THEIR DISCLOSURE REQUIREMENTS ARE COMPLETED ANNUALLY IF A POTENTIAL CONFLICT OF INTEREST ARISES, THE DISINTERESTED PARTIES OF THE EXECUTIVE COMMITTEE SHALL MAKE A DETERMINATION AS TO WHETHER A CONFLICT DOES EXIST THEY WILL THEN REVIEW THE CONFLICT AND DETERMINE WHAT SUBSEQUENT ACTION IS APPROPRIATE RESTRICTIONS ARE IMPOSED AT THE DISCRETION OF THE EXECUTIVE BOARD ON A CASE BY CASE BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE COMPRISED OF BOARD MEMBERS DETERMINES THE EXECUTIVE DIRECTOR'S COM PENSATION BASED ON COMPARABLES IN THE AREA THE CONTRACT FOR THE EXECUTIVE DIRECTOR IS REV IEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE EXECUTIVE BOARD MEMBERS THE MOST CUR RENT COMPENSATION REVIEW WAS TOOK PLACE IN 2017 FOR THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION - A SALARY REVIEW WAS PERFORMED DURING 2018 COMPARABLES OF OTHER LOCA L GOVERNMENTAL AGENCIES WERE USED TO REVIEW SALARY RANGES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST REQUESTS ARE REVIEWED FOR VALIDITY BY DIRECTOR OR DEPUTY ONCE APPROVED FOR DISSEMINATION, THE INFORMATION IS PROVIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	JAIL BOOKING & REPORTING PROGRAM SERVICE EXPENSES 954,206 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 954,206 CRITICAL INCIDENT MAPPING PROGRAM SERVICE EXPENSES 459,906 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 459,906 WEBSITE SYSTEM PROGRAM SERVICE EXPENSES 306,269 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 306,269 VICTIM PROTECTIVE ORDER SYSTEM PROGRAM SERVICE EXPENSES 178,663 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 178,663 PROJECT SAFE NEIGHBORHOOD PROGRAM SERVICE EXPENSES 52,376 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 52,376 NATIONAL INCIDENT SYSTEM FEES PROGRAM SERVICE EXPENSES 52,431 MANAGEMENT AND GENERAL EXPENSES 53,643 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 106,074 DENIED FIREARM TRANSACTION FEES PROGRAM SERVICE EXPENSES 255,184 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 255,184 HEALTH CARE AUTHORITY DATA EXTRACT PROGRAM SERVICE EXPENSES 504,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 504,000 OTHER PROGRAM SERVICE EXPENSES 153,230 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 153,230