Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2949305700019 2019

Depa	rtment of the	the Treasury se Service	Ì	► Do not e	nter social secur <i>Lirs.gov/Form98</i>	ity numbers on this Of for instruction	form as it is and th	t may be ma ne latest in	de public./ formation	M	0	Open to Public Inspection
Ā	For the	2019 calend	ar year, or t	ax year begir				and endin				, 2020
	Check if a		С							D Emp	loyer iden	tification number
	Addre	ess change	WASHOE C	COUNTY SH	ERIFF'S	DEPUTIES				23	-7175	349
	Name	change I	ASSOCIAT	CION, INC	•						hone num	
	Initial	return	3710 GRA	INT DRIVE	A					77	5-800	-4220
	Sina: ri	eturn/terminated	RENO, NV	89509								100
	J	nded return								G Gross	s receipts	\$ 312,989.
	\vdash) —	F Name and a	ddress of principa	al officer.				H(a) Is this			
				C ABOVE					H(b) Are all If "No,"			
	Tax-exe	empt status;	501(c)(3)	X 501(c) (5) √ (in	sert no.) 494	7(a)(1) or	1 327	If "No,"	attach a l	ist (see in	nstructions)
j	Webs	<u></u>		150 32.445 (<u> </u>		1		H(c) Group	exemption	number !	•
			X Corporation	Trust	Association	Other >	LY	ear of formati				legal domicile: NV
Pa		Summary		L CONTRACTOR	1		-(
				zation's miss	ion or most s	ignificant activit	es COL	LECTIV	BARG	ATNTN	G UNT	T FOR OVER
4		OO DEPUT									<u></u>	<u></u>
2	_	## 2 ##J =	=									
Activities & Governance	_											
Ve	2 C	heck this box	r F th	ne organization	on discontinue	d its operations	or dispe	対対の世	d than 2	5% of it	s net as	ssets.
Ğ	3 N	umber of vot	ing member	's of the gove	rning body (F	'art VI, line Ia)	1			0	3	10
80	4 N	umber of ind	ependent vo	iting member	s of the gove	rning body (Pari	Vi) ine	16)	 .	₩	4	0
ij	5 To	otal number o	Isubivibni 10	s employed i	n calendar ye	ar 2019 (Part V	ine 2a)	JUN U	7 2021	RS OS	5	0
듕				s (estimate if		(C) line 12					6 7a	0
A					from Form 99	umn (C), line 12	1 7	ÖGDE	דון וא		7b	0.
	D 141	et uniterateu i	business ta	kable Ilicollie	HOIII FOILIT 9	30-1, line 35						Current Year
	8 C	antributions s	and grante (Part VIII, line	16)				<u> </u>	nor Yes	ur	Current Year
en				——	331	709.	282,711.					
Revenue	 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 										033.	14,716.
æ						, 9c, 10c, and 1	ie).				816.	15, 562.
	•					Part VIII, colum		ne 12)			558.	312,989.
					IX, column (A						621.	5,800.
). line 4)					974.	49,952.
						art IX, column (A), lines	5-10)		- 30/	772.	35,332.
8					column (A), I		1), 111100	U (U) .				
Expenses			-	•		•						
×			•	•	lumn (D), line	· —						
					nes 11a-11d,					244,	680.	270,509.
	18 To	otal expense:	s Add lines	13-17 (must	equal Part IX	i, column (A), lir	ie 25)				275.	326,261.
	19 R	evenue less	expenses S	Subtract line	8 from line 1	<u> </u>				66,	283.	-13,272.
8 8									Beginni	ng of Curr		End of Year
Leserte Balance		otal assets (F		-	• •	• •					335.	645,566.
\$ B	21 To	otal liabilities	(Part X, lin	e 26) .	• • • • • • • • • • • • • • • • • • • •	•	•	-		3,	690.	5,062.
Š	22 N	et assets or t	fund balance	es. Subtract l	ine 21 from li	пе 20 .				666,	645.	640,504.
Pa	rt II	Signature	Block									
Unde	r penalues	s of perjury, I dec	late that I have	examined this ret	urn, including acc	ompanying schedules	and staten	nents, and to	the best of n	ny knowled	ge and be	lief, it is true, correct, and
com	olete Deci	aration of prepare	er comer than or	nicer) is based on	all information of	which preparer has a	ny Knowled					
			Mike	ب						5/15/	aval	
Sig		Signature	e of officer						Da	ate (
He	re		Y BARTO						CPA			
			orint name and	title				,				
			oparer's name		reparer's sign	ature		Date	-	Check	d	PTIN
Pa	id	RANDY	BARTON	447	RANDY B	ARTON		5/12/	21	self-empl	oyed	P00244547
	parer		BART	ON ACCOU	NTING IN					J		
	e Only					·				Firm's Ell	N ► 47	-3307194
	•		RENC							Phone no 775-772-8139		
Mar	the IR	S discuse the				e? (see instruct	ons)			[. ,,,	X Yes No
				Notice coe			5.13)		001011 011	21/20	• • • •	Form 990 (2019)

Form	990 (2019) WASHOE COUNTY SHERIFF'S DEPUTIES	23-71	17534	19	F	age 2
Par	Statement of Program Service Accomplishments					
1	Check if Schedule O contains a response or note to any line in this Part III					
1	Briefly describe the organization's mission			_		
	COLLECTIVE BARGAINING UNIT FOR OVER 300 DEPUTY SHERIFFS					
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	X	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 serv	ices?		Yes	X	No
•	If "Yes." describe these changes on Schedule O.		Ш			
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	es, as m	neasure	ed by e	expen xpens	ses es.
	and revenue, if any, for each program service reported.		.,			•
4 a	(Code) (Expenses \$ 197, 209. including grants of \$) (Re	venue	\$			
	EMPLOYEE REPRESENTATION IN ADMINISTRATIVE AND INTERNAL AFFAIRS PRO	CEDUI	RES.		-	
		-				
					- - -	-
		-				
		- <i></i> -				
4 b	(Code) (Expenses \$ 64,909. including grants of \$) (Re HEALTH AND WELFARE OF MEMBERS INCLUDING COMMUNITY SERVICE AND A POPERCEPTION OF THE MEMBERSHIP	venue <u>DSITI</u> V 		BLIC	<u> </u>)
		 	·	 	 	
				-		
		-		-		
			·			
		-		-		
	(Code) (Expenses \$ 5,075. including grants of \$) (Re	venue	Ċ			<u> </u>
40	CONTRACT NEGOTIATIONS FOR OVER 300 DEPUTY SHERIFFS ON AN ONGOING I		*			—′
		~				
			_ .			
			·	·	 	
4 d	Other program services (Describe on Schedule O)					
_	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 267, 193.					
BAA	TEEA0102L 07/31/19			Form	990	(2019)



Partive Checklist of Required Schedules

1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A
^	le the assessment required to assess the Schoolide P. Schoolide of Contributors (see instructions)?

- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,
- Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III
- 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
- Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V
- 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
 - **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
 - 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
 - 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
 - Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII
 - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - **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*
- 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
- 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
- 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)
- 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
- Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H
 - b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

		Yes	No
	1		Х
	2		Х
	3	Х	
	4		
	5	Х	
	6		X
	7		X
	8		Х
	9		Х
	10		<u> </u>
	11 a	Х	
	11 b		Х
	11 c		Х
	11 d		Х
	11 e	Х	
	11 f		Х
	12a		Х
	12b		Х
	13		X
	14a		X
	14b		<u> x</u>
/	15		X
	16		Х
	17		X
	18		Х
	19		х
	20a		Х
	20b		
	21 Earm	000	X (2019)
	COULT	. 22U	にといりかり

Form 990 (2019) WASHOE COUNTY SHERIFF'S DEPUTIES [Partity Checklist of Required Schedules (continued)

			162	140				
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		Х				
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х				
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		х				
	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			-			
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a			_			
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b			_			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III							
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)							
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х	_			
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV							
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, complete Schedule L, Part IV	28c		Х				
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X	_			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M							
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х	_			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х	_			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х				
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х				
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	_			
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36			_			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI							
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note: All Form 990 filers are required to complete Schedule O 38							
P a	Statements Regarding Other IRS Filings and Tax Compliance	-		\Box	•			
	Check if Schedule O contains a response or note to any line in this Part V	······	Yes	No	_			
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	.10	į			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.							
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х		1			
BA/			990 (2019)			

Form 990 (2019) WASHOE COUNTY SHERIFF'S DEPUTIES

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

`				Yes	No
	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	2 a	0		
ŀ	$oldsymbol{ ilde{o}}$ If at least one is reported on line 2a, did the organization file all required federal employmen		2b	UNI ON THE	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	•			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year	r ⁷	3 a		X
ŧ	olf 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountries account in a foreign country (such as a bank account, securities account, or other financial accountries		, 4a		X
ı	olf 'Yes,' enter the name of the foreign country				94.74
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		3333	g, 200 . g, 8	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5 a		X
	DID DID DID DID TO BE D	er transaction?	5 b 5 c		X
6 8	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
ı	olf 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ons or gifts were	6 b		111111111111111111111111111111111111111
7	Organizations that may receive deductible contributions under section 170(c).				
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a	<i>્રેસ્ટ્રેસ્ટ્રે</i>	
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7 c		
	I if 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		1960.30	
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		
(3 If the organization received a contribution of qualified intellectual property, did the organization file I as required?	Form 8899	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	_	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	by the sponsoring	8	2,40	· 2 - 2 S
9	Sponsoring organizations maintaining donor advised funds.		55 mg/	18.60	\$3.78 <u>1</u>
į	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b		
10	Section 501(c)(7) organizations. Enter				300
i	Initiation fees and capital contributions included on Part VIII, line 12	10a			
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	\neg		
11	Section 501(c)(12) organizations. Enter		\neg		
i	Gross income from members or shareholders	11 a			
1	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116			
12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	12a	~	K3 733
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	\$200	() () () () () () () ()	% . 4
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		$\dashv ::$		
	Is the organization licensed to issue qualified health plans in more than one state?		13a	3277	- · · · · · · · · · · · · · · · · · · ·
	Note: See the instructions for additional information the organization must report on Schedul	e O			
ı	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	4		
	Enter the amount of reserves on hand	13c		SPACE.	
	a Did the organization receive any payments for indoor tanning services during the tax year?	0-1-44-0	14a		<u>X</u>
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N	remuneration or	15	62.73°	X Frig
		reatment reserve 2		:57 ₈ % -65	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net in	vesument income?	16	288888 28888 2888 2888 2888 2888 2888	∧ ₩\$\$\$
AΑ	If 'Yes,' complete Form 4720, Schedule O TEEA0105L 07/31/19		Form	990 (3010 <u>/</u>
~~	IEEAUIOL U//31/19		1 0111	- JJU (といコン

Form 990 (2019) WASHOE COUNTY SHERIFF'S DEPUTIES 23-7175349 Page 6 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
	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 on Schedule O.	0		
	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders? SEE SCHEDULE O	6	_ X	
	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? SEE SCHEDULE Q	7 a	X	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0 stockholders, or persons other than the governing body?	7 b	X	ancevanio de
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	_ <u>X</u> _	
	Each committee with authority to act on behalf of the governing body?	86	Х	
	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 on Schedule Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu		
	5		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
	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?	10 ь		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE C		THE SAME	
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		_X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Market and A	X
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15a	_X_	1.
b	Other officers or key employees of the organization	15b	كالدينة والمارية	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	*******	X
k	olf '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?	16 b		Ž-t-y-
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply.	501(c)(3	B)s on	ly)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements averable the public during the tax year SEE SCHEDULE O	ailable to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶			
	CAMERON WAGNER 3710 GRANT DRIVE SUITE A RENO NV 89509 775-800-4220			
BAA	TEEA0106L 07/31/19	Form	990 (2019)

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

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

See instructions for the order in which to list the persons above

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

(A) Name and title		(C)								
		thar IS	one both dire	box, an o ector/	unles		i	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(1) JASON LESHER	5							_		
TREASURER	0	X		X				0.	0.	0.
(2) BRADLEY SAGE	0							_	_	_
DIRECTOR	0	X	\square				<u> </u>	0.	0.	0.
(3) CAMERON_WAGNER	_40_									•
PRESIDENT	0	X	\vdash	X				0.	0.	0.
_(4)_TREVOR_SOLANO	0	١,,					•			•
DIRECTOR	0	Х	\vdash		_	_	\vdash	0.	0.	0.
(5) JOSEPH DIGESTI	5	١,,		٠,						0
SECRETARY (C) TOSHINA SHANGON	0	Х	\vdash	Х	_	_	 	0.	0.	0.
(6) JOSHUA SWANSON DIRECTOR	0	х						ο.	0.	0.
7) MICHAEL ZERBY	0	_			_			<u> </u>	0.	<u> </u>
DIRECTOR	0	х						0.	0.	0.
(8) ARICK DICKSON	0	^	H				\vdash		<u> </u>	
DIRECTOR	0	х					l	0.	0.	0.
(9) TODD FITMIER	0	11							· · · · · · · · · · · · · · · · · · ·	<u> </u>
DIRECTOR	0	Х					l	0.	0.	0.
(10) BRETT SEEGMILLER	Ō									
DIRECTOR		Х						0.	0.	0.
(11)										
							<u> </u>		_	
(12)								Туре	ext here	
(13)										
(14)										

(A) Name and title	(B) Average hours per week	box, unless person is both officer and a director/trus					one h an	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	(W 2/1099 MISC)	compensation from the organization and related organizations
(15)									-	
(16)					-	-				-
<u>(17)</u>										
(18)										
(19)						ļ				
(20)		-								
(21)	- -								 -	
(22)									·	
(23)										
(24)										
(25)										
1 b Subtotal	!	<u> </u>			<u> </u>	<u> </u>	-	0.	0.	0
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						►	0.	0.	0.
2 Total number of individuals (including but not limited	to those I	ısted	abov	ve) \	who	recei	ved			
from the organization 0									 	Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc			y er	mple	oyee	e, or	hıgl	hest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,00	mpe)07	nsa /f '}	ition ′es,	and con	oth ple	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fro	om . Iule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated indi	enen	dent	COL	ntra	rtors	tha	it received more t	nan \$100 000 of	
compensation from the organization. Report compen	sation for	the c	alend	dar	year	endi	ng v	with or within the or	ganızatıon's tax year	
Name and business add	ress							Description ((C) Compensation
				_						
		-		_			_			
							_		11. October	
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		icea to	tno	se I	istec	abo	ve)	wno received more	шап	

					SHE	RIFF'S DEPUT	IES		23-7175349	Page 9
Par	ŧVI	Statement of								
		Check if Schedu	le O	contains	a res	ponse or note to ar	i -			, <u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaig	ns		1 a					74
ran Curi		Membership dues			1 6			44.44.77		
S, G	С	Fundraising events	;		1 c					
Gifft lar /	d	Related organization	ons		1 d				100	
ä.Ë	e Government grants (contributions)						17 17 18 18 18 18 18 18 18 18 18 18 18 18 18			
ation Pros	f All other contributions, gifts, grants, and similar amounts not included above						140			
들축	g	Noncash contributions in			1 f			brief and grown	and the second	
Contributions, Gifts, Grants and Other Similar Amounts	١.	lines 1a-1f Total. Add lines 1a	. 14	••	1 g	<u> </u>		Table 23 Apres di 18 Apres di	A Service of the Control of the Cont	
<u>0 e</u>	n	Total. Add lines 1a	- I I			Business Codo	**************************************	And the second s	The state of the s	**************************************
Ē	2 a	MEMBERSHIP_DUE:	. c	ASSESSM	FNTS		282,711.	282,711.	2.000000000000000000000000000000000000	3.4.14.000000000000000000000000000000000
Re	b		5_ G _	VOOFOOL	FIAT 2		202,711.	202,711.		
<u>.</u>	c									
Ş.	d									
Ë	e									
Program Service Revenue	ı	All other program s		ce revenu	е			LOOPEN COMMENT	A	10.22% anto anno 10.000
<u>~</u>		Total. Add lines 2a				•	282,711.			
	3	Investment income (other similar amou	(ınclu nts)	iding divide	ends,	interest, and	14,716.	14,716.		
	4	Income from invest		nt of tax-e	xemp	ot bond proceeds	. 14,710.	14,710.		
	5	Royalties		-		` -				
				(i) R	eal	(II) Personal			and the second	
	6a	Gross rents	6a							
	l	Less rental expenses	6b					Armania Majaraja da ja		
	ı	Rental income or (loss)	$\overline{}$					Apple Compression Company		Malahaman Tompoto Milinia Tuni
	i	d Net rental income or (loss)			rities	(II) Other	The second			6762
	7a	sales of assets		(,, 5555		(", 5			and the second second	
	.	other than inventory Less: cost or other basis	7a				-			
	"	and sales expenses	7b					4.5		
	с	Gain or (loss)	7с							
	d	Net gain or (loss)			_	•	•			
ā	8 a	Gross income from fund	raisin	ig events				am tangga kalangga di nggulada.		otherwise responding the control of
ē		(not including \$ of contributions reported	1 on l	ne 1c)	-			and the second		
Ę		See Part IV, line 18	2 011 11			Ba	100 mg/m		The same of the sa	apple of the second
Other Revenue	Ь	Less direct expens	ses		-	Bb	1			
돌	c	Net income or (loss	s) fro	om fundra	∟ Isıng	events	SAME CASE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	anto addition as the second	CO SAMPLE CONTROL SERVICE CO CO CONTROL	CONTRACTOR
_	9 a	Gross income from gami	ing ac	tivities			and the second second	1.10		**************************************
		See Part IV, line 19			_ <u>_</u>)a			A	
		Less direct expens) b				
		Net income or (loss			gact I	Ivities			17 18 18 18 18 18 18 18 18 18 18 18 18 18	
	10a	Gross sales of inventory returns and allowances	, less		 	Da	**************************************		Section 1	
	l	Less cost of goods			_ <u> </u>	ОЬ			***	
		Net income or (los			of inv	entory		Town Control in Commission (Control Section (Control Sect	The second records of the Photograph of the	
92						Business Code			Abomation of the application of	
Miscellaneous Revenue	11 a	RAFFLE TICK	<u> </u>	_ MERC	H		15,562.	15,562.		
scellaneo Revenue	b							ļ — — —	· -	
₹	C يد	All other revenue	- -	-	- - -					
ăis 	l	All other revenue Total Add lines 11	a.11	ч			15 562			

12 Total revenue. See instructions

312,989.

Form 990 (2019) WASHOE COUNTY SHERIFF'S DEPUTIES 23-7175349 Page 10 Part X 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 (A) Total expenses (D) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments 5,800 See Part IV, line 21 5,800 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 49,952 49,952 Compensation of current officers, directors, 0. 0. 0 0 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) èmployer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management 177,449 177,449 **b** Legal c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 15,643 15,643 (A) amount, list line 11g expenses on Schedule O) 2,859 12 Advertising and promotion 2,859. 4,697 4,697 13 Office expenses 14 Information technology 1,815 1,815 Royalties 15 19,538 16 Occupancy 19,538 17 Travel 10,465 10,465 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 8,462 22 3,693 3,693 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24c. If line 24c amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PORAN_DUES _ _ 14,490 14,490 3,703 3,703 b TELEPHONE 3,157 3,157 d MEALS__ 2,656 2,656 1,382 500 e All other expenses 1,882. 266,693 326,261 51,106 0. 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ► if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 226,702 1 $169,9\overline{18}$. 2 2 Savings and temporary cash investments 70,232 70,255. Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 40,936 10b b Less' accumulated depreciation 14,929 7,839 10 c 26,007. 11 Investments - publicly traded securities 364,212 11 378,036. 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 1,350 15 Other assets See Part IV, line 11 1,350. Total assets. Add lines 1 through 15 (must equal line 33) 670,335. 16 645,566. 17 Accounts payable and accrued expenses 3,690 17 5.061 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 3,690 5,062 Organizations that follow FASB ASC 958, check here X Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 626,280 27 593,756. Net assets with donor restrictions 40,365 28 46,748 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. þ Capital stock or trust principal, or current funds 29 Assets Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total net assets or fund balances 666,645. 32 640,504. 33 Total liabilities and net assets/fund balances 33 670,335 645,566.

Forr	1 990 (2019) WASHOE COUNTY SHERIFF'S DEPUTIES 2.	3-7175349	Pa	age 12
Pa	tiXI测 Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	312,	989.
2	Total expenses (must equal Part IX, column (A), line 25)	2	326,2	261.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	666,	
5	Net unrealized gains (losses) on investments	5	-12,8	369.
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 on Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	640,	504.
Ŗã	t∛XII∦ Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ewed on a		
!	Were the organization's financial statements audited by an independent accountant?		2b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	arate		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dıt,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3 a	х
	\mathbf{b} If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required \mathbf{a}	audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	_	3 b	
BAA	TEEA0112L 01/21/20		Form 990	(2019)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2019

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

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

	oxy Tax) (see separate instruc Section 501(c)(4), (5), or (6) o	ctions), then organizations Complete Part III	•	·						
Name	e of organization WASHOE COU	NTY SHERIFF'S DEPUTIES		Employer identifica	ation number					
	ASSOCIATIO	N, INC.		23-717534						
Pa	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organiz	zation.					
1		organization's direct and indirect political con of 'political campaign activities')	ampaign activities in	Part IV SEE PART	TV					
2										
	Volunteer hours for political campaign activities (see instructions)									
		rganization is exempt under section	on 501(c)(3).							
1		cise tax incurred by the organization under								
2	•	cise tax incurred by organization managers		▶\$						
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No					
4	a Was a correction made?	·	•		Yes No					
	b If 'Yes,' describe in Part IV									
Pa	rt I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).						
1		pended by the filing organization for section								
2	Enter the amount of the filin 527 exempt function activities	ng organization's funds contributed to other	organizations for sec	tion ►\$						
3	Total exempt function exper line 17b	nditures. Add lines 1 and 2 Enter here and	on Form 1120-POL,	> \$						
4	Did the filing organization fil	le Form 1120-POL for this year?			Yes X No					
5	organization made payment amount of political contribution	s and employer identification number (EIN) s. For each organization listed, enter the arms received that were promptly and directly del al action committee (PAC). If additional spa	nount paid from the sivered to a separate po	filing organization's fund olitical organization, such	ds Also enter the as a separate					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0					
(1)	COMMITTEE TO ELECT DEVON REESE	500 DAMONTE RCH PKWY #980 RENO, NV 89509		500.						
(2)										
(3)										
(4)										
(5)										
(6)										

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

Schedule C (Form 990 or 990-EZ) 2019

Sahadula C (Farm 900 or 900 E7) 201	0				Dans 2
Schedule C (Form 990 or 990-EZ) 201 Part II-A Complete if section 501(the organization	Y SHERIFF'S DEPI is exempt under se	otion 501(c)(3) and	23-717 filed Form 5768 (e	
		to an affiliated group (and	Llist in Part IV each affilia	ated group member's nam	
		share of excess lobbying		g. o.p	. • ,
	•	ed box A and 'limited co			
	Limits on Lobbyir			(a) Filing	(b) Affiliated
(The term		s amounts paid or incur	red.)	organizátion's totals	group totals
1 a Total lobbying expenditu	ures to influence publ	ic opinion (grassroots lo	bbying)		
b Total lobbying expenditu	ures to influence a le	gislative body (direct lobb	bying)		<u>. </u>
c Total lobbying expenditu	ures (add lines 1a an	d 1b)			
d Other exempt purpose e	expenditures				
e Total exempt purpose e	xpenditures (add line	s 1c and 1d)			
f Lobbying nontaxable an both columns	nount Enter the amo	unt from the following tal	ble in		
If the amount on line 1e, coli	umn (a) or (b) is	he lobbying nontaxable	amount is		Note of the second
Not over \$500,000	2	0% of the amount on line 1e	· · · · · ·		
Over \$500,000 but not over \$1,	.000,000 \$	100,000 plus 15% of the excess	over \$500,000		And Committee of the Co
Over \$1,000,000 but not over \$	1,500,000 \$	\$175,000 plus 10% of the excess over \$1,000,000			ope de la
Over \$1,500,000 but not over \$	17,000,000 \$	225,000 plus 5% of the excess	over \$1,500,000		100 mg
Over \$17,000,000		1,000,000		24.	48
g Grassroots nontaxable a	amount (enter 25% o	f line 1f)			
h Subtract line 1g from lin	ne 1a If zero or less,	enter -0-			
i Subtract line 1f from line	e 1c if zero or less,	enter -0-			
j If there is an amount othe section 4911 tax for this		ne 1h or line 1i, did the org	ganization file Form 4720	reporting	Yes No
(Som	e organizations that	Year Averaging Period I made a section 501(h) e w. See the separate inst	lection do not have to d		
	Lobby	ing Expenditures During	4-Year Averaging Peri	od	<u></u> _
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))		d security day	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Programme and the second	
c Total lobbying expenditures					

f Grassroots lobbying expenditures

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2019

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).				
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		a)	(b)	
		No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			And the second of the second o	
a Volunteers?	1			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912

b If 'Yes,' enter the amount of any tax incurred under section 4912

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		X

Rant III B. Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	a
Ł	Carryover from last year	2b	b
c	: Total	2 c	С
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.

Part IV Supplemental Information

j Total Add lines 1c through 1i

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

PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES

CONTRIBUTION TO LOCAL AND STATE ELECTION COMMITTEES

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545 0047 2019

Open to Public Inspection Employer identification number

WASHOE COUNTY SHERIFF'S DEPUTIES

	ASSOCIATION, INC.		[23-7175349]
Pai	t Organizations Maintaining Dono	or Advised Funds or Other	Similar Funds or Accounts.
	Complete if the organization answ	, _	
	-	(a) Donor advised fun	ds (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 dor are the organization's property, subject to the		
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?		
Pai	rt II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	Complete if the organization ansi	wered 'Yes' on Form 990, F	Part IV, line 7.
1			
	Preservation of land for public use (for examp	ole, recreation or education)	Preservation of a historically important land area
	Protection of natural habitat		Preservation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contrib	ution in the form of a conservation easement on the
			Held at the End of the Tax Year
	a Total number of conservation easements		2 a
ı	b Total acreage restricted by conservation easer	ments	2 b
	c Number of conservation easements on a certif	fied historic structure included in	(a) 2c
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and	not on a historic 2 d
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or	terminated by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easemer		inspection, handling of violations,
6	Staff and volunteer hours devoted to monitoring, i	inspecting, handling of violations, ar	nd enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, insper ►\$	ecting, handling of violations, and er	nforcing conservation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	ports conservation easements in i to the organization's financial sta	ts revenue and expense statement and balance sheet, and tements that describes the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Tr wered 'Yes' on Form 990, F	easures, or Other Similar Assets. Part IV, line 8.
1:	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education	its revenue statement and balance sheet works of art, or research in furtherance of public service, provide in terms 05/12/2021/
I	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r FASB ASC 958, to report in its in public exhibition, education, or re	revenue statement and balance sheet works of art, search in furtherance of public service, provide the
	(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, hamounts required to be reported under FASB	nistorical treasures, or other similar ASC 958 relating to these items	assets for financial gain, provide the following
	a Revenue included on Form 990, Part VIII, line	1	► \$
1	Assets included in Form 990, Part X		▶\$

Schedule D (Form 990) 2019 WASH				23-717 or Other Similar Ass	
3 Using the organization's acquisition					
ı <u>tem</u> s (check all that apply)	, 200000, 2	_			
a Public exhibition		— 	or exchange program		
b Scholarly research c Preservation for future gene	rations	e U Other			
c Preservation for future gene4 Provide a description of the organization		s and explain how they	further the organization	n's exempt purpose in	
Part XIII					
5 During the year, did the organizato be sold to raise funds rather t	ation solicit or re- han to be mainta	ceive donations of ar ained as part of the c	t, nistorical treasures, organization's collection	, or other similar assets on?	Yes No
Part IV Escrow and Custodia line 9, or reported an	al Arrangeme amount on Fo	nts. Complete if to orm 990, Part X,	he organization a line 21.	inswered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian o	or other intermediary	for contributions or o	ther assets not included	 ∏Yes ∏No
b If 'Yes,' explain the arrangement	t in Part XIII and	complete the follows	ng table [.]		
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance		000 D+ V I 01	f	1f	No.
2a Did the organization include an a bif 'Yes,' explain the arrangement				•	∐ Yes
b it res, explain the arrangement	CIN Part XIII CII	eck fiele ii tile explai	lation has been provi	ded off i art Alli	
Part V Endowment Funds. C	Complete if the	e organization ar	swered 'Yes' on F	Form 990, Part IV, III	ne 10.
	(a) Current yea				(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag	e of the current	year end balance (lir	ne 1g, column (a)) hel	d as:	
a Board designated or quasi-endown		%			
b Permanent endowment	%				
c Term endowment	 %				
The percentages on lines 2a, 2b, a	and 2c should equa	al 100%.			
3a Are there endowment funds not in	the possession of	the organization that	are held and administer	ed for the	Yes No
organization by (i) Unrelated organizations					3a(ı)
(ii) Related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the rela	ated organization	ns listed as required	on Schedule R?		3b
4 Describe in Part XIII the intende	d uses of the org	janization's endowm	ent funds		<u> </u>
Part VI Land, Buildings, and	Equipment.		<u> </u>		-
Complete if the organ	ization answe	ered 'Yes' on For	m 990, Part IV, lır	ne 11a. See Form 99	0, 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
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment	<u> </u>		40,936	. 14,929.	26,007.
e Other		<u></u>		<u> </u>	
Total. Add lines 1a through 1e (Colum	nn (d) must equa	ii ⊢orm 990, Part X,	column (B), line 10c)		26,007.
BAA				Schea	ule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other		<u> </u>	
(A) (B) (C)			<u> </u>
(B)			
(C)		<u></u>	
(D) (E)			
(F)		<u> </u>	
(G)			
(H)		ļ	
(1)		Brand Dags () so graphs and county grown or the county project county of the county of	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		N/2	
Part VIII Investments – Program Related. Complete if the organization answered	L'Yes' on Form 99	N/A 0. Part IV. line 11c. See Form	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		75.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000	and the second second
Part IX Other Assets.	N/I	A	000 D 15
Complete if the organization answered	scription	u, Part IV, line II a. See Form	(b) Book value
(1)	scription		(b) Book value
(2)	•		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			<u> </u>
(9)			
(10)		_	>
	ON 1		
Total. (Column (b) must equal Form 990, Part X, column (B) line 15)		1
Total. (Column (b) must equal Form 990, Part X, column (c)		11e or 11f. See Form 990 Part X line:	_ <u></u>
Total. (Column (b) must equal Form 990, Part X, column (capacity) Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Total. (Column (b) must equal Form 990, Part X, column (capacity) Part X Other Liabilities. Complete if the organization answered 'Yes' on F		11e or 11f. See Form 990, Part X, line 2	_ _
Total. (Column (b) must equal Form 990, Part X, column (capart X) Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description.	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ROUNDING (3)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line :	
Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ROUNDING (3) (4)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line :	
Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ROUNDING (3) (4) (5)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ROUNDING (3) (4) (5) (6)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ROUNDING (3) (4) (5) (6) (7)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ROUNDING (3) (4) (5) (6) (7) (8)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ROUNDING (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ROUNDING (3) (4) (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ROUNDING (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line	

	-7175349	Page 4
enue per Re 12a.	turn. N/A	
7.3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2e	
Page 2007	3	

Schedule D (Form 990) 2019 WASHOE COUNTY SHERIFF'S DEPUTIES

Rank XI Reconciliation of Revenue per Audited Financial S		Return. N/A	
Complete if the organization answered 'Yes' on For	rm 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial stateme	ents	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	-		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
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	4 a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part	l, line 12)	5	-
Part XII Reconciliation of Expenses per Audited Financial	Statements With Expenses	oer Return. N/A	
Complete if the organization answered 'Yes' on Fo	rm 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	·	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		43.25	
a Donated services and use of facilities	2a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	,	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. This must equal Form 990. Part	ti.ine 18)	5	

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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WASHOE COUNTY SHERIFF'S DEPUTIES ASSOCIATION, INC.

Employer identification number

23-7175349

FORM 990. PART VI. LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

MEMBERS ARE MADE UP OF THE WASHOE COUNTY SHERIFFS DEPUTIES

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

MEMBERS ELECT THE BOARD OF DIRECTORS ON AN ANNUAL BASIS

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

LABOR CONTRACTS ARE RATIFIED BY VOTE OF ALL MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

NO MEMBER OR OFFICER OF THE ORGANIZATION RECEIVES COMPENSATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.