

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
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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 200

City or town, state or province, country, and ZIP or foreign postal code
 LACEY, WA 98516

D Employer identification number
 91-0961051

E Telephone number
 (360) 486-2380

F Name and address of principal officer:
 STEVEN STRACHAN
 3060 WILLAMETTE DRIVE NE 200
 LACEY, WA 98516

G Gross receipts \$ 26,797,325

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

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)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	27
6 Total number of volunteers (estimate if necessary)	6	17
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	18,107,598	23,571,045
9 Program service revenue (Part VIII, line 2g)	346,691	561,446
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,881	58,496
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	874,721	1,088,844
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,382,891	25,279,831
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,380,302	14,782,900
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,471,101	2,725,719
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,623,945	6,883,729
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,475,348	24,392,348
19 Revenue less expenses. Subtract line 18 from line 12	-92,457	887,483

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,315,530	11,835,891
21 Total liabilities (Part X, line 26)	4,081,135	5,948,549
22 Net assets or fund balances. Subtract line 21 from line 20	5,234,395	5,887,342

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
 2023-11-15
 Date

STEVEN STRACHAN EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2023-11-15 Check if self-employed PTIN P00192887

Firm's name ▶ CLARK NUBER PS Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 NE 4TH STREET SUITE 1400 Phone no. (425) 454-4919
 BELLEVUE, WA 98004

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 4,860,798 including grants of \$ 4,827,974) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 4,056,639 including grants of \$ 3,522,291) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 2,204,515 including grants of \$ 2,073,331) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 11,999,244 including grants of \$ 4,359,304) (Revenue \$ 1,646,444)

4e Total program service expenses ▶ 23,121,196

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 5 main columns: Question/Section, Sub-question, Yes/No, and other response fields. Rows include sections 2a through 17, covering topics like employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				148,145	0	37,059
(2) RICK SCOTT PRESIDENT/PAST PRESIDENT	6.00	X		X				0	0	0
(3) STEVE CROWN PRESIDENT ELECT/PRESIDENT	2.00	X		X				0	0	0
(4) KEVIN MORRIS BOARD MEMBER/PRESIDENT ELECT	2.00	X		X				0	0	0
(5) TOM JONES VICE PRESIDENT THRU 05/22	2.00	X		X				0	0	0
(6) DARRELL LOWE BOARD MEMBER/VICE PRESIDENT	2.00	X		X				0	0	0
(7) BRETT VANCE TREASURER	4.00	X		X				0	0	0
(8) MICHELLE BENNETT BOARD MEMBER	1.00	X						0	0	0
(9) CHERIE HARRIS BOARD MEMBER	1.00	X						0	0	0
(10) RAFAEL PADILLA BOARD MEMBER	1.00	X						0	0	0
(11) CLAY MYERS BOARD MEMBER	1.00	X						0	0	0
(12) JAMES RAYMOND BOARD MEMBER	1.00	X						0	0	0
(13) BRAD THURMAN BOARD MEMBER	1.00	X						0	0	0
(14) SAM WHITE BOARD MEMBER	1.00	X						0	0	0
(15) JOHN BATISTE BOARD MEMBER	1.00	X						0	0	0
(16) RICHARD COLLODI BOARD MEMBER	1.00	X						0	0	0
(17) DON VOIRET BOARD MEMBER THRU 05/22	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) CRAIG MEIDL BOARD MEMBER THRU 05/22	1.00	X						0	0	0	
(19) JAMES MCMAHAN POLICY DIRECTOR	40.00					X		166,100	0	29,746	
(20) KIM GOODMAN CHIEF OF STAFF	40.00					X		152,070	0	24,642	
(21) MICHAEL PAINTER DIRECTOR OF PROFESSIONAL SERVICES	40.00					X		123,804	0	25,066	
(22) JOHN MCGRATH JAIL SERVICES LIAISON	40.00					X		123,345	0	29,257	
1b Sub-Total ▶											
c Total from continuation sheets to Part VII, Section A ▶											
d Total (add lines 1b and 1c) ▶								713,464	0		145,770

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5			
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
APPRISS INSIGHTS 10401 LINN STATION ROAD LOUISVILLE, KY 40223	IT - JAIL BOOKING SYSTEM	2,046,475
BEHAVIORAL INTERVENTIONS 6400 LOOKOUT ROAD BOULDER, CO 80301	ELECTRONIC MONITORING	987,805
ALLIED UNIVERSAL ELECTRONIC MONITORING 1838 GUNN HWY ODESSA, FL 33556	ELECTRONIC MONITORING	487,011
JULOTTA 102 S TEJON STREET COLORADO SPRINGS, CO 80903	IT - DATA COLLECTION TOOL	443,435
LEXIPOL LLC 2611 INTERNET BLVD FRISCO, CA 750349085	OFFICER WELLNESS APP	425,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 7

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	23,570,975				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	70				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			23,571,045			
Program Service Revenue	2a CONFERENCES/WORKSHOPS	Business Code					
		900099	433,666	433,666			
	b MEMBERSHIP DUES	900099	94,830	94,830			
	c JAIL BOOKING & REPORT	900099	32,950	32,950			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		561,446					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		58,496			58,496	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	19,680				
		(ii) Personal					
		b Less: rental expenses	21,949				
		c Rental income or (loss)	-2,269				
	d Net rental income or (loss)		-2,269	-2,269			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		2,578,945					
	b Less: cost of goods sold	1,495,545					
	c Net income or (loss) from sales of inventory		1,083,400	1,083,400			
Miscellaneous Revenue		Business Code					
11a RECORDS AGREEMENT	900099	3,867	3,867				
b REFUNDS	900099	2,469			2,469		
c							
d All other revenue		1,377			1,377		
e Total. Add lines 11a-11d		7,713					
12 Total revenue. See instructions		25,279,831	1,646,444	0	62,342		

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	14,782,900	14,782,900		
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	196,537		196,537	
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	1,953,432	1,425,063	528,369	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	135,895	99,390	36,505	
9 Other employee benefits	272,484	206,531	65,953	
10 Payroll taxes	167,371	121,216	46,155	
11 Fees for services (non-employees):				
a Management				
b Legal	46,810		46,810	
c Accounting	61,475		61,475	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,449		15,449	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,694,917	5,693,309	1,608	
12 Advertising and promotion				
13 Office expenses	129,680	91,011	38,669	
14 Information technology				
15 Royalties				
16 Occupancy	126,117	104,080	22,037	
17 Travel	97,788	40,107	57,681	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	413,450	380,795	32,655	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	107,518	73,061	34,457	
23 Insurance				
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 REPAIR/MAINTENANCE	115,802	52,073	63,729	
b BAD DEBT EXPENSE	38,703	38,703		
c LEASED EQUIPMENT	16,773	11,398	5,375	
d				
e All other expenses	19,247	1,559	17,688	
25 Total functional expenses. Add lines 1 through 24e	24,392,348	23,121,196	1,271,152	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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	396,247	1	2,420,760
	2 Savings and temporary cash investments	111,465	2	149,374
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,545,706	4	4,978,237
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under 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	0
	9 Prepaid expenses and deferred charges	1,263,356	9	1,374,640
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,751,029		
	b Less: accumulated depreciation	3,288,243		
	11 Investments—publicly traded securities	1,466,779	11	1,450,094
	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)	9,315,530	16	11,835,891	
Liabilities	17 Accounts payable and accrued expenses	2,972,872	17	4,291,284
	18 Grants payable	54,297	18	407,297
	19 Deferred revenue	1,053,966	19	1,249,968
	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	4,081,135	26	5,948,549
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	5,234,395	27	5,887,342
	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	5,234,395	32	5,887,342	
33 Total liabilities and net assets/fund balances	9,315,530	33	11,835,891	

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	25,279,831
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,392,348
3	Revenue less expenses. Subtract line 2 from line 1	3	887,483
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,234,395
5	Net unrealized gains (losses) on investments	5	-238,536
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	4,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,887,342

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
2a			No
2b	Yes		
2c	Yes		
3a	Yes		
3b	Yes		

Additional Data

Software ID:

Software Version:

EIN: 91-0961051

Name: WASHINGTON ASSOCIATION OF
SHERIFFS AND POLICE CHIEFS

Form 990 (2022)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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.

Form 990, Part III, Line 4c:

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

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

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

(Code:) (Expenses \$ 521,100 including grants of \$) (Revenue \$ 1,029,170)

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 \$ 1,789,247 including grants of \$ 1,789,247) (Revenue \$)

USE OF FORCE & DUTY TO INTERVENE TRAINING, WA LEGISLATURE PROVIDED FUNDING FOR LOCAL LAW ENFORCEMENT TO HELP OFFSET COSTS OF TRAINING THAT RESULTED FROM THE LAW CHANGES IN 2020 AND 2021 AS IT RELATES TO THE DUTY TO INTERVENE AND OFFICER USE OF FORCE.

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

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

(Code:) (Expenses \$ 1,584,585 including grants of \$ 922,414) (Revenue \$)

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

(Code:) (Expenses \$ 1,439,352 including grants of \$) (Revenue \$)

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

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

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

(Code:) (Expenses \$ 1,484,000 including grants of \$ 30,058) (Revenue \$)

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

(Code:) (Expenses \$ 786,421 including grants of \$ 319,980) (Revenue \$)

LAW ENFORCEMENT BEHAVIORAL HEALTH GRANT PROGRAM, WA LEGISLATURE PROVIDED GRANT FUNDING TO LOCAL LAW ENFORCEMENT AGENCIES TO STAND UP OR EXPAND LOCAL OFFICER WELLNESS PROGRAMS IN INDIVIDUAL DEPARTMENTS AND REGIONALLY. PROGRAMS MAY INCLUDE WELLNESS TRAININGS, EQUIPMENT THAT PROMOTES WELLNESS, MEMBERSHIPS, ETC.

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

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

(Code:) (Expenses \$ 430,373 including grants of \$ 133,600) (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 \$ 576,959 including grants of \$) (Revenue \$)

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

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

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

(Code:) (Expenses \$ 443,239 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 \$ 462,998 including grants of \$ 421,540) (Revenue \$)

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

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

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

(Code:) (Expenses \$ 323,922 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 \$ 387,179 including grants of \$) (Revenue \$ 424,316)

CONFERENCE/MEMORABILIA - PROVIDES MEMBERSHIP WITH SEMI-ANNUAL CONFERENCES. INCLUDES STATE CERTIFIED TRAINING AS WELL AS COMMITTEE MEETINGS AND CHIEF/SHERIFF/JAIL MANAGER MEETINGS.

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

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

(Code:) (Expenses \$ 659,492 including grants of \$ 12,719) (Revenue \$ 129,378)

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 \$ 255,593 including grants of \$ 255,593) (Revenue \$)

MOUD (MANAGING OPIOD USE DISORDER) IN JAILS, GRANT THAT PROVIDES FOR SERVICE CONTRACT WITH SUBSTANCE ABUSE SERVICE TO PROVIDE JAILS WITH SUPPORT SERVICES TO TREAT OFFENDERS WITH SUBSTANCE USE DISORDER.

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

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

(Code:) (Expenses \$ 217,242 including grants of \$ 122,504) (Revenue \$)

COVID IN JAILS MITIGATION, GRANT PROVIDES FUNDING FOR TESTING AND OTHER COVID MITIGATION SUPPLIES IN LOCAL JAILS.

(Code:) (Expenses \$ 220,870 including grants of \$ 197,647) (Revenue \$)

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

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

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

(Code:) (Expenses \$ 144,048 including grants of \$ 144,048) (Revenue \$)

SAKI3 - SEXUAL ASSAULT KIT TESTING GRANT PROGRAM. AGENCIES RECEIVE REIMBURSEMENT TO TEST KITS FOR DNA IN STATE SYSTEM.

(Code:) (Expenses \$ 6,626 including grants of \$) (Revenue \$)

24/7 DUI MONITORING PROGRAM, COURTS CAN SENTENCE DUI OFFENDERS TO THIS PROGRAM. PARTICIPANTS ARE TESTED TWICE DAILY TO AFFIRM THEY ARE NOT USING ALCOHOL DURING THE TERM OF THEIR JAIL SENTENCE.

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

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

(Code:) (Expenses \$ 91,165 including grants of \$) (Revenue \$ 15,431)

ACCREDITATION/LOANED EXECUTIVE MANAGEMENT ASSISTANCE PROGRAM - PROVIDE LAW ENFORCEMENT AGENCIES WITH STANDARDS. WORK WITH AGENCIES TO ACCREDIT AGENCIES ACCORDING TO SET STANDARDS

(Code:) (Expenses \$ 174,833 including grants of \$ 9,954) (Revenue \$ 48,149)

OTHER PROGRAMS - OTHER SMALL PROGRAMS INCLUDE JAIL STANDARDS WORKGROUP, LEMOS TRAINING, MISSING PERSONS WEBSITE, SEX OFFENDER RECORD RETENTION

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Employer identification number
91-0961051

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2022. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2021. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,759,483	14,229,394	17,332,632	18,107,598	23,571,045	87,000,152
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	2,583,976	2,813,950	2,753,776	2,432,248	3,163,938	13,747,888
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	16,343,459	17,043,344	20,086,408	20,539,846	26,734,983	100,748,040
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.	784,545	1,016,855	1,428,425	788,454	1,202,052	5,220,331
c Add lines 7a and 7b.	784,545	1,016,855	1,428,425	788,454	1,202,052	5,220,331
8 Public support. (Subtract line 7c from line 6.)						95,527,709

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	16,343,459	17,043,344	20,086,408	20,539,846	26,734,983	100,748,040
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,195	27,861	32,235	53,881	58,496	196,668
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	24,195	27,861	32,235	53,881	58,496	196,668
11 Net income from unrelated business activities not included on 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.)	3,566	430	2,299	2,186	3,846	12,327
13 Total support. (Add lines 9, 10c, 11, and 12.)	16,371,220	17,071,635	20,120,942	20,595,913	26,797,325	100,957,035

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.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	94.620 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	94.520 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	0.190 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0.180 %

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		

3 Parent of Supported Organizations. **Answer 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	<input type="checkbox"/> 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 (<i>prior IRS approval required - provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions	8
9 Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	REFUNDS - 2018 AMOUNT: \$ 2,023. 2019 AMOUNT: \$ 430. 2020 AMOUNT: \$ 901. 2021 AMOUNT: \$ 1,975. 2022 AMOUNT: \$ 2,469. YEAR END ADJUSTMENTS - 2018 AMOUNT: \$ 1,293. 2020 AMOUNT: \$ 1,398. 2021 AMOUNT: \$ 204. 2022 AMOUNT: \$ 943. MISCELLANEOUS - 2018 AMOUNT: \$ 250. 2021 AMOUNT : \$ 7. 2022 AMOUNT: \$ 434.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

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

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

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

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

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? Yes No

4a Was a correction made? Yes 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? Yes 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-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		51,339
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			51,339
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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Employer identification number
91-0961051

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? Yes No

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

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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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	1,828,468	888,364
c Leasehold improvements				
d Equipment		141,743	98,442	43,301
e Other		1,395,826	1,361,333	34,493
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,462,786

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(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
(1)	
(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.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	26,543,340
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-238,536
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-238,536
3	Subtract line 2e from line 1	3	26,781,876
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	15,449
b	Other (Describe in Part XIII.)	4b	-1,517,494
c	Add lines 4a and 4b	4c	-1,502,045
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,279,831

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	25,890,393
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	1,513,494
e	Add lines 2a through 2d	2e	1,513,494
3	Subtract line 2e from line 1	3	24,376,899
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	15,449
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	15,449
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,392,348

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 91-0961051

Name: WASHINGTON ASSOCIATION OF
SHERIFFS AND POLICE CHIEFS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII -1,495,545. RENTAL EXPENSE REPORTED ON FORM 990, PART VIII -21,949.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD REPORTED ON FORM 990, PART VII 1,495,545. RENTAL EXPENSE REPORTED ON FORM 990, PART VIII 21,949. RETURN OF PRIOR YEAR GRANT FUNDS -4,000.

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS

Employer identification number

91-0961051

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

Summary table with 2 rows: 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (142); 3 Enter total number of other organizations listed in the line 1 table (3).

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

Part III can be duplicated if additional space is needed.

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAMS COUNTY 210 WEST BROADWAY RITZVILLE, WA 99169	91-6001294	LOCAL GOVERNMENT	52,500	0			SEX OFFENDER ADDRESS VERIFICATION
ASOTIN COUNTY PO BOX 130 ASOTIN, WA 994020130	91-6001295	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASOTIN COUNTY PO BOX 130 ASOTIN, WA 994020130	91-6001295	LOCAL GOVERNMENT	77,695	0			SEX OFFENDER ADDRESS VERIFICATION
BENTON COUNTY 7122 OKANOGAN PLACE BLDG A KENNEWICK, WA 99336	91-6001296	LOCAL GOVERNMENT	28,271	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENTON COUNTY 7122 OKANOGAN PLACE BLDG A KENNEWICK, WA 99336	91-6001296	LOCAL GOVERNMENT	6,961	0			TRAFFIC SAFETY EQUIPMENT
BENTON COUNTY 7122 OKANOGAN PLACE BLDG A KENNEWICK, WA 99336	91-6001296	LOCAL GOVERNMENT	148,301	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY SERVICES 1323 S YAKIMA AVENUE TACOMA, WA 98405	91-1585652	501(C)(3)	326,419	0			ARREST AND JAIL ALTERNATIVES (HEALTHCARE AUTHORITY GRANT)
CENTRAL WASHINGTON UNIVERSITY 400 EAST UNIVERSITY WAY ELLENSBURG, WA 989267500	91-6000618	GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHELAN COUNTY 401 WASHINGTON STREET SUITE 1 WENATCHEE, WA 98801	91-6001297	LOCAL GOVERNMENT	16,806	0			OFFICER WELLNESS/BEHAVIORAL HEALTH
CHELAN COUNTY 401 WASHINGTON STREET SUITE 1 WENATCHEE, WA 98801	91-6001297	LOCAL GOVERNMENT	26,444	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHELAN COUNTY 401 WASHINGTON STREET SUITE 1 WENATCHEE, WA 98801	91-6001297	LOCAL GOVERNMENT	74,382	0			MENTAL HEALTH FIELD RESPNSE TEAMS - TRUEBLOOD EXPANSION
CHELAN COUNTY 401 WASHINGTON STREET SUITE 1 WENATCHEE, WA 98801	91-6001297	LOCAL GOVERNMENT	85,848	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHELAN COUNTY 401 WASHINGTON STREET SUITE 1 WENATCHEE, WA 98801	91-6001297	LOCAL GOVERNMENT	26,197	0			AUTO THEFT PREVENTION
CITY OF AIRWAY HEIGHTS 1208 S LUNDSTROM ST AIRWAY HEIGHTS, WA 99001	91-6012152	LOCAL GOVERNMENT	66,685	0			OFFICER WELLNESS/BEHAVIORAL HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ALGONA 402 WARDE STREET ALGONA, WA 98001	91-0639328	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF ARLINGTON 238 NORTH OLYMPIC ARLINGTON, WA 98223	91-6001401	LOCAL GOVERNMENT	18,222	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ARLINGTON 238 NORTH OLYMPIC ARLINGTON, WA 98223	91-6001401	LOCAL GOVERNMENT	1,400	0			TRAFFIC SAFETY EQUIPMENT
CITY OF ARLINGTON 238 NORTH OLYMPIC ARLINGTON, WA 98223	91-6001401	LOCAL GOVERNMENT	1,600	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ARLINGTON 238 NORTH OLYMPIC ARLINGTON, WA 98223	91-6001401	LOCAL GOVERNMENT	4,900	0			AUTO THEFT PREVENTION
CITY OF ASOTIN PO BOX 517 ASOTIN, WA 99402	91-6012701	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF AUBURN 340 E MAIN STE 201 AUBURN, WA 98002	91-6001228	LOCAL GOVERNMENT	38,446	0			OFFICER WELLNESS/BEHAVIORAL HEALTH
CITY OF AUBURN 340 E MAIN STE 201 AUBURN, WA 98002	91-6001228	LOCAL GOVERNMENT	44,106	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BATTLE GROUND 507 SW FIRST STREET BATTLE GROUND, WA 98604	91-6007035	LOCAL GOVERNMENT	17,004	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF BELLEVUE PO BOX 90012 BELLEVUE, WA 980099012	91-6007020	LOCAL GOVERNMENT	9,570	0			OFFICER WELLNESS/BEHAVIORAL HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BELLEVUE PO BOX 90012 BELLEVUE, WA 980099012	91-6007020	LOCAL GOVERNMENT	7,990	0			TRAFFIC SAFETY EQUIPMENT
CITY OF BELLEVUE PO BOX 90012 BELLEVUE, WA 980099012	91-6007020	LOCAL GOVERNMENT	23,400	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BELLINGHAM 505 GRAND AVENUE BELLINGHAM, WA 98225	91-6001229	LOCAL GOVERNMENT	12,504	0			OFFICER WELLNESS/BEHAVIORAL HEALTH
CITY OF BELLINGHAM 505 GRAND AVENUE BELLINGHAM, WA 98225	91-6001229	LOCAL GOVERNMENT	17,900	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BLACK DIAMOND PO BOX 309 BLACK DIAMOND, WA 98010	91-6016204	LOCAL GOVERNMENT	26,170	0			OFFICER WELLNESS/BEHAVIORAL HEALTH
CITY OF BLACK DIAMOND PO BOX 309 BLACK DIAMOND, WA 98010	91-6016204	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BLACK DIAMOND PO BOX 309 BLACK DIAMOND, WA 98010	91-6016204	LOCAL GOVERNMENT	5,765	0			TRAFFIC SAFETY EQUIPMENT
CITY OF BLACK DIAMOND PO BOX 309 BLACK DIAMOND, WA 98010	91-6016204	LOCAL GOVERNMENT	1,000	0			BICYCLE HELMET GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BONNEY LAKE 18421 OLD BUCKLEY HIGHWAY BONNEY LAKE, WA 98390	91-0753552	LOCAL GOVERNMENT	19,440	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF BONNEY LAKE 18421 OLD BUCKLEY HIGHWAY BONNEY LAKE, WA 98390	91-0753552	LOCAL GOVERNMENT	2,598	0			TRAFFIC SAFETY EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BONNEY LAKE 18421 OLD BUCKLEY HIGHWAY BONNEY LAKE, WA 98390	91-0753552	LOCAL GOVERNMENT	1,900	0			DENIED FIREARM PURCHASE NOTIFICATION
CITY OF BOTHELL 18410 101ST AVENUE SE BOTHELL, WA 98011	91-6001403	LOCAL GOVERNMENT	803	0			OFFICER WELLNESS/BEHAVIORAL HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BOTHELL 18410 101ST AVENUE SE BOTHELL, WA 98011	91-6001403	LOCAL GOVERNMENT	29,185	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF BOTHELL 18410 101ST AVENUE SE BOTHELL, WA 98011	91-6001403	LOCAL GOVERNMENT	3,000	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BOTHELL 18410 101ST AVENUE SE BOTHELL, WA 98011	91-6001403	LOCAL GOVERNMENT	1,000	0			BICYCLE HELMET GRANTS
CITY OF BREWSTER PO BOX 1074 BREWSTER, WA 988121074	91-6001404	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BURLINGTON 311 CEDAR ST SUITE B BURLINGTON, WA 98233	91-6001232	LOCAL GOVERNMENT	17,917	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF BURLINGTON 311 CEDAR ST SUITE B BURLINGTON, WA 98233	91-6001232	LOCAL GOVERNMENT	2,000	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CAMAS 2100 NE 3RD AVENUE CAMAS, WA 98607	91-6001233	LOCAL GOVERNMENT	18,222	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF CAMAS 2100 NE 3RD AVENUE CAMAS, WA 98607	91-6001233	LOCAL GOVERNMENT	500	0			BICYCLE HELMET GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CLARKSTON 830 FIFTH STREET CLARKSTON, WA 99403	91-6001238	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF CLARKSTON 830 FIFTH STREET CLARKSTON, WA 99403	91-6001238	LOCAL GOVERNMENT	300	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF COLLEGE PLACE 625 S COLLEGE AVENUE COLLEGE PLACE, WA 99324	91-6001412	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF CONNELL PO BOX 187 CONNELL, WA 993260187	91-6001415	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CONNELL PO BOX 187 CONNELL, WA 993260187	91-6001415	LOCAL GOVERNMENT	6,352	0			WASPC GENERAL GRANTS
CITY OF DES MOINES 21900 11TH AVE SOUTH DES MOINES, WA 98198	91-6016496	LOCAL GOVERNMENT	20,658	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF DES MOINES 21900 11TH AVE SOUTH DES MOINES, WA 98198	91-6016496	LOCAL GOVERNMENT	169,131	0			MENTAL HEALTH FIELD RESPNSE TEAMS
CITY OF ENUMCLAW 1705 WELLS STREET ENUMCLAW, WA 98022	91-6001247	LOCAL GOVERNMENT	15,786	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

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CITY OF ENUMCLAW 1705 WELLS STREET ENUMCLAW, WA 98022	91-6001247	LOCAL GOVERNMENT	4,000	0			WASPC GENERAL GRANTS
CITY OF EVERETT 3002 WETMORE AVENUE EVERETT, WA 98201	91-6001248	LOCAL GOVERNMENT	68,467	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF EVERETT 3002 WETMORE AVENUE EVERETT, WA 98201	91-6001248	LOCAL GOVERNMENT	5,683	0			TRAFFIC SAFETY EQUIPMENT
CITY OF FEDERAL WAY 33325 8TH AVENUE SOUTH FEDERAL WAY, WA 980639718	91-1462550	LOCAL GOVERNMENT	6,400	0			OFFICER WELLNESS/BEHAVIORAL HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FEDERAL WAY 33325 8TH AVENUE SOUTH FEDERAL WAY, WA 980639718	91-1462550	LOCAL GOVERNMENT	865,586	0			AUTO THEFT PREVENTION
CITY OF FERNDALE 2220 MAIN STREET FERNDALE, WA 98248	91-6001429	LOCAL GOVERNMENT	16,395	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FIFE 3737 PACIFIC HIGHWAY EAST FIFE, WA 98424	91-6012977	LOCAL GOVERNMENT	19,135	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF FIFE 3737 PACIFIC HIGHWAY EAST FIFE, WA 98424	91-6012977	LOCAL GOVERNMENT	8,200	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FIRCREST 302 REGENTS BLVD FIRCREST, WA 98466	91-6001431	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF GIG HARBOR 3510 GRANDVIEW STREET GIG HARBOR, WA 98335	91-6001435	LOCAL GOVERNMENT	16,090	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GIG HARBOR 3510 GRANDVIEW STREET GIG HARBOR, WA 98335	91-6001435	LOCAL GOVERNMENT	2,800	0			TRAFFIC SAFETY EQUIPMENT
CITY OF GOLDENDALE PO BOX 1176 GOLDENDALE, WA 986201176	91-6001249	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GRAND COULEE PO BOX 180 GRAND COULEE, WA 991330180	51-0153904	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF GRANDVIEW 207 W 2ND STREET GRANDVIEW, WA 98930	91-6001347	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HOQUIAM 215 10TH STREET HOQUIAM, WA 98550	91-6001251	LOCAL GOVERNMENT	97,920	0			MENTAL HEALTH FIELD RESPNSE TEAMS
CITY OF KELSO 201 SOUTH PACIFIC AVE KELSO, WA 98626	91-6001252	LOCAL GOVERNMENT	17,613	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF KELSO 201 SOUTH PACIFIC AVE KELSO, WA 98626	91-6001252	LOCAL GOVERNMENT	3,000	0			DENIED FIREARM PURCHASE NOTIFICATION
CITY OF KELSO 201 SOUTH PACIFIC AVE KELSO, WA 98626	91-6001252	LOCAL GOVERNMENT	16,760	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF KENNEWICK PO BOX 6108 KENNEWICK, WA 99336	91-6001253	LOCAL GOVERNMENT	40,452	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF KENNEWICK PO BOX 6108 KENNEWICK, WA 99336	91-6001253	LOCAL GOVERNMENT	10,100	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF KENT 220 SOUTH FOURTH AVENUE KENT, WA 98032	91-6001254	LOCAL GOVERNMENT	54,155	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF KENT 220 SOUTH FOURTH AVENUE KENT, WA 98032	91-6001254	LOCAL GOVERNMENT	4,047	0			TRAFFIC SAFETY EQUIPMENT

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

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CITY OF KIRKLAND 11750 NE 118TH STREET KIRKLAND, WA 98034	91-6001255	LOCAL GOVERNMENT	58,831	0			MENTAL HEALTH FIELD RESPNSE TEAMS
CITY OF LA CENTER 105 WEST 5TH STREET LA CENTER, WA 98629	91-6018167	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LA CENTER 105 WEST 5TH STREET LA CENTER, WA 98629	91-6018167	LOCAL GOVERNMENT	3,115	0			AUTO THEFT PREVENTION
CITY OF LACEY 420 COLLEGE STREET SE LACEY, WA 98503	91-0819427	LOCAL GOVERNMENT	24,921	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LAKE FOREST PARK 17425 BALLINGER WAY NE LAKE FOREST PARK, WA 98155	91-6019059	LOCAL GOVERNMENT	5,107	0			OFFICER WELLNESS/BEHAVIORAL HEALTH
CITY OF LAKE FOREST PARK 17425 BALLINGER WAY NE LAKE FOREST PARK, WA 98155	91-6019059	LOCAL GOVERNMENT	16,090	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LAKE FOREST PARK 17425 BALLINGER WAY NE LAKE FOREST PARK, WA 98155	91-6019059	LOCAL GOVERNMENT	14,400	0			TRAFFIC SAFETY EQUIPMENT
CITY OF LAKE STEVENS 1825 S LAKE STEVEN RD LAKE STEVENS, WA 98258	91-6018875	LOCAL GOVERNMENT	19,135	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LONGVIEW 1351 HUDSON STREET LONGVIEW, WA 98632	91-6001367	LOCAL GOVERNMENT	27,357	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF LONGVIEW 1351 HUDSON STREET LONGVIEW, WA 98632	91-6001367	LOCAL GOVERNMENT	995	0			BICYCLE HELMET GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LONGVIEW 1351 HUDSON STREET LONGVIEW, WA 98632	91-6001367	LOCAL GOVERNMENT	84,216	0			MENTAL HEALTH FIELD RESPNSE TEAMS
CITY OF LONGVIEW 1351 HUDSON STREET LONGVIEW, WA 98632	91-6001367	LOCAL GOVERNMENT	166,620	0			MENTAL HEALTH FIELD RESPNSE TEAMS - TRUEBLOOD EXPANSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LONGVIEW 1351 HUDSON STREET LONGVIEW, WA 98632	91-6001367	LOCAL GOVERNMENT	35,390	0			SEX OFFENDER ADDRESS VERIFICATION
CITY OF LYNNWOOD 19100 44TH WEST LYNNWOOD, WA 98046	91-6015840	LOCAL GOVERNMENT	28,880	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

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CITY OF LYNNWOOD 19100 44TH WEST LYNNWOOD, WA 98046	91-6015840	LOCAL GOVERNMENT	6,723	0			TRAFFIC SAFETY EQUIPMENT
CITY OF LYNNWOOD 19100 44TH WEST LYNNWOOD, WA 98046	91-6015840	LOCAL GOVERNMENT	5,100	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MARYSVILLE 1049 STATE AVENUE MARYSVILLE, WA 98270	91-6001459	LOCAL GOVERNMENT	38,255	0			MENTAL HEALTH FIELD RESPNSE TEAMS
CITY OF MARYSVILLE 1049 STATE AVENUE MARYSVILLE, WA 98270	91-6001459	LOCAL GOVERNMENT	2,367	0			WASPC GENERAL GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MEDINA PO BOX 144 MEDINA, WA 98039	91-6010170	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF MONROE 818 WEST MAIN STREET MONROE, WA 98272	91-6001464	LOCAL GOVERNMENT	37,257	0			OFFICER WELLNESS/BEHAVIORAL HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MORTON PO BOX 1089 MORTON, WA 98356	91-6001463	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF MOSES LAKE PO BOX 1579 MOSES LAKE, WA 98837	91-6007721	LOCAL GOVERNMENT	22,790	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

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CITY OF MOSES LAKE PO BOX 1579 MOSES LAKE, WA 98837	91-6007721	LOCAL GOVERNMENT	2,000	0			DENIED FIREARM PURCHASE NOTIFICATION
CITY OF MOUNT VERNON 1805 CONTINENTAL PLACE MOUNT VERNON, WA 98273	91-6001260	LOCAL GOVERNMENT	22,181	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MUKILTEO 11930 CYRUS WAY MUKILTEO, WA 98275	91-6001468	LOCAL GOVERNMENT	18,222	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF NAPAVINE 214 SECOND AVENUE NE NAPAVINE, WA 98565	91-1104580	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

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CITY OF NORMANDY PARK 801 SW 174TH STREET NORMANDY PARK, WA 98168	91-6007022	LOCAL GOVERNMENT	5,943	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF OAK HARBOR 865 SE BARRINGTON DRIVE OAK HARBOR, WA 98277	91-6001476	LOCAL GOVERNMENT	4,147	0			TRAFFIC SAFETY EQUIPMENT

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

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CITY OF OAK HARBOR 865 SE BARRINGTON DRIVE OAK HARBOR, WA 98277	91-6001476	LOCAL GOVERNMENT	1,000	0			DENIED FIREARM PURCHASE NOTIFICATION
CITY OF OMAK PO BOX 72 OMAK, WA 98841		LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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CITY OF OROVILLE PO BOX 2200 OROVILLE, WA 98844	91-6001480	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF ORTING PO BOX 489 ORTING, WA 98360	91-6001481	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

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CITY OF PASCO 525 N THIRD AVENUE PASCO, WA 993015320	91-6001264	LOCAL GOVERNMENT	34,970	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF PASCO 525 N THIRD AVENUE PASCO, WA 993015320	91-6001264	LOCAL GOVERNMENT	25,216	0			TRAFFIC SAFETY EQUIPMENT

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

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CITY OF PORT ANGELES 321 E 5TH STREET PORT ANGELES, WA 98362	91-6001266	LOCAL GOVERNMENT	107,925	0			MENTAL HEALTH FIELD RESPNSE TEAMS
CITY OF PORT ANGELES 321 E 5TH STREET PORT ANGELES, WA 98362	91-6001266	LOCAL GOVERNMENT	57,000	0			MENTAL HEALTH FIELD RESPNSE TEAMS - TRUEBLOOD EXPANSION

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

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CITY OF PORT ORCHARD 546 BAY STREET PORT ORCHARD, WA 98366	91-6001487	LOCAL GOVERNMENT	16,395	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF POULSBO 200 NE MOE STREET POULSBO, WA 98370	91-6601488	LOCAL GOVERNMENT	15,786	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

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CITY OF POULSBO 200 NE MOE STREET POULSBO, WA 98370	91-6601488	LOCAL GOVERNMENT	10,248	0			TRAFFIC SAFETY EQUIPMENT
CITY OF POULSBO 200 NE MOE STREET POULSBO, WA 98370	91-6601488	LOCAL GOVERNMENT	1,000	0			BICYCLE HELMET GRANTS

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

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CITY OF POULSBO 200 NE MOE STREET POULSBO, WA 98370	91-6601488	LOCAL GOVERNMENT	64,427	0			MENTAL HEALTH FIELD RESPNSE TEAMS - TRUEBLOOD EXPANSION
CITY OF PULLMAN 260 SE KAMIAKEN PULLMAN, WA 99163	91-6001269	LOCAL GOVERNMENT	18,831	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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CITY OF PULLMAN 260 SE KAMIAKEN PULLMAN, WA 99163	91-6001269	LOCAL GOVERNMENT	12,403	0			TRAFFIC SAFETY EQUIPMENT
CITY OF PUYALLUP 311 WEST PIONEER PUYALLUP, WA 98371	91-6001274	LOCAL GOVERNMENT	51,524	0			OFFICER WELLNESS/BEHAVIORAL HEALTH

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

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CITY OF PUYALLUP 311 WEST PIONEER PUYALLUP, WA 98371	91-6001274	LOCAL GOVERNMENT	30,033	0			TRAFFIC SAFETY EQUIPMENT
CITY OF PUYALLUP 311 WEST PIONEER PUYALLUP, WA 98371	91-6001274	LOCAL GOVERNMENT	10,800	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF REDMOND PO BOX 97010 PSPDA REDMOND, WA 98073	91-6001492	LOCAL GOVERNMENT	33,752	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF REDMOND PO BOX 97010 PSPDA REDMOND, WA 98073	91-6001492	LOCAL GOVERNMENT	49,702	0			AUTO THEFT PREVENTION

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

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CITY OF RENTON 1055 SOUTH GRADY WAY RENTON, WA 98055	91-6001271	LOCAL GOVERNMENT	44,715	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF RENTON 1055 SOUTH GRADY WAY RENTON, WA 98055	91-6001271	LOCAL GOVERNMENT	2,800	0			TRAFFIC SAFETY EQUIPMENT

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

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CITY OF RICHLAND 871 GEORGE WA WAY RICHLAND, WA 99352	91-6015119	LOCAL GOVERNMENT	27,357	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF RICHLAND 871 GEORGE WA WAY RICHLAND, WA 99352	91-6015119	LOCAL GOVERNMENT	600	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF RIDGEFIELD PO BOX 546 RIDGEFIELD, WA 98642	91-6001494	LOCAL GOVERNMENT	5,131	0			TRAFFIC SAFETY EQUIPMENT
CITY OF SEATTLE 610 5TH AVENUE SEATTLE, WA 981244986	91-1461832	LOCAL GOVERNMENT	17,154	0			SEXUAL ASSAULT KIT INVESTIGATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SEDRO WOOLLEY 325 METCALF STREET SEDRO WOOLLEY, WA 98284	91-6001276	LOCAL GOVERNMENT	16,090	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF SELAH 617 S 1ST STREET SELAH, WA 98942	91-6001501	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

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CITY OF SELAH 617 S 1ST STREET SELAH, WA 98942	91-6001501	LOCAL GOVERNMENT	4,000	0			WASPC GENERAL GRANTS
CITY OF SEQUIM 609 W WASHINGTON ST STE 16 SEQUIM, WA 98382	91-6001502	LOCAL GOVERNMENT	15,786	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

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CITY OF SEQUIM 609 W WASHINGTON ST STE 16 SEQUIM, WA 98382	91-6001502	LOCAL GOVERNMENT	1,400	0			TRAFFIC SAFETY EQUIPMENT
CITY OF SEQUIM 609 W WASHINGTON ST STE 16 SEQUIM, WA 98382	91-6001502	LOCAL GOVERNMENT	1,300	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SHELTON 525 WEST COTA STREET SHELTON, WA 985841610	91-6001277	LOCAL GOVERNMENT	15,786	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF SOUTH BEND PO DRAWER 9 SOUTH BEND, WA 98586	91-6001279	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SPOKANE WEST 1100 MALLON SPOKANE, WA 99260	91-6001280	LOCAL GOVERNMENT	4,500	0			OFFICER WELLNESS/BEHAVIORAL HEALTH
CITY OF SPOKANE WEST 1100 MALLON SPOKANE, WA 99260	91-6001280	LOCAL GOVERNMENT	124,090	0			SEXUAL ASSAULT KIT INVESTIGATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SPOKANE WEST 1100 MALLON SPOKANE, WA 99260	91-6001280	LOCAL GOVERNMENT	23,700	0			DENIED FIREARM PURCHASE NOTIFICATION
CITY OF SPOKANE WEST 1100 MALLON SPOKANE, WA 99260	91-6001280	LOCAL GOVERNMENT	138,633	0			AUTO THEFT PREVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SPOKANE VALLEY 12710 E SPRAGUE AVENUE SPOKANE VALLEY, WA 99216	71-0914170	LOCAL GOVERNMENT	39,538	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF SUMNER 1104 MAPLE STREET SUITE 140 SUMNER, WA 98390	91-6001282	LOCAL GOVERNMENT	16,090	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SUNNYSIDE 401 HOMER STREET SUNNYSIDE, WA 98944	91-6001284	LOCAL GOVERNMENT	18,526	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF SUNNYSIDE 401 HOMER STREET SUNNYSIDE, WA 98944	91-6001284	LOCAL GOVERNMENT	1,000	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF TIETON PO BOX 357 TIETON, WA 98947	91-6007036	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF TOLEDO PO BOX 517 TOLEDO, WA 98591	91-6001516	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF TOPPENISH 1 WEST FIRST AVENUE TOPPENISH, WA 98948	91-6001286	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF TUKWILA 6200 SOUTHCENTER BLVD TUKWILA, WA 98188	91-6001519	LOCAL GOVERNMENT	4,796	0			OFFICER WELLNESS/BEHAVIORAL HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF TUKWILA 6200 SOUTHCENTER BLVD TUKWILA, WA 98188	91-6001519	LOCAL GOVERNMENT	2,804	0			SEXUAL ASSAULT KIT INVESTIGATION
CITY OF TUMWATER 555 ISRAEL ROAD SW TUMWATER, WA 98501	06-4100003	LOCAL GOVERNMENT	19,440	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF UNION GAP PO BOX 3008 UNION GAP, WA 989030228	91-6001278	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF VANCOUVER PO BOX 1995 VANCOUVER, WA 98668	91-6001288	LOCAL GOVERNMENT	2,894	0			TRAFFIC SAFETY EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF VANCOUVER PO BOX 1995 VANCOUVER, WA 98668	91-6001288	LOCAL GOVERNMENT	4,500	0			DENIED FIREARM PURCHASE NOTIFICATION
CITY OF VANCOUVER PO BOX 1995 VANCOUVER, WA 98668	91-6001288	LOCAL GOVERNMENT	65,367	0			MENTAL HEALTH FIELD RESPNSE TEAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WASHOUGAL 1320 A STREET WASHOUGAL, WA 98671	91-6001525	LOCAL GOVERNMENT	16,395	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF WENATCHEE PO BOX 519 WENATCHEE, WA 98807	91-6001291	LOCAL GOVERNMENT	23,094	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WENATCHEE PO BOX 519 WENATCHEE, WA 98807	91-6001291	LOCAL GOVERNMENT	27,610	0			MENTAL HEALTH FIELD RESPNSE TEAMS
CITY OF WOODINVILLE 17301 133RD AVENUE NE WOODINVILLE, WA 98072	91-1138699	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WOODLAND PO BOX 9 WOODLAND, WA 98674	91-6001533	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF WOODLAND PO BOX 9 WOODLAND, WA 98674	91-6001533	LOCAL GOVERNMENT	2,965	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF YELM PO BOX 479 YELM, WA 98597	91-6001534	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
CITY OF ZILLAH PO BOX 388 ZILLAH, WA 98953	91-6001535	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLALLAM COUNTY 22 EAST 4TH STREET SUITE 12 PORT ANGELES, WA 98302	91-6001298	LOCAL GOVERNMENT	6,465	0			TRAFFIC SAFETY EQUIPMENT
CLALLAM COUNTY 22 EAST 4TH STREET SUITE 12 PORT ANGELES, WA 98302	91-6001298	LOCAL GOVERNMENT	91,509	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK COUNTY PO BOX 410 VANCOUVER, WA 98666	91-6001299	LOCAL GOVERNMENT	16,331	0			OFFICER WELLNESS/BEHAVIORAL HEALTH
CLARK COUNTY PO BOX 410 VANCOUVER, WA 98666	91-6001299	LOCAL GOVERNMENT	262,473	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK COUNTY PROSECUTING ATTORNEY PO BOX 410 VANCOUVER, WA 98666	91-6001299	LOCAL GOVERNMENT	205,968	0			AUTO THEFT PREVENTION
COLUMBIA COUNTY 341 EAST MAIN STREET DAYTON, WA 99328	91-6001309	LOCAL GOVERNMENT	19,750	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PASSAGEWAYS 7728 RAINIER AVE S SEATTLE, WA 98118	81-3806946	501(C)(3)	183,616	0			PROJECT SAFE NEIGHBORHOODS WESTERN WA FY18 - GANG AND VIOLENT CRIME REDUCTION
COMPREHENSIVE HEALTHCARE 402 SOUTH 4TH AVENUE YAKIMA, WA 98902	91-1043304	501(C)(3)	318,508	0			ARREST AND JAIL ALTERNATIVES (HEALTHCARE AUTHORITY GRANT)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONQUER ADDICTION PLLC 909 W MAIN STREET STE 102 MONROE, WA 98272	87-2638932		254,261	0			MITIGATION OF OPIOD USE DISORDER IN JAILS
COWLITZ COUNTY 312 SW 1ST AVENUE KELSO, WA 98626	91-6001310	LOCAL GOVERNMENT	15,973	0			COVID MITIGATION IN JAILS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COWLITZ COUNTY 312 SW 1ST AVENUE KELSO, WA 98626	91-6001310	LOCAL GOVERNMENT	1,000	0			BICYCLE HELMET GRANTS
COWLITZ COUNTY 312 SW 1ST AVENUE KELSO, WA 98626	91-6001310	LOCAL GOVERNMENT	97,399	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COWLITZ COUNTY 312 SW 1ST AVENUE KELSO, WA 98626	91-6001310	LOCAL GOVERNMENT	49,133	0			AUTO THEFT PREVENTION
CULTURES UNITED 7616 14TH AVENUE SW SEATTLE, WA 98106	87-1560594	501(C)(3)	40,817	0			PROJECT SAFE NEIGHBORHOODS WESTERN WA FY21 - GANG AND VIOLENT CRIME REDUCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUGLAS COUNTY 110 2ND STREET NE SUITE 200 EAST WENATCHEE, WA 98802	91-6001313	LOCAL GOVERNMENT	20,049	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
DOUGLAS COUNTY 110 2ND STREET NE SUITE 200 EAST WENATCHEE, WA 98802	91-6001313	LOCAL GOVERNMENT	67,500	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN WASHINGTON UNIVERSITY 202 SUTTON HALL CHENEY, WA 990042448	91-6000624	GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
FERRY COUNTY PO BOX 1099 REPUBLIC, WA 99166	91-6001314	LOCAL GOVERNMENT	1,332	0			MITIGATION OF OPIOD USE DISORDER IN JAILS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERRY COUNTY PO BOX 1099 REPUBLIC, WA 99166	91-6001314	LOCAL GOVERNMENT	35,000	0			SEX OFFENDER ADDRESS VERIFICATION
FRANKLIN COUNTY 1016 NORTH 4TH AVENUE PASCO, WA 99301	91-6001315	LOCAL GOVERNMENT	7,778	0			TRAFFIC SAFETY EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN COUNTY 1016 NORTH 4TH AVENUE PASCO, WA 99301	91-6001315	LOCAL GOVERNMENT	89,688	0			SEX OFFENDER ADDRESS VERIFICATION
GARFIELD COUNTY PO BOX 338 POMEROY, WA 99347	91-6001318	LOCAL GOVERNMENT	471	0			BICYCLE HELMET GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARFIELD COUNTY PO BOX 338 POMEROY, WA 99347	91-6001318	LOCAL GOVERNMENT	11,000	0			SEX OFFENDER ADDRESS VERIFICATION
GRANT COUNTY PO BOX 37 EPHRATA, WA 98823	91-6001319	LOCAL GOVERNMENT	103,161	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAYS HARBOR COUNTY PO BOX 630 MONTESANO, WA 98563	91-6001320	LOCAL GOVERNMENT	119,802	0			SEX OFFENDER ADDRESS VERIFICATION
IDEA ANALYTICS 1142 FAWCETT AVENUE UNIT 403 TACOMA, WA 98402	45-5209104		58,162	0			PROJECT SAFE NEIGHBORHOODS EASTERN WA FY19 - GANG AND VIOLENT CRIME REDUCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDEA ANALYTICS 1142 FAWCETT AVENUE UNIT 403 TACOMA, WA 98402	45-5209104		65,252	0			PROJECT SAFE NEIGHBORHOODS WESTERN WA FY19 - GANG AND VIOLENT CRIME REDUCTION
ISLAND COUNTY PO BOX 5000 COUPEVILLE, WA 98277	91-6001321	LOCAL GOVERNMENT	10,275	0			TRAFFIC SAFETY EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLAND COUNTY PO BOX 5000 COUPEVILLE, WA 98277	91-6001321	LOCAL GOVERNMENT	81,401	0			SEX OFFENDER ADDRESS VERIFICATION
JEFFERSON COUNTY 79 ELKINS ROAD PORT HADLOCK, WA 98339	91-6001322	LOCAL GOVERNMENT	4,610	0			TRAFFIC SAFETY EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY 79 ELKINS ROAD PORT HADLOCK, WA 98339	91-6001322	LOCAL GOVERNMENT	106,224	0			MENTAL HEALTH FIELD RESPNSE TEAMS
JEFFERSON COUNTY 79 ELKINS ROAD PORT HADLOCK, WA 98339	91-6001322	LOCAL GOVERNMENT	58,250	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JULOTA 102 S TEJON ST COLORADO SPRINGS, CO 80903			39,893	0			MENTAL HEALTH FIELD RESPNSE TEAMS
KING COUNTY 516 3RD AVENUE SEATTLE, WA 98104	91-6001337	LOCAL GOVERNMENT	625,732	0			SEX OFFENDER ADDRESS VERIFICATION, INTERNET CRIMES TASK FORCE PASS THRU GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITSAP COUNTY 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	46,542	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
KITSAP COUNTY 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	3,512	0			TRAFFIC SAFETY EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITSAP COUNTY 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	36,053	0			MENTAL HEALTH FIELD RESPNSE TEAMS - TRUEBLOOD EXPANSION
KITSAP COUNTY 614 DIVISION STREET PORT ORCHARD, WA 98366	91-6001348	LOCAL GOVERNMENT	162,786	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITTITAS COUNTY 205 WEST 5TH AVENUE SUITE 1 ELLENSBURG, WA 98926	91-6001349	LOCAL GOVERNMENT	51,550	0			COVID MITIGATION IN JAILS
KITTITAS COUNTY 205 WEST 5TH AVENUE SUITE 1 ELLENSBURG, WA 98926	91-6001349	LOCAL GOVERNMENT	9,000	0			DENIED FIREARM PURCHASE NOTIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITTITAS COUNTY 205 WEST 5TH AVENUE SUITE 1 ELLENSBURG, WA 98926	91-6001349	LOCAL GOVERNMENT	69,750	0			SEX OFFENDER ADDRESS VERIFICATION
KLICKITAT COUNTY 205 S COLUMBUS AVENUE ROOM 108 GOLDENDALE, WA 98620	91-6001350	LOCAL GOVERNMENT	72,500	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEWIS COUNTY 345 WEST MAIN STREET CHEHALIS, WA 98532	91-6001351	LOCAL GOVERNMENT	21,572	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
LEWIS COUNTY 345 WEST MAIN STREET CHEHALIS, WA 98532	91-6001351	LOCAL GOVERNMENT	1,000	0			BICYCLE HELMET GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEWIS COUNTY 345 WEST MAIN STREET CHEHALIS, WA 98532	91-6001351	LOCAL GOVERNMENT	129,570	0			SEX OFFENDER ADDRESS VERIFICATION
LINCOLN COUNTY 404 SINCLAIR PO BOX 367 DAVENPORT, WA 99122	91-6001352	LOCAL GOVERNMENT	26,000	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASON COUNTY 419 NORTH 4TH STREET SHELTON, WA 98584	91-6001354	LOCAL GOVERNMENT	4,457	0			OFFICER WELLNESS/BEHAVIORAL HEALTH
MASON COUNTY 419 NORTH 4TH STREET SHELTON, WA 98584	91-6001354	LOCAL GOVERNMENT	24,617	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASON COUNTY 419 NORTH 4TH STREET SHELTON, WA 98584	91-6001354	LOCAL GOVERNMENT	101,273	0			SEX OFFENDER ADDRESS VERIFICATION
OKANOGAN COUNTY 123 5TH AVENUE NORTH ROOM 200 OKANOGAN, WA 98840	91-6001355	LOCAL GOVERNMENT	18,526	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKANOGAN COUNTY 123 5TH AVENUE NORTH ROOM 200 OKANOGAN, WA 98840	91-6001355	LOCAL GOVERNMENT	2,300	0			DENIED FIREARM PURCHASE NOTIFICATION
OKANOGAN COUNTY 123 5TH AVENUE NORTH ROOM 200 OKANOGAN, WA 98840	91-6001355	LOCAL GOVERNMENT	85,105	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLYMPIC PENINSULA COMMUNITY CLINC 819 GEORGIANA PORT ANGELES, WA 98362	01-0590704	501(C)(3)	277,487	0			ARREST AND JAIL ALTERNATIVES (HEALTHCARE AUTHORITY GRANT)
PACIFIC COUNTY PO BOX 27 SOUTH BEND, WA 98586	91-6001356	LOCAL GOVERNMENT	73,250	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEND OREILLE COUNTY 331 SOUTH GARDEN AVENUE NORTHPORT, WA 99156	91-6001357	LOCAL GOVERNMENT	44,500	0			SEX OFFENDER ADDRESS VERIFICATION
PIERCE COUNTY 930 TACOMA AVENUE SOUTH TACOMA, WA 98402	91-6001359	LOCAL GOVERNMENT	252,570	0			MENTAL HEALTH FIELD RESPNSE TEAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIERCE COUNTY 930 TACOMA AVENUE SOUTH TACOMA, WA 98402	91-6001359	LOCAL GOVERNMENT	424,846	0			SEX OFFENDER ADDRESS VERIFICATION
PORT OF PASCO 3601 N 20TH AVENUE PASCO, WA 99301	91-6001022	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORT OF SEATTLE PO BOX 68727 SEATTLE, WA 98168	91-6001025	LOCAL GOVERNMENT	42,279	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
QUINAULT NATION POLICE PO BOX 189 TAHOLA, WA 98587	91-0760592	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JUAN COUNTY PO BOX 669 FRIDAY HARBOR, WA 98250	91-6001360	LOCAL GOVERNMENT	16,699	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
SAN JUAN COUNTY PO BOX 669 FRIDAY HARBOR, WA 98250	91-6001360	LOCAL GOVERNMENT	25,000	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOALWATER BAY TRIBE PO BOX 130 TOKELANE, WA 98590		TRIBAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
SKAGIT COUNTY 600 SOUTH THIRD MOUNT VERNON, WA 98273	91-6001361	LOCAL GOVERNMENT	58,000	0			MENTAL HEALTH FIELD RESPNSE TEAMS - TRUEBLOOD EXPANSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAGIT COUNTY 600 SOUTH THIRD MOUNT VERNON, WA 98273	91-6001361	LOCAL GOVERNMENT	105,387	0			SEX OFFENDER ADDRESS VERIFICATION
SKAMANIA COUNTY PO BOX 790 STEVENSON, WA 98648	91-6001363	LOCAL GOVERNMENT	19,745	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAMANIA COUNTY PO BOX 790 STEVENSON, WA 98648	91-6001363	LOCAL GOVERNMENT	49,500	0			SEX OFFENDER ADDRESS VERIFICATION
SNOHOMISH COUNTY 3000 ROCKEFELLER AVENUE MS 606 EVERETT, WA 98201	91-6001368	LOCAL GOVERNMENT	319,014	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNOHOMISH COUNTY 3000 ROCKEFELLER AVENUE MS 606 EVERETT, WA 98201	91-6001368	LOCAL GOVERNMENT	660,524	0			AUTO THEFT PREVENTION
SPOKANE COUNTY PUBLIC SAFETY BLDG 1100 W MALLON SPOKANE, WA 99260	91-6001370	LOCAL GOVERNMENT	44,410	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE COUNTY PUBLIC SAFETY BLDG 1100 W MALLON SPOKANE, WA 99260	91-6001370	LOCAL GOVERNMENT	498	0			BICYCLE HELMET GRANTS
SPOKANE COUNTY PUBLIC SAFETY BLDG 1100 W MALLON SPOKANE, WA 99260	91-6001370	LOCAL GOVERNMENT	2,017,105	0			MENTAL HEALTH FIELD RESPNSE TEAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE COUNTY PUBLIC SAFETY BLDG 1100 W MALLON SPOKANE, WA 99260	91-6001370	LOCAL GOVERNMENT	307,421	0			SEX OFFENDER ADDRESS VERIFICATION
STEVENS COUNTY PO BOX 186 COLVILLE, WA 99114	91-6001372	LOCAL GOVERNMENT	19,440	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEVENS COUNTY PO BOX 186 COLVILLE, WA 99114	91-6001372	LOCAL GOVERNMENT	85,978	0			SEX OFFENDER ADDRESS VERIFICATION
STEVENS COUNTY PO BOX 186 COLVILLE, WA 99114	91-6001372	LOCAL GOVERNMENT	68,416	0			AUTO THEFT PREVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAM REDEEMED 703 CENTRAL AVENUE S KENT, WA 98032	85-3322022	501(C)(3)	41,367	0			PROJECT SAFE NEIGHBORHOODS WESTERN WA FY21 - GANG AND VIOLENT CRIME REDUCTION
THURSTON COUNTY 2000 LAKERIDGE DRIVE SW OLYMPIA, WA 98502	91-6001375	LOCAL GOVERNMENT	38,320	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THURSTON COUNTY 2000 LAKERIDGE DRIVE SW OLYMPIA, WA 98502	91-6001375	LOCAL GOVERNMENT	175,848	0			SEX OFFENDER ADDRESS VERIFICATION
URBAN FAMILY CENTER ASSOCIATION 746 INDUSTRY DRIVE SEATTLE, WA 98188	27-3962439	501(C)(3)	32,326	0			PROJECT SAFE NEIGHBORHOODS WESTERN WA FY21 - GANG AND VIOLENT CRIME REDUCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAHAKIAKUM COUNTY 64 MAIN STREET PO BOX 65 CATHLAMET, WA 98612	91-6001377	LOCAL GOVERNMENT	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
WAHAKIAKUM COUNTY 64 MAIN STREET PO BOX 65 CATHLAMET, WA 98612	91-6001377	LOCAL GOVERNMENT	22,000	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALLA WALLA COUNTY 240 WEST ALDER SUITE 101 WALLA WALLA, WA 99362	91-6001381	LOCAL GOVERNMENT	18,526	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
WALLA WALLA COUNTY 240 WEST ALDER SUITE 101 WALLA WALLA, WA 99362	91-6001381	LOCAL GOVERNMENT	79,180	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE UNIVERSITY PO BOX 646233 PULLMAN, WA 991646233	91-6001108	501(C)(3)	16,699	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
WASHINGTON STATE UNIVERSITY PO BOX 646233 PULLMAN, WA 991646233	91-6001108	501(C)(3)	19,583	0			LAW ENFORCEMENT ASSISTED DIVERSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN WASHINGTON UNIVERSITY 2001 BILL MCDONALD PKWY BELLINGHAM, WA 98225	91-6000562	501(C)(3)	10,000	0			USE OF FORCE/DUTY TO INTERVENE TRAINING
WHATCOM COUNTY 311 GRAND AVENUE BELLINGHAM, WA 98225	91-6001383	LOCAL GOVERNMENT	36,188	0			USE OF FORCE/DUTY TO INTERVENE TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHATCOM COUNTY 311 GRAND AVENUE BELLINGHAM, WA 98225	91-6001383	LOCAL GOVERNMENT	139,004	0			SEX OFFENDER ADDRESS VERIFICATION
WHITMAN COUNTY PO BOX 470 COLFAX, WA 99111	91-6001384	LOCAL GOVERNMENT	67,000	0			SEX OFFENDER ADDRESS VERIFICATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA COUNTY PO BOX 1388 YAKIMA, WA 98907	91-6001387	LOCAL GOVERNMENT	9,800	0			OFFICER WELLNESS/BEHAVIORAL HEALTH
YAKIMA COUNTY PO BOX 1388 YAKIMA, WA 98907	91-6001387	LOCAL GOVERNMENT	54,981	0			COVID MITIGATION IN JAILS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA COUNTY PO BOX 1388 YAKIMA, WA 98907	91-6001387	LOCAL GOVERNMENT	188,732	0			SEX OFFENDER ADDRESS VERIFICATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
WASHINGTON ASSOCIATION OF
SHERIFFS AND POLICE CHIEFS

Employer identification number
91-0961051

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b 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</p>	1b				
<p>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?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>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</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES MCMAHAN POLICY DIRECTOR	(i)	166,100 -----	0 -----	0 -----	14,949 -----	14,797 -----	195,846 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 STEVEN STRACHAN EXECUTIVE DIRECTOR	(i)	148,145 -----	0 -----	0 -----	26,500 -----	10,559 -----	185,204 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 KIM GOODMAN CHIEF OF STAFF	(i)	152,070 -----	0 -----	0 -----	13,686 -----	10,956 -----	176,712 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 JOHN MCGRATH JAIL SERVICES LIAISON	(i)	123,345 -----	0 -----	0 -----	11,101 -----	18,156 -----	152,602 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
WASHINGTON ASSOCIATION OF
SHERIFFS AND POLICE CHIEFS

Employer identification number

91-0961051

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6:	THROUGHOUT THE COURSE OF THE YEAR, THERE WERE 17 VOLUNTEER BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE FOLLOWING PROGRAMS WERE NEW IN 2022, SEE PART III FOR DETAILS: USE OF FORCE & DUTY TO INTERVENE TRAINING, LAW ENFORCEMENT BEHAVIORAL HEALTH GRANT PROGRAM, MOUD (MANAGING OPIOID USE DISORDER) IN JAILS, COVID IN JAILS MITIGATION, 24/7 DUI MONITORING PROGRAM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	LEGISLATIVE DIRECTED GRANTS DURING 2021 WERE ONE-TIME EXPENDITURES. THE CRITICAL INCIDENT MAPPING PROGRAM CEASED IN 2021.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE COMPRISED OF BOARD MEMBERS DETERMINES THE EXECUTIVE DIRECTOR'S 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 TAKEN PLACE IN 2022. FOR THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION, A SALARY REVIEW WAS PERFORMED DURING 2022. COMPARABLES OF OTHER LOCAL GOVERNMENTAL AGENCIES WERE USED TO REVIEW SALARY RANGES.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>JAIL BOOKING & REPORTING: PROGRAM SERVICE EXPENSES 1,095,803. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,095,803. SEX OFFENDER WEBSITE SYSTEM: PROGRAM SERVICE EXPENSES 321,607. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 321,607. VICTIM PROTECTIVE ORDER SYSTEM FEES: PROGRAM SERVICE EXPENSES 425,743. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 425,743. 24/7 DUI MONITORING TESTING FEES: PROGRAM SERVICE EXPENSES 6,425. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,425. NATIONAL INCIDENT SYSTEM FEES: PROGRAM SERVICE EXPENSES 60,185. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 60,185. HCA DATA EXTRACT: PROGRAM SERVICE EXPENSES 576,959. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 576,959. MISSING PERSON WEBSITE FEES: PROGRAM SERVICE EXPENSES 6,000. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,000. MENTAL HEALTH FIELD RESPONSE TEAM SYSTEM FEES: PROGRAM SERVICE EXPENSES 208,790. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 208,790. ARREST & JAIL ALTERNATIVES SYSTEM FEES: PROGRAM SERVICE EXPENSES 536,025. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 536,025. DATA COLLECTION, ANALYSIS, STORAGE: PROGRAM SERVICE EXPENSES 696,334. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 696,334. RESEARCH ANALYST: PROGRAM SERVICE EXPENSES 33,888. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 33,888. INTERNET CRIMES TASK FORCE: PROGRAM SERVICE EXPENSES 1,484,000. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,484,000. OTHER: PROGRAM SERVICE EXPENSES 241,550. MANAGEMENT AND GENERAL EXPENSES 1,608. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 243,158.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	RETURN OF PRIOR YEAR GRANT FUNDS 4,000.