

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](#) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Doing business as

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

Room/suite

3060 WILLAMETTE DRIVE NE NO 200

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

LACEY, WA 98516

F Name and address of principal officer:

STEVEN STRACHAN

3060 WILLAMETTE DRIVE NE NO 200

LACEY, WA 98516

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.WASPC.ORG

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

1963

M State of legal domicile:

WA

Part I Summary

Activities & Governance

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

TO LEAD COLLABORATION AMONG LAW ENFORCEMENT EXECUTIVES TO ENHANCE PUBLIC SAFETY.

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

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

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

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

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

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

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

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

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

14 Benefits paid to or for members (Part IX, column (A), line 4)

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

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

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

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

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

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

STEVEN STRACHAN EXECUTIVE DIRECTOR

Type or print name and title

2021-10-22

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2021-10-22

Check ☐ if self-employed

PTIN P00192887

Firm's name

Firm's EIN

Firm's address

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

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 \$ 4,813,881 including grants of \$ 4,813,881) (Revenue \$)

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

4b

(Code:) (Expenses \$ 2,169,183 including grants of \$ 1,996,501) (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

4c

(Code:) (Expenses \$ 2,134,969 including grants of \$ 1,978,981) (Revenue \$)

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

(Code:) (Expenses \$ 1,461,575 including grants of \$ 1,461,575) (Revenue \$)

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

(Code:) (Expenses \$ 1,264,269 including grants of \$) (Revenue \$ 31,345)

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.

(Code:) (Expenses \$ 733,767 including grants of \$ 459,273) (Revenue \$)

ARREST AND JAIL ALTERNATIVES - PROVIDE GRANTS TO LOCAL AGENCIES TO WORK IN COMMUNITES TO REDUCES VIOLENT INTERACTIONS AND PROVIDE BEHAVIORAL HEALTH/SOCIAL SERVICES BEFORE JAIL/INCARCERATION.

(Code:) (Expenses \$ 571,324 including grants of \$) (Revenue \$ 1,098,226)

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

(Code:) (Expenses \$ 567,731 including grants of \$) (Revenue \$)

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

(Code:) (Expenses \$ 526,907 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.

(Code:) (Expenses \$ 490,547 including grants of \$) (Revenue \$)

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

(Code:) (Expenses \$ 439,236 including grants of \$ 86,550) (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.

(Code:) (Expenses \$ 437,402 including grants of \$ 3,384) (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 \$ 351,789 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 \$ 258,756 including grants of \$ 244,646) (Revenue \$)

TRAFFIC GRANTS - PROVIDE LAW ENFORCEMENT WITH EQUIPMENT AND EDUCATIONAL GRANTS.

(Code:) (Expenses \$ 219,803 including grants of \$ 7,625) (Revenue \$)

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

(Code:) (Expenses \$ 81,747 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 \$ 60,623 including grants of \$) (Revenue \$ 136,230)				
CONFERENCE/MEMORABILIA - PROVIDES MEMBERSHIP WITH SEMI-ANNUAL CONFERENCES. INCLUDES STATE CERTIFIED TRAINING AS WELL AS COMMITTEE MEETINGS AND CHIEF/SHERIFF/JAIL MANAGER MEETINGS.				
(Code:) (Expenses \$ 42,333 including grants of \$) (Revenue \$)				
24/7 DUI MONITORING PROGRAM - REPEAT OFFENDER SWIFT AND CERTAIN DAILY MONITORING FOR ALCOHOL USE.				
(Code:) (Expenses \$ 41,344 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 \$ 39,640 including grants of \$ 6,505) (Revenue \$ 3,934)				
OTHER PROGRAMS - OTHER SMALL PROGRAMS INCLUDE A MISSING PERSONS WEBSITE, INTELLIGENCE TRAINING, AND JAIL ALTERNATIVES GRANT ADMIN.				
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ 7,588,793	including grants of \$ 2,269,558	(Revenue \$ 1,269,735)
4e	Total program service expenses ▶ 16,706,826			

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 Yes	
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)?	11f	No
12a If "Yes," complete Schedule D, Part XI. 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	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
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		2b	Yes	
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)						
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>				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 Enter the name of the foreign country: <input type="text"/> 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		
9 Sponsoring organizations maintaining donor advised funds.						
a 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? <i>If "No," provide an explanation in Schedule O</i>				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?				15		No
16 If the organization is subject to the section 4968 excise tax on net investment income?				16		No
If "Yes," complete Form 4720, Schedule O.						

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. 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.	1a15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☐ 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) STEVEN STRACHAN EXECUTIVE DIRECTOR	40.00	X		X				137,915	0	41,676
(2) JOHN SNAZA PRESIDENT/PAST PRESIDENT	4.00	X						0	0	0
(3) CRAIG MEIDL PRESIDENT ELECT/PRESIDENT	6.00	X						0	0	0
(4) RICK SCOTT VICE PRESIDENT/PRESIDENT ELECT	2.00	X						0	0	0
(5) KEN THOMAS PAST PRESIDENT	1.00	X						0	0	0
(6) STEVE CROWN BOARD MEMBER/VICE PRESIDENT	2.00	X						0	0	0
(7) BRETT VANCE TREASURER	4.00	X						0	0	0
(8) JAMES RAYMOND BOARD MEMBER	1.00	X						0	0	0
(9) ROD COVEY BOARD MEMBER	1.00	X						0	0	0
(10) RAYMOND DUDA BOARD MEMBER	1.00	X						0	0	0
(11) JOHN BATISTE BOARD MEMBER	1.00	X						0	0	0
(12) BILL BENEDICT BOARD MEMBER	1.00	X						0	0	0
(13) MITZI JOHANKNECHT BOARD MEMBER	1.00	X						0	0	0
(14) DAVID TRUJILLO BOARD MEMBER	1.00	X						0	0	0
(15) GARY JENKINS BOARD MEMBER	1.00	X						0	0	0
(16) RAFAEL PADILLA BOARD MEMBER	1.00	X						0	0	0
(17) DARRELL LOWE BOARD MEMBER	1.00	X						0	0	0

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
--	----------------------	--	---	--

Contributions, Gifts, Grants
and Other Similar Amounts

1a	Federated campaigns . . .	1a	
b	Membership dues . . .	1b	
c	Fundraising events . . .	1c	
d	Related organizations	1d	
e	Government grants (contributions)	1e	17,331,066
f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,566
g	Noncash contributions included in lines 1a - 1f:\$	1g	
h Total. Add lines 1a-1f		17,332,632	

Program Service Revenue

2a	MEMBERSHIP DUES	Business Code				
		900099	86,180	86,180		
b	CONFERENCES/WORKSHOPS	900099	50,050	50,050		
c	JAIL BOOKING & REPORT	900099	31,345	31,345		
d						
e						
f	All other program service revenue.					
g Total. Add lines 2a-2f.		167,575				

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		32,235			32,235
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
		(i) Real	(ii) Personal			
6a	Gross rents	6a	18,425			
b	Less: rental expenses	6b	19,872			
c	Rental income or (loss)	6c	-1,447			
d Net rental income or (loss)			-1,447	-1,447		
		(i) Securities	(ii) Other			
7a	Gross amount from sales of assets other than inventory	7a				
b	Less: cost or other basis and sales expenses	7b				
c	Gain or (loss)	7c				
d Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less					

returns and allowances . . .		10a	2,562,395				
b Less: cost of goods sold		10b	1,462,169				
c Net income or (loss) from sales of inventory . . .				1,100,226	1,100,226		
Miscellaneous Revenue		Business Code					
11a	RECORDS AGREEMENT	900099		5,381	5,381		
b	REFUNDS	900099		901			901
c							
d All other revenue				1,398			1,398
e Total. Add lines 11a-11d				7,680			
12 Total revenue. See instructions				18,638,901	1,271,735	0	34,534

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	11,058,921	11,058,921		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	179,593		179,593	
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	1,627,026	1,281,143	345,883	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	142,235	111,141	31,094	
9 Other employee benefits	248,356	204,712	43,644	
10 Payroll taxes	153,848	113,171	40,677	
11 Fees for services (non-employees):				
a Management				
b Legal	62,434	20,434	42,000	
c Accounting	45,343		45,343	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,621		10,621	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,433,385	3,404,851	28,534	
12 Advertising and promotion	319	100	219	
13 Office expenses	114,444	76,785	37,659	
14 Information technology				
15 Royalties				
16 Occupancy	75,897	64,390	11,507	
17 Travel	31,725	17,617	14,108	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,579	38,744	1,835	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	128,759	93,660	35,099	
23 Insurance	37,154	30,268	6,886	
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	120,707	120,707		
b REPAIR/MAINTENANCE	76,214	42,862	33,352	
c LEASES	13,825	10,057	3,768	
d B&O TAXES	11,852	9,292	2,560	
e All other expenses	18,673	7,971	10,702	
25 Total functional expenses. Add lines 1 through 24e	17,631,910	16,706,826	925,084	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 <input type="checkbox"/> 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 IX

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		770,019	1	1,296,974	
	2	Savings and temporary cash investments		151,033	2	215,731	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		3,159,495	4	3,745,196	
	5	Loans and other 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			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			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		1,013,616	9	1,620,744	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,935,196			
	b	Less: accumulated depreciation	10b	3,298,824	1,722,063	10c	1,636,372
	11	Investments—publicly traded securities		807,905	11	1,115,729	
	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 33)		7,628,952	16	9,635,567		
Liabilities	17	Accounts payable and accrued expenses		2,303,722	17	2,749,185	
	18	Grants payable		266,797	18	54,297	
	19	Deferred revenue		862,975	19	1,545,703	
	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 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			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		3,433,494	26	4,349,185	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		4,195,458	27	5,286,382	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		4,195,458	32	5,286,382	
	33	Total liabilities and net assets/fund balances		7,628,952	33	9,635,567	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,638,901
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,631,910
3	Revenue less expenses. Subtract line 2 from line 1	3	1,006,991
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,195,458
5	Net unrealized gains (losses) on investments	5	83,933
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 32, column (A))	10	5,286,382

Part XII

Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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 33⅓% 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 33⅓% 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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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 IIISupport 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	13,125,138	13,221,809	13,759,483	14,229,394	17,332,632	71,668,456
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	2,192,207	2,187,851	2,583,976	2,813,950	2,753,776	12,531,760
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	15,317,345	15,409,660	16,343,459	17,043,344	20,086,408	84,200,216
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.	721,495	726,094	784,545	1,016,855	1,428,425	4,677,414
c Add lines 7a and 7b. .	721,495	726,094	784,545	1,016,855	1,428,425	4,677,414
8 Public support. (Subtract line 7c from line 6.)						79,522,802

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .	15,317,345	15,409,660	16,343,459	17,043,344	20,086,408	84,200,216
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	12,648	19,406	24,195	27,861	32,235	116,345
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	12,648	19,406	24,195	27,861	32,235	116,345
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	1,618	3,105	3,566	430	2,299	11,018
13 Total support. (Add lines 9, 10c, 11, and 12.) . .	15,331,611	15,432,171	16,371,220	17,071,635	20,120,942	84,327,579
14 First 5 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.	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	94.300 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	93.970 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	0.140 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.120 %
19a 33 1/3% support tests—2020. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2019. 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	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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>		
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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		

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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	REFUNDS - 2016 AMOUNT: \$ 1,600. 2017 AMOUNT: \$ 1,888. 2018 AMOUNT: \$ 2,023. 2019 AMOUNT: \$ 430. 2020 AMOUNT: \$ 901. YEAR END ADJUSTMENTS - 2016 AMOUNT: \$ 18. 2017 AMOUNT: \$ 881. 2018 AMOUNT: \$ 1,293. 2020 AMOUNT: \$ 1,398. MISCELLANEOUS - 2017 AMOUNT: \$ 336. 2018 AMOUNT: \$ 250.

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2020
Name of the organization WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS		Employer identification number 91-0961051

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
91-0961051

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
WASHINGTON ASSOCIATION OF
SHERIFFS AND POLICE CHIEFS

Employer identification number

91-0961051

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>

Name of organization WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS	Employer identification number 91-0961051
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

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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-A.

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS	Employer identification number 91-0961051
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		60,215
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			60,215
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part 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	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	EDUCATION ON LAW ENFORCEMENT POLICY ISSUES.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS	Employer identification number 91-0961051
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB 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 FASB 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 FASB 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

Term 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	1,646,421	1,070,411
c Leasehold improvements				
d Equipment		119,432	95,084	24,348
e Other		1,602,304	1,557,319	44,985
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,636,372

Schedule D (Form 990) 2020

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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.

(a) Description of liability	(b) Book value
1. (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 <input type="checkbox"/>	

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	20,192,254
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	83,933
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-2,000
e	Add lines 2a through 2d	2e	81,933
3	Subtract line 2e from line 1	3	20,110,321
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	10,621
b	Other (Describe in Part XIII.)	4b	-1,482,041
c	Add lines 4a and 4b	4c	-1,471,420
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,638,901

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	19,101,330
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	1,482,041
e	Add lines 2a through 2d	2e	1,482,041
3	Subtract line 2e from line 1	3	17,619,289
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	10,621
b	Other (Describe in Part XIII.)	4b	2,000
c	Add lines 4a and 4b	4c	12,621
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,631,910

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	GRANT EXPENSE REPORTED ON FORM 990, PART IX -2,000.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B -1,462,169. RENTAL EXPENSE REPORTED ON FORM 990, PART VIII, LINE 6B -19,872.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B 1,462,169. RENTAL EXPENSE REPORTED ON FORM 990, PART VIII, LINE 6B 19,872.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANT EXPENSE REPORTED ON FORM 990, PART IX 2,000.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule I
(Form 990)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Washington Association of Sheriffs and Police Chiefs

Employer identification number
91-0961051

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.

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) CITY OF ABERDEEN 200 EAST MARKET ABERDEEN, WA 98520	91-6001226	LOCAL GOVERNMENT	5,600				TRAFFIC SAFETY GRANTS
(2) ADAMS COUNTY SHERIFFS OFFICE 210 WEST BROADWAY RITZVILLE, WA 99169	91-6001294	LOCAL GOVERNMENT	49,250				SEX OFFENDER ADDRESS VERIFICATION
(3) ASOTIN COUNTY SHERIFFS OFFICE PO BOX 130 ASOTIN, WA 994020130	91-6001295	LOCAL GOVERNMENT	75,279				SEX OFFENDER ADDRESS VERIFICATION
(4) ASOTIN COUNTY SHERIFFS OFFICE PO BOX 130 ASOTIN, WA 994020130	91-6001295	LOCAL GOVERNMENT	2,800				TRAFFIC SAFETY GRANTS
(5) CITY OF BELLEVUE PO BOX 1388 BELLEVUE, WA 980099012	91-6007020	LOCAL GOVERNMENT	18,150				DENIED FIREARM TRANSACTIONS
(6) CITY OF BELLINGHAM 505 GRAND AVENUE BELLINGHAM, WA 98225	91-6001229	LOCAL GOVERNMENT	6,500				DENIED FIREARM TRANSACTIONS
(7) BENTON COUNTY SHERIFFS OFFICE 7152 OKANOGAN PLACE BLDG A KENNEWICK, WA 99336	91-6001296	LOCAL GOVERNMENT	145,716				SEX OFFENDER ADDRESS VERIFICATION
(8) CHELAN COUNTY SHERIFFS OFFICE 401 WASHINGTON STREET SUITE 1 WENATCHEE, WA 98801	91-6001297	LOCAL GOVERNMENT	85,339				SEX OFFENDER ADDRESS VERIFICATION
(9) CITY OF LAKEWOOD 6000 MAIN STREET SW LAKEWOOD, WA 98499	91-1698185	LOCAL GOVERNMENT	15,695				TRAFFIC SAFETY GRANTS
(10) CLALLAM COUNTY SHERIFFS OFFICE 22 EAST 4TH STREET SUITE 12 PORT ANGELES, WA 98302	91-6001298	LOCAL GOVERNMENT	91,028				SEX OFFENDER ADDRESS VERIFICATION
(11) CLARK COUNTY SHERIFFS OFFICE PO BOX 410 VANCOUVER, WA 98666	91-6001299	LOCAL GOVERNMENT	251,382				SEX OFFENDER ADDRESS VERIFICATION
(12) CLARK COUNTY PROSECUTING ATTORNEY PO BOX 410 VANCOUVER, WA 98666	91-6001299	LOCAL GOVERNMENT	139,096				AUTO THEFT PREVENTION
(13) COLUMBIA COUNTY SHERIFFS OFFICE 341 EAST MAIN STREET DAYTON, WA 99238	91-6001309	LOCAL GOVERNMENT	18,500				SEX OFFENDER ADDRESS VERIFICATION
(14) COMPREHENSIVE HEALTHCARE 402 SOUTH 4TH AVENUE YAKIMA, WA 98902	91-1043304	501(C)(3)	48,111				ARREST AND JAIL ALTERNATIVES (FEDERAL)
(15) COMPREHENSIVE HEALTHCARE 402 SOUTH 4TH AVENUE YAKIMA, WA 98902	91-1043304	501(C)(3)	3,082				ARREST AND JAIL ALTERNATIVES (STATE)
(16) COWLITZ COUNTY SHERIFFS OFFICE 312 SW 1ST AVENUE KELSO, WA 98626	91-6001310	LOCAL GOVERNMENT	96,446				SEX OFFENDER ADDRESS VERIFICATION
(17) COWLITZ COUNTY SHERIFFS OFFICE 312 SW 1ST AVENUE KELSO, WA 98626	91-6001310	LOCAL GOVERNMENT	3,676				TRAFFIC SAFETY GRANTS
(18) DOUGLAS COUNTY SHERIFFS OFFICE 110 2ND STREET NE SUITE 200 EAST WENATCHEE, WA 98802	91-6001313	LOCAL GOVERNMENT	65,250				SEX OFFENDER ADDRESS VERIFICATION
(19) DOUGLAS COUNTY SHERIFFS OFFICE 110 2ND STREET NE SUITE 200 EAST WENATCHEE, WA 98802	91-6001313	LOCAL GOVERNMENT	10,196				TRAFFIC SAFETY GRANTS
(20) CITY OF EVERETT 3002 WETMORE AVENUE EVERETT, WA 98201	91-6001248	LOCAL GOVERNMENT	5,208				TRAFFIC SAFETY GRANTS
(21) CITY OF FEDERAL WAY 33325 8TH AVENUE SOUTH FEDERAL WAY, WA 980639718	91-1462550	LOCAL GOVERNMENT	1,009,959				AUTO THEFT PREVENTION
(22) CITY OF FEDERAL WAY 33325 8TH AVENUE SOUTH FEDERAL WAY, WA 980639718	91-1462550	LOCAL GOVERNMENT	3,930				TRAFFIC SAFETY GRANTS
(23) FERRY COUNTY SHERIFFS OFFICE PO BOX 1099 REPUBLIC, WA 99166	91-6001314	LOCAL GOVERNMENT	35,000				SEX OFFENDER ADDRESS VERIFICATION
(24) FERRY COUNTY SHERIFFS OFFICE PO BOX 1099 REPUBLIC, WA 99166	91-6001314	LOCAL GOVERNMENT	2,689				TRAFFIC SAFETY GRANTS
(25) FRANKLIN COUNTY SHERIFFS OFFICE 1016 NORTH 4TH AVENUE PASCO, WA 99301	91-6001315	LOCAL GOVERNMENT	92,617				SEX OFFENDER ADDRESS VERIFICATION
(26) FRANKLIN COUNTY SHERIFFS OFFICE 1016 NORTH 4TH AVENUE PASCO, WA 99301	91-6001315	LOCAL GOVERNMENT	3,746				TRAFFIC SAFETY GRANTS
(27) GARFIELD COUNTY SHERIFFS DEPT PO BOX 338 POMEROY, WA 99347	91-6001318	LOCAL GOVERNMENT	8,000				SEX OFFENDER ADDRESS VERIFICATION
(28) GRANT COUNTY SHERIFFS OFFICE PO BOX 37 EPHRATA, WA 98823	91-6001319	LOCAL GOVERNMENT	103,726				SEX OFFENDER ADDRESS VERIFICATION
(29) GRANT COUNTY SHERIFFS OFFICE PO BOX 37 EPHRATA, WA 98823	91-6001319	LOCAL GOVERNMENT	2,620				TRAFFIC SAFETY GRANTS
(30) GRAYS HARBOR COUNTY SHERIFF PO BOX 630 MONTESANO, WA 98563	91-6001320	LOCAL GOVERNMENT	116,981				SEX OFFENDER ADDRESS VERIFICATION
(31) IDEA ANALYTICS 1142 FAWCETT AVENUE UNIT 403 TACOMA, WA 98402	45-5209104		6,500				PROJECT SAFE NEIGHBORHOODS (FEDERAL)
(32) ISLAND COUNTY SHERIFF PO BOX 5000 COUPEVILLE, WA 98277	91-6001321	LOCAL GOVERNMENT	80,554				SEX OFFENDER ADDRESS VERIFICATION
(33) ISLAND COUNTY SHERIFF PO BOX 5000 COUPEVILLE, WA 98277	91-6001321	LOCAL GOVERNMENT	2,800				TRAFFIC SAFETY GRANTS
(34) JEFFERSON COUNTY SHERIFFS OFFICE 79 ELKINS ROAD PORT HADLOCK, WA 98339	91-6001322	LOCAL GOVERNMENT	60,500				SEX OFFENDER ADDRESS VERIFICATION
(35) JEFFERSON COUNTY SHERIFFS OFFICE 79 ELKINS ROAD PORT HADLOCK, WA 98339	91-6001322	LOCAL GOVERNMENT	5,094				TRAFFIC SAFETY GRANTS
(36) CITY OF KELSO 201 SOUTH PACIFIC AVE KELSO, WA 98626	91-6001252	LOCAL GOVERNMENT	18,691				SEX OFFENDER ADDRESS VERIFICATION
(37) CITY OF KENT 220 4TH AVENUE SOUTH KENT, WA 98032	91-6001254	LOCAL GOVERNMENT	6,262				TRAFFIC SAFETY GRANTS
(38) CITY OF KENT 220 4TH AVENUE SOUTH KENT, WA 98032	91-6001254	LOCAL GOVERNMENT	567				WASPC GRANTS
(39) KING COUNTY SHERIFFS OFFICE 516 3RD AVENUE SEATTLE, WA 98104	91-6001337	LOCAL GOVERNMENT	605,932				SEX OFFENDER ADDRESS VERIFICATION
(40) KING COUNTY SHERIFFS OFFICE 516 3RD AVENUE SEATTLE, WA 98104	91-6001337	LOCAL GOVERNMENT	5,600				TRAFFIC SAFETY GRANTS
(41) CITY OF KIRKLAND 11750 NE 118TH STREET KIRKLAND, WA 98034	91-6001255	LOCAL GOVERNMENT	52,512				MENTAL HEALTH FIELD RESPONSE TEAMS
(42) KITSAP COUNTY SHERIFFS OFFICE 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	3,550				DENIED FIREARM TRANSACTIONS
(43) KITSAP COUNTY SHERIFFS OFFICE 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	88,349				MENTAL HEALTH FIELD RESPONSE TEAMS
(44) KITSAP COUNTY SHERIFFS OFFICE 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	164,164				SEX OFFENDER ADDRESS VERIFICATION
(45) KITSAP COUNTY SHERIFFS OFFICE 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	2,570				TRAFFIC SAFETY GRANTS
(46) KITTITAS COUNTY SHERIFFS OFFICE 205 WEST 5TH AVENUE SUITE 1 ELLENSBURG, WA 98926	91-6001349	LOCAL GOVERNMENT	4,900				DENIED FIREARM TRANSACTIONS
(47) KITTITAS COUNTY SHERIFFS OFFICE 205 WEST 5TH AVENUE SUITE 1 ELLENSBURG, WA 98926	91-6001349	LOCAL GOVERNMENT	72,250				SEX OFFENDER ADDRESS VERIFICATION
(48) KLUCKITAT COUNTY 205 S COLUMBUS AVENUE ROOM 108 GOLDENDALE, WA 98620	91-6001350	LOCAL GOVERNMENT	68,750				SEX OFFENDER ADDRESS VERIFICATION
(49) LEWIS COUNTY SHERIFFS OFFICE 345 WEST MAIN STREET CHEHALIS, WA 98532	91-6001351	LOCAL GOVERNMENT	131,342				SEX OFFENDER ADDRESS VERIFICATION
(50) LEWIS COUNTY SHERIFFS OFFICE 345 WEST MAIN STREET CHEHALIS, WA 98532	91-6001351	LOCAL GOVERNMENT	10,654				TRAFFIC SAFETY GRANTS
(51) LINCOLN COUNTY SHERIFFS OFFICE 404 SINCLAIR PO BOX 367 DAVENPORT, WA 99122	91-6001352	LOCAL GOVERNMENT	24,500				SEX OFFENDER ADDRESS VERIFICATION
(52) LINCOLN COUNTY SHERIFFS OFFICE 404 SINCLAIR PO BOX 367 DAVENPORT, WA 99122	91-6001352	LOCAL GOVERNMENT	2,055				TRAFFIC SAFETY GRANTS
(53) CITY OF LONGVIEW 1351 HUDSON STREET LONGVIEW, WA 98632	91-6001367	LOCAL GOVERNMENT	39,851				SEX OFFENDER ADDRESS VERIFICATION
(54) CITY OF LONGVIEW 1351 HUDSON STREET LONGVIEW, WA 98632	91-6001367	LOCAL GOVERNMENT	9,373				TRAFFIC SAFETY GRANTS
(55) CITY OF MARYSVILLE 1049 STATE AVENUE MARYSVILLE, WA 98270	91-6001459	LOCAL GOVERNMENT	7,200				DENIED FIREARM TRANSACTIONS
(56) MASON COUNTY SHERIFFS OFFICE 419 NORTH 4TH STREET SHELTON, WA 98584	91-6001354	LOCAL GOVERNMENT	99,640				SEX OFFENDER ADDRESS VERIFICATION
(57) CITY OF MONROE 818 WEST MAIN STREET MONROE, WA 98272	91-6001464	LOCAL GOVERNMENT	7,000				TRAFFIC SAFETY GRANTS
(58) MOSES LAKE POLICE DEPT PO BOX 1579 MOSES LAKE, WA 98837	91-6007721	LOCAL GOVERNMENT	1,550				DENIED FIREARM TRANSACTIONS
(59) MOSES LAKE POLICE DEPT PO BOX 1579 MOSES LAKE, WA 98837	91-6007721	LOCAL GOVERNMENT	3,901				TRAFFIC SAFETY GRANTS
(60) OKANOGAN COUNTY SHERIFFS OFFICE 123 5TH AVENUE NORTH ROOM 200 OKANOGAN, WA 98840	91-6001355	LOCAL GOVERNMENT	86,377				SEX OFFENDER ADDRESS VERIFICATION
(61) OKANOGAN COUNTY SHERIFFS OFFICE 123 5TH AVENUE NORTH ROOM 200 OKANOGAN, WA 98840	91-6001355	LOCAL GOVERNMENT	5,059				TRAFFIC SAFETY GRANTS
(62) CITY OF OLYMPIA 900 PLUM STREET OLYMPIA, WA 98507	91-6001261	LOCAL GOVERNMENT	97,714				ARREST AND JAIL ALTERNATIVES (FEDERAL)
(63) CITY OF OLYMPIA 900 PLUM STREET OLYMPIA, WA 98507	91-6001261	LOCAL GOVERNMENT	130,979				ARREST AND JAIL ALTERNATIVES (STATE)
(64) CITY OF OLYMPIA 900 PLUM STREET OLYMPIA, WA 98507	91-6001261	LOCAL GOVERNMENT	179,029				MENTAL HEALTH FIELD RESPONSE TEAMS
(65) CITY OF OLYMPIA 900 PLUM STREET OLYMPIA, WA 98507	91-6001261	LOCAL GOVERNMENT	1,965				TRAFFIC SAFETY GRANTS
(66) PACIFIC COUNTY SHERIFFS OFFICE PO BOX 27 PEND OREILLE, WA 98586	91-6001356	LOCAL GOVERNMENT	66,000				SEX OFFENDER ADDRESS VERIFICATION
(67) PEND OREILLE COUNTY SHERIFFS DEPT 331 SOUTH GARDEN AVENUE NORTHPORT, WA 99156	91-6001357	LOCAL GOVERNMENT	42,000				SEX OFFENDER ADDRESS VERIFICATION
(68) PIERCE COUNTY 930 TACOMA AVENUE SOUTH TACOMA, WA 98402	91-6001359	LOCAL GOVERNMENT	457,437				MENTAL HEALTH FIELD RESPONSE TEAMS
(69) PIERCE COUNTY 930 TACOMA AVENUE SOUTH TACOMA, WA 98402	91-6001359	LOCAL GOVERNMENT	444,958				SEX OFFENDER ADDRESS VERIFICATION
(70) CITY OF PORT ANGELES 321 E 5TH STREET PORT ANGELES, WA 98362	91-6001266	LOCAL GOVERNMENT	79,180				ARREST AND JAIL ALTERNATIVES (FEDERAL)
(71) CITY OF PORT ANGELES 321 E 5TH STREET PORT ANGELES, WA 98362	91-6001266	LOCAL GOVERNMENT	100,207				ARREST AND JAIL ALTERNATIVES (STATE)
(72) CITY OF PORT ANGELES 321 E 5TH STREET PORT ANGELES, WA 98362	91-6001266	LOCAL GOVERNMENT	88,667				MENTAL HEALTH FIELD RESPONSE TEAMS
(73) CITY OF PUYALLUP 311 WEST PIONEER PUYALLUP, WA 98371	91-6001274	LOCAL GOVERNMENT	9,500				DENIED FIREARM TRANSACTIONS
(74) CITY OF PUYALLUP 311 WEST PIONEER PUYALLUP, WA 98371	91-6001274	LOCAL GOVERNMENT	5,653				TRAFFIC SAFETY GRANTS
(75) CITY OF REDMOND PO BOX 97010 PSPDA REDMOND, WA 98073	91-6001492	LOCAL GOVERNMENT	46,513				MENTAL HEALTH FIELD RESPONSE TEAMS
(76) SAN JUAN COUNTY PO BOX 669 FRIDAY HARBOR, WA 98250	91-6001360	LOCAL GOVERNMENT	23,000				SEX OFFENDER ADDRESS VERIFICATION
(77) CITY OF SEATTLE 610 5TH AVENUE SEATTLE, WA 981244986	91-1461832	LOCAL GOVERNMENT	800				DENIED FIREARM TRANSACTIONS
(78) CITY OF SEATTLE 610 5TH AVENUE SEATTLE, WA 981244986	91-1461832	LOCAL GOVERNMENT	4,505				SEXUAL ASSAULT KIT TESTING
(79) CITY OF SEATTLE 610 5TH AVENUE SEATTLE, WA 981244986	91-1461832	LOCAL GOVERNMENT	6,696				TRAFFIC SAFETY GRANTS
(80) CITY OF SEATTLE 810 5TH AVENUE SEATTLE, WA 981244986	91-1461832	LOCAL GOVERNMENT	1,461,575				INTERNET CRIMES AGAINST CHILDREN TASK FORCE
(81) SKAGIT COUNTY SHERIFF 600 SOUTH THIRD MOUNT VERNON, WA 98273	91-6001361	LOCAL GOVERNMENT	106,842				SEX OFFENDER ADDRESS VERIFICATION
(82) SKAMANIA COUNTY SHERIFFS OFFICE PO BOX 790 STEVENSON, WA 98648	91-6001363	LOCAL GOVERNMENT	49,750				SEX OFFENDER ADDRESS VERIFICATION
(83) SKAMANIA COUNTY SHERIFFS OFFICE PO BOX 790 STEVENSON, WA 98648	91-6001363	LOCAL GOVERNMENT	2,800				TRAFFIC SAFETY GRANTS
(84) SNOHOMISH COUNTY SHERIFFS OFFICE 3000 ROCKEFELLER AVENUE MS 606 EVERETT, WA 98201	91-6001368	LOCAL GOVERNMENT	705,480				AUTO THEFT PREVENTION
(85) SNOHOMISH COUNTY SHERIFFS OFFICE 3000 ROCKEFELLER AVENUE MS 606 EVERETT, WA 98201	91-6001368	LOCAL GOVERNMENT	329,020				SEX OFFENDER ADDRESS VERIFICATION
(86) SNOHOMISH COUNTY SHERIFFS OFFICE 3000 ROCKEFELLER AVENUE MS 606 EVERETT, WA 98201	91-6001368	LOCAL GOVERNMENT	9,849				TRAFFIC SAFETY GRANTS
(87) SPOKANE COUNTY SHERIFFS OFFICE PUBLIC SAFETY BLDG 1100 W MALLON SPOKANE, WA 99260	91-6001370	LOCAL GOVERNMENT	1,400				DENIED FIREARM TRANSACTIONS
(88) SPOKANE COUNTY SHERIFFS OFFICE PUBLIC SAFETY BLDG 1100 W MALLON SPOKANE, WA 99260	91-6001370	LOCAL GOVERNMENT	1,039,666				MENTAL HEALTH FIELD RESPONSE TEAMS
(89) SPOKANE COUNTY SHERIFFS OFFICE PUBLIC SAFETY BLDG 1100 W MALLON SPOKANE, WA 99260	91-6001370	LOCAL GOVERNMENT	301,850				SEX OFFENDER ADDRESS VERIFICATION
(90) CITY OF SPOKANE WEST 1100 MALLON SPOKANE, WA 99260	91-6001280	LOCAL GOVERNMENT	124,446				AUTO THEFT PREVENTION
(91) CITY OF SPOKANE WEST 1100 MALLON SPOKANE, WA 99260	91-6001280	LOCAL GOVERNMENT	13,600				DENIED FIREARM TRANSACTIONS
(92) CITY OF SPOKANE WEST 1100 MALLON SPOKANE, WA 99260	91-6001280	LOCAL GOVERNMENT	5,217				TRAFFIC SAFETY GRANTS
(93) STEVENS COUNTY SHERIFFS OFFICE PO BOX 186 COLVILLE, WA 99114	91-6001372	LOCAL GOVERNMENT	85,755				SEX OFFENDER ADDRESS VERIFICATION
(94) STEVENS COUNTY SHERIFFS OFFICE PO BOX 186 COLVILLE, WA 99114	91-6001372	LOCAL GOVERNMENT	4,546				TRAFFIC SAFETY GRANTS
(95) THURSTON COUNTY SHERIFFS OFFICE 2000 LAKERIDGE DRIVE SW OLYMPIA, WA 98502	91-6001375	LOCAL GOVERNMENT	176,860				SEX OFFENDER ADDRESS VERIFICATION
(96) THURSTON COUNTY SHERIFFS OFFICE 2000 LAKERIDGE DRIVE SW OLYMPIA, WA 98502	91-6001375	LOCAL GOVERNMENT	10,826				TRAFFIC SAFETY GRANTS
(97) WAHHIAKUM COUNTY SHERIFFS 64 MAIN STREET PO BOX 65 CATHLAMET, WA 98612	91-6001377	LOCAL GOVERNMENT	17,500				SEX OFFENDER ADDRESS VERIFICATION
(98) WAHHIAKUM COUNTY SHERIFFS 64 MAIN STREET PO BOX 65 CATHLAMET, WA 98612	91-6001377	LOCAL GOVERNMENT	497				TRAFFIC SAFETY GRANTS
(99) WALLA WALLA CO SHERIFFS OFFICE 240 WEST ALDER SUITE 101 WALLA WALLA, WA 99362	91-6001381	LOCAL GOVERNMENT	79,854				SEX OFFENDER ADDRESS VERIFICATION
(100) CITY OF WENATCHEE PO BOX 519 WENATCHEE, WA 98807	91-6001291	LOCAL GOVERNMENT	44,327				MENTAL HEALTH FIELD RESPONSE TEAMS
(101) CITY OF WENATCHEE PO BOX 519 WENATCHEE, WA 98807	91-6001291	LOCAL GOVERNMENT	10,211				TRAFFIC SAFETY GRANTS
(102) WHATCOM COUNTY SHERIFFS OFFICE 311 GRAND AVENUE BELLINGHAM, WA 98225	91-6001383	LOCAL GOVERNMENT	137,939				SEX OFFENDER ADDRESS VERIFICATION
(103) WHATCOM COUNTY SHERIFFS OFFICE 311 GRAND AVENUE BELLINGHAM, WA 98225	91-6001383	LOCAL GOVERNMENT	5,282				TRAFFIC SAFETY GRANTS
(104) WHITMAN COUNTY SHERIFFS OFFICE PO BOX 470 COLFAX, WA 99111	91-6001384	LOCAL GOVERNMENT	64,750				SEX OFFENDER ADDRESS VERIFICATION
(105) YAKIMA COUNTY SHERIFFS OFFICE PO BOX 1388 YAKIMA, WA 98907	91-6001387	LOCAL GOVERNMENT	194,754				SEX OFFENDER ADDRESS VERIFICATION

2

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

61

3

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

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

Cat. No. 50055P

Schedule I (Form 990) 2020

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

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Software ID:
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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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
1b If any of the boxes on 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		
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 on Line 1a?		
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
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		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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.

Return Reference	Explanation
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Additional Data

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Software ID:
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Name of the organization

WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Employer identification number

91-0961051

Return Reference	Explanation
FORM 990, PART I, LINE 6:	THROUGHOUT THE COURSE OF THE YEAR, THERE WERE 14 VOLUNTEER BOARD MEMBERS.
FORM 990, PART III, LINE 2	ARREST AND JAIL ALTERNATIVE PROGRAM BEGAN IN 2020.
FORM 990, PART III, LINE 3	HUMAN TRAFFICKING ENFORCEMENT TASKFORCE, WAGANG DATABASE ENHANCEMENT PROJECT AND SECTOR/PCH & CACHE CEASED PRIOR TO 2020.
FORM 990, PART VI, SECTION A, LINE 6	ACTIVE MEMBERS ARE THE PRINCIPAL MEMBERS OF A LAW ENFORCEMENT AGENCY (SHERIFF, CHIEF, ETC). ASSOCIATE MEMBERS ARE COMMAND STAFF WITHIN A LAW ENFORCEMENT AGENCY (DEPUTY CHIEF, CRIMINAL DEPUTY, ETC). AFFILIATE MEMBERS ARE ASSOCIATED WITH LAW ENFORCEMENT BUT ARE NOT COMMISSIONED.
FORM 990, PART VI, SECTION A, LINE 7A	ACTIVE MEMBERS HAVE VOTING RIGHTS. ASSOCIATE MEMBERS DO NOT HAVE VOTING RIGHTS. AFFILIATE MEMBERS ARE ASSOCIATED WITH LAW ENFORCEMENT BUT ARE NOT COMMISSIONED AND THEREFORE HAVE NO VOTING RIGHTS.
FORM 990, PART VI, SECTION A, LINE 7B	RESOLUTIONS MUST BE APPROVED BY A VOTE OF THE MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 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.
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND THE EXECUTIVE DIRECTOR ARE COVERED BY THE CONFLICT OF INTEREST POLICY; THEIR DISCLOSURE REQUIREMENTS ARE COMPLETED ANNUALLY. IF A POTENTIAL CONFLICT OF INTEREST ARISES, THE DISINTERESTED PARTIES OF THE EXECUTIVE COMMITTEE SHALL MAKE A DETERMINATION AS TO WHETHER A CONFLICT DOES EXIST. THEY WILL THEN REVIEW THE CONFLICT AND DETERMINE WHAT SUBSEQUENT ACTION IS APPROPRIATE. RESTRICTIONS ARE IMPOSED AT THE DISCRETION OF THE EXECUTIVE BOARD ON A CASE BY CASE BASIS.
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE COMPRISED OF BOARD MEMBERS DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION BASED ON COMPARABLES IN THE AREA. THE CONTRACT FOR THE EXECUTIVE DIRECTOR IS REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE EXECUTIVE BOARD MEMBERS. THE MOST CURRENT COMPENSATION REVIEW WAS TOOK PLACE IN 2020. FOR THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION - A SALARY REVIEW WAS PERFORMED DURING 2019. COMPARABLES OF OTHER LOCAL GOVERNMENTAL AGENCIES WERE USED TO REVIEW SALARY RANGES.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST. REQUESTS ARE REVIEWED FOR VALIDITY BY DIRECTOR OR DEPUTY. ONCE APPROVED FOR DISSEMINATION, THE INFORMATION IS PROVIDED.
FORM 990, PART IX, LINE 11G	JAIL BOOKING & REPORTING: PROGRAM SERVICE EXPENSES 1,008,876. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,008,876. CRITICAL INCIDENT MAPPING: PROGRAM SERVICE EXPENSES 426,102. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 426,102. SEX OFFENDER WEBSITE SYSTEM: PROGRAM SERVICE EXPENSES 311,201. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 311,201. VICTIM PROTECTIVE ORDER SYSTEM: PROGRAM SERVICE EXPENSES 382,357. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 382,357. PROJECT SAFE NEIGHBORHOOD: PROGRAM SERVICE EXPENSES 206,684. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 206,684. 24/7 DUI MONITORING TESTING FEES: PROGRAM SERVICE EXPENSES 19,164. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 19,164. NATIONAL INCIDENT SYSTEM FEES: PROGRAM SERVICE EXPENSES 60,438. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 60,438. HEALTH CARE AUTHORITY DATA EXTRACT: PROGRAM SERVICE EXPENSES 526,907. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 526,907. MISSING PERSONS WEBSITE FEES: PROGRAM SERVICE EXPENSES 15,000. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,000. MENTAL HEALTH FIELD RESPONSE TEAM SYSTEM FEES: PROGRAM SERVICE EXPENSES 55,209. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 55,209. ARREST & JAIL ALTERNATIVES SYSTEM FEES: PROGRAM SERVICE EXPENSES 223,970. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 223,970. CONSUTLING & OTHER: PROGRAM SERVICE EXPENSES 168,943. MANAGEMENT AND GENERAL EXPENSES 28,534. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 197,477.

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