

# ORGANIZATION SUMMARY

## ORGANIZATION INFORMATION

---

Organization Name:

**WASHINGTON STATE CHAPTER CONCERNS OF POLICE SURVIVORS**

Registration Number:

**1105797**

Also known as Names:

### **Name**

WASHINGTON STATE CHAPTER OF CONCERNS OF POLICE SURVIVORS

WASTATEC.O.P.S.

Purpose/Mission of the Organization:

**WE ASSIST THE SURVIVORS OF PEACE OFFICERS KILLED IN THE LINE OF DUTY, AS DETERMINED BY FEDERAL CRITERIA. AS LINE OF DUTY DEATH SURVIVORS OURSELVES, WE UNDERSTAND THE TYPES OF GRIEF ASSOCIATED WITH LOSING AN OFFICER IN THE LINE OF DUTY. WE HELP REBUILD THEIR SHATTERED LIVES, REGAIN SELF CONFIDENCE, AND DEAL WITH THEIR OWN SPECIFIC GRIEF ISSUES. THROUGH SUPPORT OF WASHINGTON STATE CONCERNS OF POLICE SURVIVORS, SURVIVORS LEARN TO LIVE, LAUGH, AND LOVE AGAIN.**

FEIN Number:

**911616445**

Federal Tax Exempt Status:

**Yes**

Federal Status Type:

**501(c)(3)**

If Federal Tax-Exempt status has been granted, attach a copy of the Organization's IRS Determination Letter:

### **IRS Determination Letter**

IRS Determination  
Letter.pdf

UBI Number:

**601 707 771**

Is this Charitable Organization associated with any Corporation or LLC?

**Yes**

### **State of Incorporation/Formation:**

Jurisdiction:

**WASHINGTON**

Jurisdiction:

**WASHINGTON**

Status:

**Active**

Renewal Date:

**02/28/2022**

## CONTACT INFORMATION

---

Organization Email:

**info@washingtonstatecops.org**

Is Foreign Contact:

**No**

Country Code:

**1**

Mailing Address:

**PO Box 111772, TACOMA, WA, 98411-1772, UNITED STATES**

Street Address:

**7352 36TH AVE SW, KING COUNTY, SEATTLE, WA, 98126-3231, UNITED STATES**

Do you use any other addresses for Solicitation:

**No**

### **A List of Addresses Used**

Organization Website:

**www.washingtonstatecops.org**

Phone Number:

**4255222677**

Ext:

## SURETY BOND

---

Has the Organization submitted proof of a surety bond in the amount of \$25,000 to the Secretary of State?

**No**

### **Proof Of Surety Bonds**

Bond Expiration Date:

## FINANCIAL INFORMATION

---

Has Organization completed a full accounting year?- **Yes**

Accounting Year Beginning Date:

**04/01/2019**

Accounting Year Ending Date:

**03/31/2020**

Beginning Gross Assets :

**\$58,280.00**

## REVENUE

---

Gross Contributions from Solicitations :

**\$0.00**

Gross Revenue from All Other sources :

**\$14,843.00**

Total Dollar Value of Gross Receipts :

**\$14,843.00**

## EXPENSES

---

Gross Expenditures from Program Services :

**\$22,322.00**

Total Gross from All Expenditures :

**\$25,331.00**

## ASSETS

---

Ending Gross Assets :  
**\$42,797.00**

## SOLICITATION COMMENTS

---

Comments:

**SOLICITATIONS WERE VIA VARIOUS COMPANY/BUSINESS EMPLOYEE DONATIONS, ONLINE PURCHASES, AND ONE CORPORATION DONATION.**

## PERCENT TO PROGRAM SERVICES

---

Percent to Program Services :  
**88%**

## FINANCIAL HISTORY

---

<b>Fiscal Begin Date</b>	<b>Fiscal End Date</b>	<b>Begin Assets</b>	<b>Revenue</b>	<b>Program Services</b>	<b>Expenses</b>	<b>End Assets</b>	<b>% To Program Services</b>
04/01/2019	03/31/2020	\$58,280.00	\$14,843.00	\$22,322.00	\$25,331.00	\$42,797.00	88%
04/01/2018	03/31/2019	\$39,879.00	\$62,201.00	\$56,272.00	\$58,809.00	\$58,280.00	95%
04/01/2017	03/31/2018	\$16,305.00	\$41,860.00	\$27,378.00	\$35,362.00	\$22,802.00	77%
02/01/1993	01/31/1994	\$0.00	\$5,000.00	\$4,000.00	\$5,000.00	\$0.00	80%

## DID THE ORGANIZATION SOLICIT OR COLLECT CONTRIBUTIONS IN WA DURING THE ACCOUNTING YEAR REPORTED?

---

Solicit or collect contributions:

**No**

Contributions in WA:

## IS THE ORGANIZATION REGISTERED TO FUNDRAISE OUTSIDE OF WA?

---

Is the organization registered to fundraise outside of WA:

**No**

Fundraise outside of WA:

## EMPLOYEES RECEIVING THE GREATEST COMPENSATION

---

Does the Organization pay any of its officers or employees?- **No**

**First Name**

**Last Name**

## PERSONS ACCEPTING RESPONSIBILITY

---

### Current Officers or Persons Accepting Responsibility for the Organization

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>Phone #</b>	<b>Address</b>
-------------------	------------------	--------------	----------------	----------------

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>Phone #</b>	<b>Address</b>
PENNY	BRENTON	PRESIDENT	4255222677	PO Box 111772, TACOMA, WA, 98411-1772, UNITED STATES
LESLIE	BARBER	TREASURER	4255222677	PO Box 111772, TACOMA, WA, 98411-1772, UNITED STATES

## FINANCIAL PREPARER

---

Full Name:

**ALETA WOODWORTH**

Title:

**EA, ATA, ATP**

Mailing Address:

**PO BOX 111772, TACOMA, WA, 98411-1772, UNITED STATES**

## LEGAL INFORMATION

---

Do you have any Legal Actions? - **No**

<b>Court (Jurisdiction)</b>	<b>Case #</b>	<b>Title of Legal Action</b>	<b>Date of Legal Action</b>
<b>Legal Actions</b>			

## COMMERCIAL FUNDRAISER

---

Is Commercial Fundraiser:

**No**

## CHARITY CLIENTS

---

<b>FEIN Number</b>	<b>UBI Number</b>	<b>Charity Name</b>	<b>Charity Address</b>
--------------------	-------------------	---------------------	------------------------

No Charities Selected