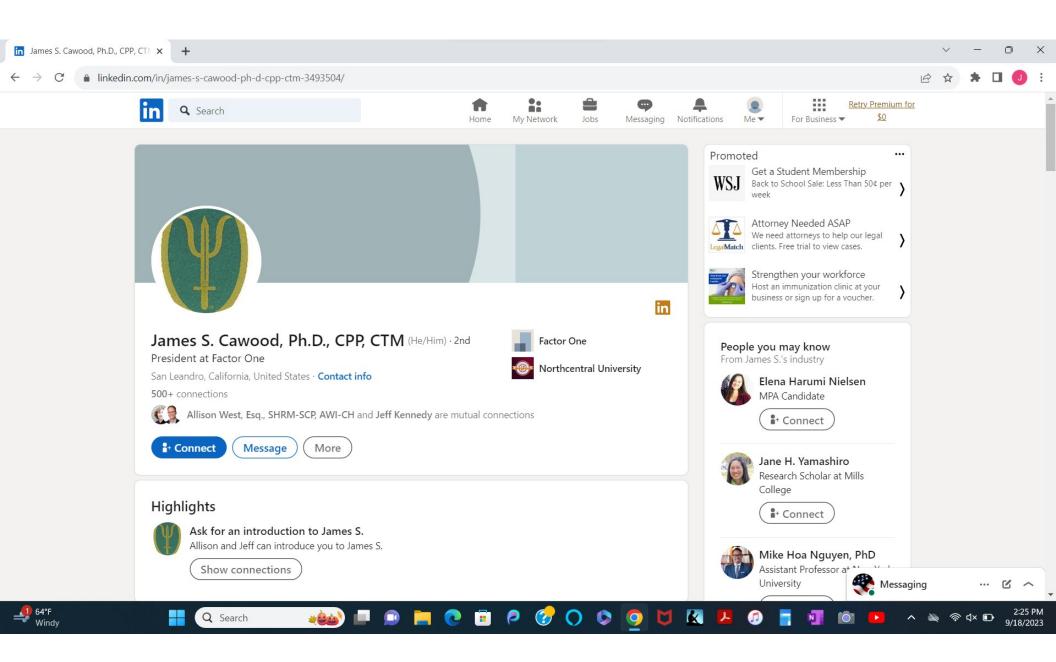
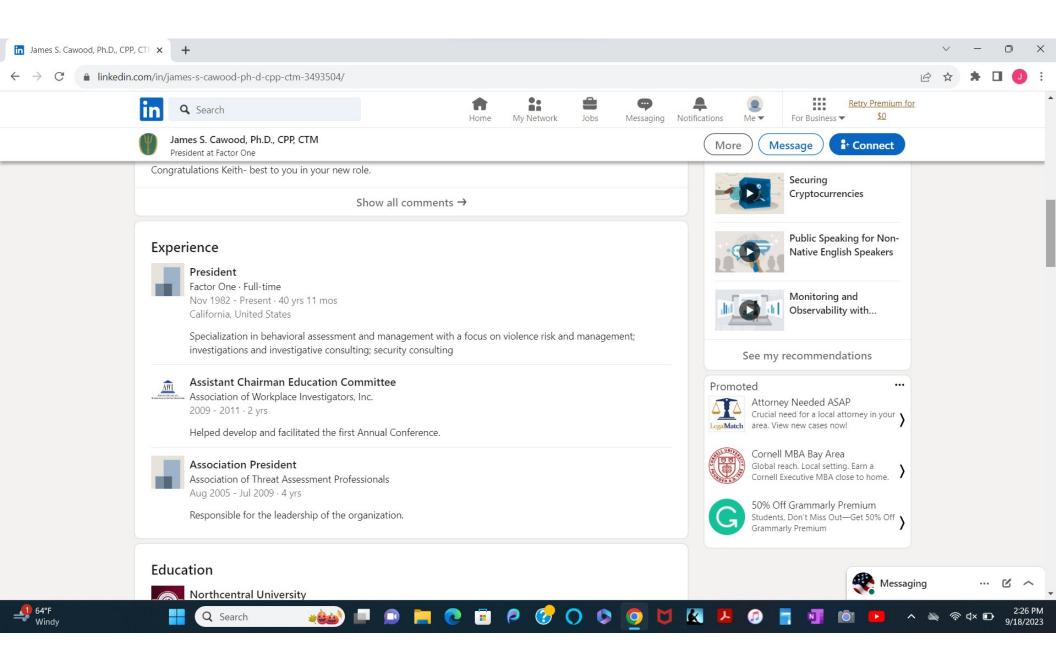
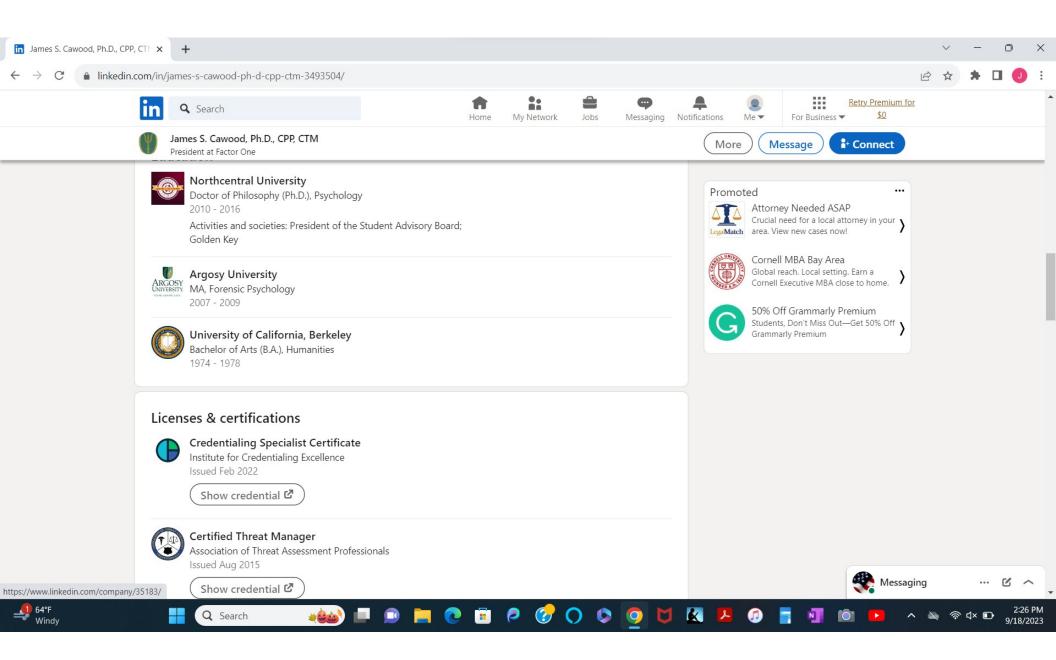
FRONT MATTER FOR EVIDENCE FILE: JAMES S. CAWOOD

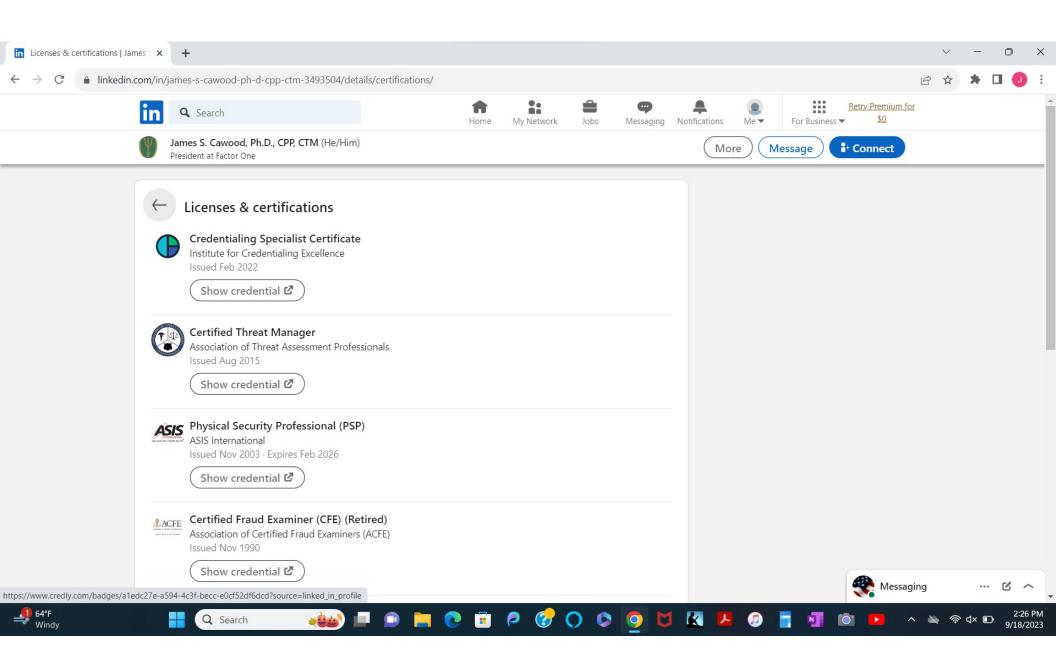
Presented herein is data discovered summer/fall 2023 regarding witness for USF testifying at trial proceedings for *Kao v. USF*, on the dates February 23 – 24, 2012. In my opinion, reasonable inferences can be made by a reader absent elaboration with attention to highlighted text – note, these highlights are not in the original documents and were effectuated, by myself, in the color yellow – notwithstanding, the following remarks are provided:

- In my opinion, Association of Threat Assessment Professionals, Inc. (ATAP), membership criteria as reflected in records dating to 2001, including the calendar years 2005 2009, during which latter period, James Cawood purportedly served as President of ATAP, may or may not indicate to a reader, ideological bias, in particular, see the following highlighted text:
 - "ATAP is a diverse association composed of professionals such as law enforcement officers, prosecutors, mental health professionals, and corporate security experts," (page 8 of this file herewith) which I note does not include, for instance, criminal law defense attorneys; also,
 - "Applicants are required to be sponsored by a member in good standing," (page 9 of this file herewith) which seems peculiar to me given the nature of the professional organization, as it does not seem to reflect a purely merit based membership criterion.
- U.S. Internal Revenue Service filings of ATAP as available via the ProPublica website which publishes such documents for nonprofit organizations, may or may not be useful to a reader for estimating the membership size of ATAP in calendar years 2001 2009, this in conjunction with: annual dues requirements for calendar year 2023, together with the inflation adjustment calculation afforded by the online calculator available from the U.S. Bureau of Labor Statistics, included thereafter.









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 ABOUT US JOIN ATAP CONTACT US CONTACT US CONTACT US CONTACT US CONTACT US Contract Management Conference August 15 - 18, 2006 Disneyland Hotel Anaheim, CA Downkoad the conference brochure ATM production The second secon	aciation of ThreatAssessment Professionals (ATAP) is a non-profit organization whose betwe is to learn more about how best to profect victims of stalking, harassment and threat ations. Its mission is to share and facilitate the experiences and techniques of professionals the field of threat assessment and/or threat management. The organization serves to create a professional and academic environment where flow of information is fostered in the wing areas: • Sharing of experiences • Assessment technique and data base gathering • Predictive factors of dangerousness • Case management • Research data and finding • Intervention techniques Pris a diverse association comprised of professionals such as law enforcement officers, sectors, mental health professionals, and corporate security experts. The Association rds its members a professional and educational environment for the exchange of enerice and assessment/intervention techniques, which span all areas of case hagement. ATAP's ultimate goal is to assist our members in becoming better equipped to ect those in need and manage threatening or high-risk situations. It these cases have been handled on a daily basis by law enforcement agencies for some a, the increase of workplace violence incidents and terrorism has created a need to combining se with the private sector. Through the Association's case study review, perpetrator profiles benefits of the association in Los Angeles were immediately apparent and the chapter mis and others involved in these highly volatile situations. benefits of the association in Los Angeles were immediately apparent and the chapter invise sea the Chapters area for more information on the individual chapters within ATAP. mbership mbership in this select group will enhance professional growth and increase your networking inprofessionals involved in very specialized areas. The ATAP Threat Management iference is held annually in Anaheim, California, Additionally, a number of chapter-level inaras are held throughout	
Ch Au an des	pler meetings are held bi-monthly, with the annual Association meeting held in July or ust. Meeting agendas include guest speakers, networking, introduction of new members, identification of resources. If you would like to attend a chapter meeting in your area er ire more information, please contact our Association Headquarters.	

JOIN ATAP

> CONTACT US

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Threat Management

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August 15 - 18, 2006

Disneyland Hotel Anaheim, CA

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Join ATAP

The Association of Threat Assessment Professionals continues to grow in membership every year, and for good reason. The membership benefits are numerous and the positive impact ATAP can have on your professional career is not something describable for all, but unique to each of our members throughout this association. If you are considering joining ATAP, here are some of the reasons why others have benefited from this association

LOCAL CHAPTERS - ATAP is an association comprised of chapters which provide local networking and educational opportunities to its membership. There are currently 10 chapters throughout the United States with more to come in the near future. Our local chapter put you in touch with professionals from various disciplines in the threat assessment field. Whether you have a simple question or a complex problem needing assistance, your ATAP colleagues are only a phone call or email away. Click here to learn more about the chapter nearest you.

PROFESSIONAL NETWORKING - Those involved in the threat assessment industry know the importance of having the best and most current information available at all times. The local chapter meetings allow you to stay in contact with the professionals closest to you. Learn what other ATAP members in your area are doing, and share your experiences and successes with colleagues around you. The ability to confer with members throughout the entire association is made possible through the ATAP Listserv. This is a critical tool ensuring that you are up-to-date on the matters affecting your profession.

EDUCATION – The ATAP chapter meetings, local training events, and the annual conference serve as vital educational and professional resources, offering in-depth and timely information about our industry. They provide an opportunity to obtain skills and solutions to further your success. Educational opportunities include comprehensive workshops, seminars, exciting guest speakers, and presentations on new techniques and research in the industry.

CAREER GROWTH – ATAP enjoys a deep rooted reputation of professionalism. That's because many or our members are recognized as the foremost experts in the field. The networking and training opportunities you receive through ATAP will provide a means to identify potential career opportunities and can introduce you to others in the industry. ATAP maintains a job bank on this website which offers easy access to the latest available positions. Select ATAP training functions qualify for continuing education credits applicable to various certifications

LEADERSHIP OPPORTUNITIES – There are many opportunities within the association for motivated and qualified individuals to assume leadership roles. Board of Director positions are available to compete for both on the local and national level. They offer a unique opportunity to put your skills to use for the benefit of the entire organization, as well as your own

RECOGNITION – Take a proactive role in your association by becoming an ATAP speaker at a local chapter meeting or the national threat management conference. ATAP also welcomes articles from members for publication on the ATAP Website. Share your ideas and expertise relative to the threat assessment field with other members and distinguish yourself as an expert, leader, and innovator

ACCESS TO INFORMATION - The ATAP Web site, http://www.atapworldwide.org, provides a stop-shop for members to quickly find useful information of all types. For example, you can quickly find membership related information like the latest training events or meeting schedules. Or, you can search our comprehensive membership directory for a specific member within a city or profession. Our resource library will constantly be updated with "tools of the trade" to assist you in this ever-changing and complicated field.

How to Apply

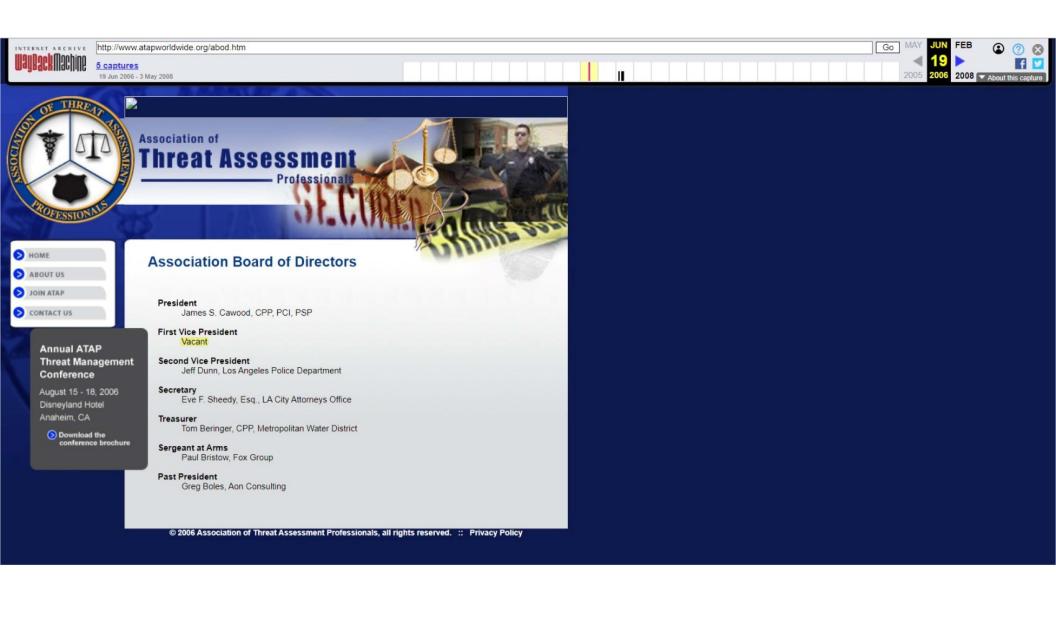
- 1. Read the below listed membership requirements
- 2. Application Download
- 3. Print, complete and sign the application
- Mail the application along with the applicable fees to the address listed on the application form.
 - <u>Members</u>: Membership is appropriate for individuals, who, by the nature of their occupation provide threat assessments or violence risk assessments, conduct and publish scientific research involving threat assessments or violence risk assessments. provide legal services or legal counsel related to: the prosecution of instigators of, or representation of individuals or entities who are the victims of, threats or violence; or provide psychiatric or psychological services in conjunction with threat assessments or nce risk assessn

Membership Requirements:

- 1. Applicants are required to be sponsored by a member in ood standing.
- Members are required to attend at least three (3) membership meetings of their local Chapter or any other affiliated Chapter during the calendar year (Jan. thru Dec.).
 - a. Attendance at the National Threat Management Conference will qualify as credit for these three (3) meetings. b. Attendance at an approved local ATAP chapter sponsored or co-sponsored
 - educational seminar of four to eight hours in length, will count as two meetings
 - c. Any applicant, who becomes a member after April 1st, only has to attend one Chapter meeting or the National Threat Management Conference to maintain membership status for that year.

<u>Confidentiality</u>. The primary mission of the ATAP is to create both a professional and academic environment that fosters an open exchange of information. Because ATAP members are from both the public and private sector, there are certain types of information, which, because of various legal and ethical requirements, members are not at liberty to share. However, it is vitally important that all information that is shared between or amongst ATAP members in written or oral form remains confidential. Members of ATAP and their guests are therefore prohibited from sharing information obtained from ATAP members with persons outside of ATAP without permission of the person disclosing the information. Members are further prohibited from using information obtained at ATAP meetings, or from other ATAP members, for their own interests without the expressed permission of the person disclosing the information.

All pre-approved visitors to a Chapter meeting shall sign a confidentiality form, which has been approved by the Association Board of Directors. The local Chapter will retain these signed forms for a period of three years



About Us

IN THIS SECTION

The Mission

To expose abuses of power and betrayals of the public trust by government, business, and other institutions, using the moral force of investigative journalism to spur reform through the sustained spotlighting of wrongdoing.

ProPublica is an independent, nonprofit newsroom that produces investigative journalism with moral force. We dig deep into important issues, shining a light on abuses of power and betrayals of public trust — and we stick with those issues as long as it takes to hold power to account.

With a team of more than 100 dedicated journalists, ProPublica covers a range of topics including government and politics, business, criminal justice, the environment, education, health care, immigration, and technology. We focus on stories with the potential to <u>spur real-world impact</u>. Among other positive changes, our reporting has contributed to the passage of new laws; reversals of harmful policies and practices; and accountability for leaders at local, state and national levels.

Investigative journalism requires a great deal of time and resources, and many newsrooms can no longer afford to take on this kind of deep-dive reporting. As a nonprofit, ProPublica's work is powered primarily through donations. The vast bulk of the money we spend goes directly into world-class, <u>award-winning journalism</u>. We are committed to uncovering the truth, no matter how long it takes or how much it costs, and we practice <u>transparent financial reporting</u> so donors know how their dollars are spent.

ProPublica was founded in 2007-2008 with the belief that investigative journalism is critical to our democracy. Our <u>staff</u> remains dedicated to carrying forward the important work of exposing corruption, informing the public about complex issues, and using the power of investigative journalism to spur reform.

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STAY INFORMED

Get our investigations delivered to your inbox with the Big Story newsletter.

📉 Enter your email

Sign Up

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MOST POPULAR STORIES

Most Read	Most Emailed
1 How a	Big Pharma Com
2 How C	olumbia Ignored
3 Idaho	Banned Abortion
4 Louisia	ana Supreme Cou
5 Philips	Kept Complaints



ProPublica

ProPublica $(/\underline{proo'pAblika/})$,^[2] legally **Pro Publica, Inc.**, is a nonprofit organization based in New York City dedicated to investigative journalism. ProPublica states that its investigations are conducted by its staff of full-time investigative reporters, and the resulting stories are distributed to news partners for publication or broadcast. In some cases, reporters from both ProPublica and its partners work together on a story. ProPublica has partnered with more than 90 different news organizations and has won six Pulitzer Prizes.^[3]

In 2010, it became the first online news source to win a Pulitzer Prize; the story chronicled the urgent life-and-death decisions made by one hospital's exhausted doctors when they were cut off by the floodwaters of Hurricane Katrina, [4][5][6] and was published both in *The New York Times Magazine* ^[7] and ProPublica's website. ^[8]

History

ProPublica was the brainchild of Herbert and Marion Sandler, the former chief executives of the Golden West Financial Corporation, who have committed \$10 million a year to the project.^[9] The Sandlers hired Paul Steiger, former managing editor of *The Wall Street Journal*, to create and run the organization as editor in chief. At the time ProPublica was set up, Steiger responded to concerns about the role of the political views of the Sandlers, saying on *The Newshour with Jim Lehrer*:

Coming into this, when I talked to Herb and Marion Sandler, one of my concerns was precisely this question of independence and nonpartisanship ... My history has been doing "down the middle" reporting. And so when I talked to Herb and Marion I said "Are you comfortable with that?" They said, "Absolutely." I said, "Well, suppose we did an exposé of some of the left leaning organizations that you have supported or that are friendly to what you've supported in the past." They said, "No problem." And when we set up our organizational structure, the board of directors, on which I sit and which Herb is the chairman, does not know in advance what we're going to report on.^[10]

P) PR	OPUBLICA
Founded	2007
Туре	501(c)(3)
Tax ID no.	14-2007220
Focus	Investigative journalism
Location	Manhattan, New York City, U.S.
Area served	United States
Key people	Paul Steiger (Executive Chairman)
	Herbert Sandler (Founding Chairman) Stephen Engelberg
	(Editor-in-Chief) <u>Richard Tofel</u> (President)
	<u>Robin Fields</u> (Managing Editor) Charles Ornstein
	(Managing Editor, Local)
Employees	> 100 ^[1]
Website	www.propublica.org (https://www.propublic a.org/)

Pro Publica, Inc.

ProPublica had an initial news staff of 28 reporters and editors,^[11] including <u>Pulitzer Prize</u> winners Charles Ornstein, Tracy Weber, Jeff Gerth, and <u>Marcus Stern</u>. Steiger was reported to have received 850 applications^[12] upon ProPublica's announcement. The organization appointed a 12-member advisory board of professional journalists.

The newsgroup shares its work under the <u>Creative Commons</u> no-derivative, non-commercial license.^[13]

On August 5, 2015, Yelp announced a partnership with ProPublica to bring improved healthcare data into Yelp's statistics on healthcare providers. [14]

Funding

While the <u>Sandler Foundation</u> provided ProPublica with significant financial support, it also has received funding from the <u>Knight Foundation</u>, <u>MacArthur Foundation</u>, <u>Pew Charitable Trusts</u>, <u>Ford Foundation</u>, <u>the Carnegie Corporation</u>, and the <u>Atlantic Philanthropies</u>.^[15] ProPublica and the Knight Foundation have various connections. For example, Paul Steiger, executive chairman of ProPublica, is a trustee of the Knight Foundation.^[16] In like manner, Alberto Ibarguen, the president and CEO of the Knight Foundation is on the board of ProPublica.^[17] ProPublica, along with other major news outlets, received grant funding from Sam Bankman-Fried, the founder of cryptocurrency exchange FTX.^[18]

ProPublica has attracted attention for the salaries it pays its employees. $^{[19][20]}$ In 2008, Paul Steiger, the editor of ProPublica, received a salary of \$570,000. $^{[21]}$ Steiger was formerly the managing editor at <u>The Wall Street Journal</u>, where his total compensation (including options^[21]) was double that at ProPublica. $^{[22]}$ Steiger's stated strategy is to use a *Wall Street Journal* pay model to attract journalistic talent. $^{[23]}$ In 2010, eight ProPublica employees made more than \$160,000, including managing editor Stephen Engelberg (\$343,463) and the highest-paid reporter, <u>Dafna Linzer</u>, formerly of the *Washington Post* (\$205,445). $^{[24]}$

Engelberg is a former <u>New York Times</u> editor who co-wrote the non-fiction book <u>Germs: Biological</u> Weapons and America's Secret War, with Times reporter Judith Miller.

Awards

In 2010, ProPublica jointly won the <u>Pulitzer Prize for Investigative Reporting</u> (it was also awarded to the <u>Philadelphia Daily News</u> for an unrelated story) for "The Deadly Choices at Memorial", "a story that chronicles the urgent life-and-death decisions made by one hospital's exhausted doctors when they were cut off by the floodwaters of Hurricane Katrina."^[25] It was written by ProPublica's <u>Sheri</u> Fink and published in <u>The New York Times Magazine</u>^[7] as well as on ProPublica.org.^[8] This was the first Pulitzer awarded to an online news source.^{[5][6]} The article also won the 2010 <u>National Magazine</u> Award for Reporting.^[26]

In 2011, ProPublica won its second Pulitzer Prize.^[27] Reporters Jesse Eisinger and Jake Bernstein won the Pulitzer Prize for National Reporting for their series, *The Wall Street Money Machine*. This was the first time a Pulitzer was awarded to a group of stories not published in print.

In 2016, ProPublica won its third Pulitzer Prize, this time for Explanatory Reporting, in collaboration with <u>The Marshall Project</u> for "a startling examination and exposé of <u>law enforcement</u>'s enduring failures to investigate reports of rape properly and to comprehend the traumatic effects on its

In 2017, ProPublica and the <u>New York *Daily News*</u> were awarded the <u>Pulitzer Prize for Public Service</u> for a series of reports on the use of eviction rules by the New York City Police Department.^{[29][30][31]}

In 2019, the <u>Peabody Awards</u> honored ProPublica with the first-ever Peabody Catalyst Award for releasing audio in 2018 that brought immediate change to a controversial government practice of family separation at the southern border.^[32]

Also in 2019, ProPublica reporter Hannah Dreier was awarded the <u>Pulitzer Prize for Feature Writing</u> for her series that followed immigrants on Long Island whose lives were shattered by a botched crackdown on MS-13.^[33]

In May 2020, ProPublica won the Pulitzer Prize for Public Service for illuminating public safety gaps in Alaska.^[34]

In that same year, ProPublica also won the Pulitzer Prize for National Reporting for coverage of the United States Navy and the collisions of the USS *Fitzgerald* and USS *John S. McCain* (DDG-56) with civilian vessels in separate incidents in the western Pacific. The stories were written by <u>T. Christian</u> Miller, Megan Rose and Robert Faturechi.^[35]

Notable reporting and projects

"An Unbelievable Story of Rape"

<u>T. Christian Miller</u> of ProPublica and <u>Ken Armstrong</u> of <u>The Marshall Project</u> collaborated on this piece about the process that discovered a serial rapist in Colorado and Washington state.^[36] The piece won a 2016 Pulitzer Prize for Explanatory Reporting.^[37] This piece was adapted into the 2019 <u>Netflix</u> series *Unbelievable*.^[38]

IRS and conservative groups

In December 2012 and January 2013, ProPublica published and reported on confidential pending applications for groups requesting tax-exempt status. In May 2013, after widespread coverage of allegations that the IRS had inappropriately targeted conservative groups, ProPublica clarified that it obtained the documents through a Freedom of Information Act request, writing, "In response to a request for the applications for 67 different nonprofits last November, the Cincinnati office of the IRS sent ProPublica applications or documentation for 31 groups. Nine of those applications had not yet been approved—meaning they were not supposed to be made public." ProPublica reported on six of them, after deeming information within those applications newsworthy.^[39]

Psychiatric Solutions

ProPublica conducted a large-scale, circumscribed investigation on Psychiatric Solutions, a company based in Tennessee that buys failing hospitals, cuts staff, and accumulates profit.^[40] The report covered patient deaths at numerous Psychiatric Solutions facilities, the failing physical plant at many

of their facilities, and covered the State of Florida's first closure of Manatee Palms Youth Services, which has since been shut down^[41] by Florida officials once again.^[42] Their report was published in conjunction with the *Los Angeles Times*.

Documenting Hate

In 2017, ProPublica launched the Documenting Hate project for systematic tracking of hate crimes and bias incidents.^[43] The project is part of their Civil Rights beat, and allows victims or witnesses of hate crime incidents to submit stories. The project also allows journalists and newsrooms to partner with ProPublica to write stories based on the dataset they are collecting. For example, the Minneapolis *Star Tribune* partnered with ProPublica to write about reporting of hate crimes in Minnesota.^[44]

Surgeon Scorecard

In 2015, ProPublica launched Surgeon Scorecard, an interactive database that allows users to view complication rates for eight common elective procedures. The tool allows users to find surgeons and hospitals, and see their complication rates. [45] The database was controversial, drawing criticism from doctors and prompting a critique from RAND. [46][47] However, statisticians, including Andrew Gelman, stood behind their decision to attempt to shine light on an opaque aspect of the medical field, [48] and ProPublica offered specific rebuttals to RAND's claims. [49]

Tracking evictions and rent stabilization in New York City

ProPublica has created an interactive map that allows people to search for addresses in New York City to see the effects of eviction cases. [50] The app was nominated for a Livingston Award. [51]

Taxes paid by wealthiest Americans

In June 2021, after receiving leaked, hacked, or stolen^{[52][53]} IRS documents, ProPublica published a report which showed that tax rates for the wealthiest Americans were significantly lower than the average middle class tax rate, when considering unrealized capital gains as being equivalent to earned income.^[54] ProPublica would later reveal that technology investor and political donor Peter Thiel legally earned over \$5 billion in a tax-free Roth IRA account through his investments in private companies.^[55] Attorney General Merrick Garland told lawmakers that investigating the source of the release would be a top priority for the Justice Department.^[56]

Cancer-causing industrial air pollution map

In 2021, ProPublica published the results of a two-year analytical project involving examining billions of rows of EPA data to create a map to chart industrial pollution at the neighborhood level – the first of its kind. In five years' worth of EPA data, ProPublica identified over 1,000 toxic hotspots nationwide, estimating that 250,000 people living near these areas may have been exposed to levels of cancer risk that the EPA deems unacceptable.^{[57][58]} ProPublica intended to represent data in a way where the public can understand the risk of breathing the air where they live. Through the map, the town of Verona, Missouri was identified to have an industrial cancer risk 27 times larger than the acceptable value. Subsequently, the EPA agreed to install three air monitors to track ethylene oxide

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concentration in Verona.^[59] Additional "hot spots" identified on the map include the city of Longview in eastern Texas; the most high-risk area of Longview has a risk level 72 times greater than the EPA's acceptable risk. This most high-risk area is the home of Texas Eastman Chemical Plant. According to ProPublica, its analysis of the plant's emissions detected ethylene oxide and 1-3 butadiene. The Texas Eastman Chemical Plant says it has conducted its own tests which "have revealed no areas of concern."^[60]

Board members

- Danielle S. Allen
- Claire Bernard
- Mark Colodny
- Steve Daetz
- Angela Filo
- Henry Louis Gates Jr.
- Claire Hoffman
- Katie McGrath
- Bobby Monks
- Ronald Olson
- Paul Sagan
- Paul Steiger
- James M. Stone
- S. Donald Sussman

ProPublica - Wikipedia









HarvardUniversityPublicacademicBusinessmanPaulBusinessexecutiveProfessorDanielleHenryLouisGatesSaganJames M. StoneSusan AllenJr.



Asset manager and philanthropist Donald Sussman

See also

Journalism portal

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Nonprofit Explorer

By <u>Andrea Suozzo</u>, <u>Alec Glassford</u> and <u>Ash Ngu</u>, ProPublica, and <u>Brandon Roberts</u>, Special to ProPublica. Updated September 14, 2023

Browse millions of annual returns filed by tax-exempt organizations with ProPublica's Nonprofit Explorer. See details like executive compensation, revenue, expenses and more. Search for an organization or a person, or search the full text of filings.

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Nonprofits Search for a nonprofit, keyword, city or EIN

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1.8M

Active Nonprofits

17.9M Tax Filings



Nonprofits by State

Total nonprofit revenue is based on the most recently reported earnings for organizations headquartered in the state. Highest salary is based on figures those organizations disclosed in their tax filings.

State	# of Nonprofits	Highest Salary	То	tal Revenue		
PROPUBLICA		±			• • • • • •	Donate
	- • -		1	• -		
Pennsylvania	78,229	\$22.8M		\$208.7B		
Massachusetts	42,114	\$17.7M	I	\$172.4B		
🔶 Texas	139,831	\$17.1M	I	\$167.3B		
♥ Ohio	74,199	\$7.9M	I	\$161.3B		
Illinois	73,789	\$19.8M		\$145.4B		
Դ Florida	104,944	\$18.7M		\$130.3B		
Missouri	38,798	\$11.1M		\$104.3B		
Minnesota	38,546	\$8.2M		\$99.2B		

+ View more states and territories

About This Data

Nonprofit Explorer includes summary data for nonprofit tax returns and full Form 990 documents, in both PDF and digital formats.

The summary data contains information processed by the IRS during the 2012-2019 calendar years; this generally consists of filings for the 2011-2018 fiscal years, but may include older records. This data release includes only a subset of what can be found in the full Form 990s.

In addition to the raw summary data, we link to PDFs and digital copies of full Form 990 documents wherever possible. This consists of separate releases by the IRS of Form 990 documents processed by the agency, which we update regularly.

We also link to copies of audits nonprofit organizations that spent \$750,000 or more in Federal grant money in a single fiscal year since 2016. These audits are copied from the Federal Audit Clearinghouse.

Which Organizations Are Here?	\checkmark
Types of Nonprofits	\checkmark
Get the Data	\checkmark
ΑΡΙ	\checkmark

By <u>Andrea Suozzo</u>, <u>Alec Glassford</u> and <u>Ash Ngu</u>, ProPublica, and <u>Brandon Roberts</u>, Special to ProPublica. Design by Jeff Frankl. Additional development by Ken Schwencke, Mike Tigas, and Sisi Wei.

E-file viewer adapted from <u>IRS e-File Viewer</u> by Ben Getson. Code for scraping audit documents adapated from <u>Govwiki</u>. Updated September 14, 2023

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Type of Nonprofit

Designated as a 501(c)3

Category: Public Safety, Disaster Preparedness and Relief / Professional Societies, Associations (NTEE)

Donations to this organization are tax deductible.



Source: Form 990 tax filings from 2011 to 2021

Tax Filings by Year

Form 990 is an information return that most organizations claiming federal tax-exempt status must file yearly with the IRS. Show more

Fiscal Year Ending Dec. 2021	Revenue \$671,484		990 Filed on Sept. 22,	2022	
	Expenses	Net Income	Net Assets	Primary tax return activities, finance	for a nonprofit's s, and governance
	\$398,263	\$273,221	\$1,119,848	View Filing	Schedules ▼

XML

Key Employees and			
Officers	Base	Related	Other
Patrick Cooper (Director)	\$0	\$0	\$0
Dave Okada (President)	\$0	\$0	\$C
Russell Palarea (Director)	\$0	\$0	\$C

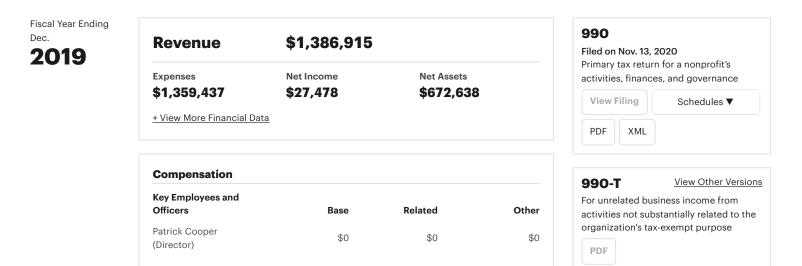
Fiscal Year Ending Dec.



Expenses \$763,814	Net Income \$176,938	Net Assets \$847,917	,
+ View More Financial Data	<i><i><i>(</i></i>),000</i>	<i>\\</i>	
Compensation			
Key Employees and Officers	Base	Related	Other
Patrick Cooper (Director)	\$0	\$0	\$0
Dave Okada (Vice President)	\$0	\$0	\$0
Russell Palarea (President)	\$0	\$0	\$0

990						
Filed on Nov. 15, 2021 Primary tax return for a nonprofit's activities, finances, and governance						
View Filing	Schedules ▼					

XML



Key Employees and Officers	Base	Related	Other
Dave Okada (Vice President)	\$0	\$0	\$0
Russell Palarea (President)	\$0	\$0	\$0
+ View more people			

Fiscal Year Ending Dec. 2018

Russell Palarea

+ View more people

(President)

Revenue	Revenue \$1,393,439			990 Filed on Oct. 28, 2019	
Expenses \$1,288,219 + View More Financial Da	Net Income \$105,220	Net Assets \$645,15 9	9	Primary tax return for a no activities, finances, and go View Filing Scho PDF XML	
Compensation Key Employees and				990-T	
Officers	Base	Related	Other	For unrelated business inc activities not substantially	
Patrick Cooper (Director)	\$0	\$0	\$0	organization's tax-exempt	
Dave Okada (Vice President)	\$0	\$0	\$0		

\$0

990				
Filed on Oct. 28, 2019 Primary tax return for a nonprofit's activities, finances, and governance				
View Filing Schedules ▼				
PDF XML				

come from y related to the ot purpose

Fiscal Year Ending Dec. 2017

Revenue	\$860,160		
Expenses \$889,555 + View More Financial Data	Net Income - \$29,395	Net Assets \$539,93	9
Compensation	-		
Key Employees and Officers	Base	Related	Other
Chuck Tobin (Past President)	\$0	\$0	\$0
Patrick Cooper (Director)	\$0	\$0	\$0
Dave Okada (First Vice President)	\$0	\$0	\$0

\$0

\$0

Filed on Nov. 15, 2018

Primary tax return for a nonprofit's activities, finances, and governance

View Filing Schedules **V**

PDF XML + View more people

Fiscal Year Ending Dec. 2016

Revenue\$838,188ExpensesNet Income\$832,854\$5,334+ View More Financial Data

Compensation					
Key Employees and Officers	Base	Related	Other		
Chuck Tobin (President)	\$0	\$0	\$0		
Patrick Prince (1 St Vice President)	\$0	\$0	\$0		
Fred Cruser (Director)	\$0	\$0	\$0		
+ View more people					

990

Filed on July 11, 2017 Primary tax return for a nonprofit's

ł	activities, finances, and governance				
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	PDF	XML			

Fiscal Year Ending Dec.

Revenue	\$746,254			990 Filed on May 13, 2	016
Expenses \$672,321	Net Income \$73,933	Net Assets \$579,158		Primary tax return activities, finance View Filing	
+ View More Financial Data	<u>l</u>			PDF XML	Schedules
Compensation					
Key Employees and Officers	Base	Related	Other		
	Base \$0	Related \$0	Other \$0		
Officers					

Fiscal Year Ending Dec. 2014

Revenue

\$611,867

990 Filed on Sept. 30, 2015 Association Of Threat Assessment Professionals Inc - Nonprofit Explorer - ProPublica

Expenses	Net Income	Net Assets
\$588,384	\$23,483	\$505,225

+ View More Financial Data

Compensation			
Key Employees and Officers	Base	Related	Other
Chuck Tobin (President)	\$0	\$0	\$0
Patrick Prince (1 St Vice President)	\$0	\$0	\$0
Andre Simons (2 Nd Vice President)	\$0	\$0	\$0
+ View more people			

Primary tax return for a nonprofit's activities, finances, and governance View Filing Schedules **V**

PDF XML

	990
ssets 1,742	Filed on Sept. 29, 2014 Primary tax return for a nonprofit's activities, finances, and governance
	View Filing Schedules ▼
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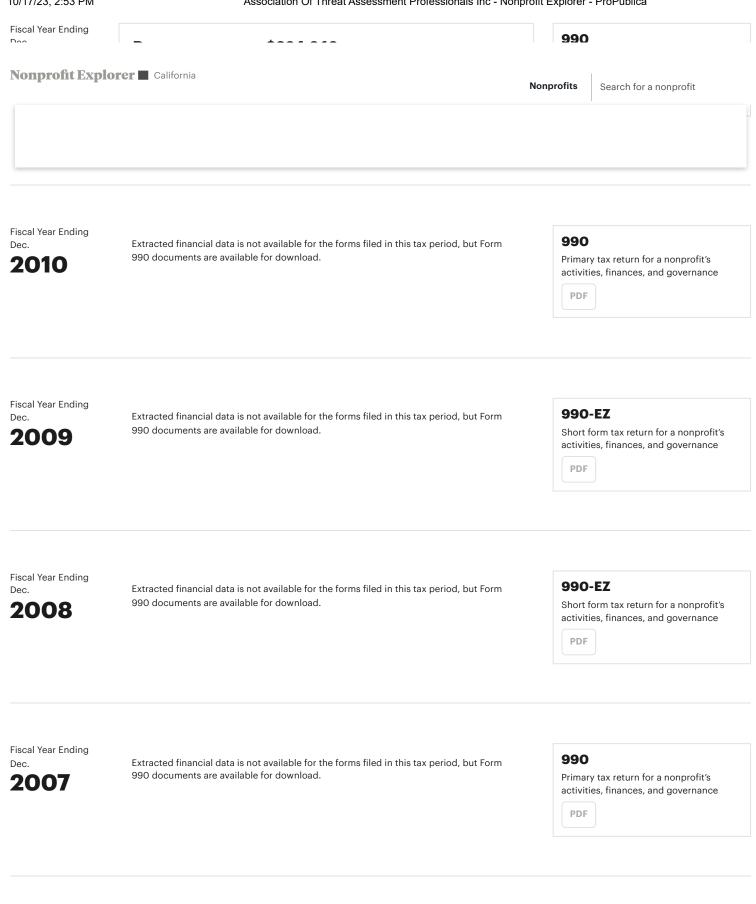
Fiscal Year Ending Dec. 2013

Revenue	\$579,138			990 Filed on Sept. 2
Expenses	Net Income	Net Assets		Primary tax re activities, fina
\$477,111	\$102,027	\$481,742	2	View Filing
+ View More Financial Data				PDF XN
Compensation				
Key Employees and Officers	Base	Related	Other	
Chuck Tobin (President)	\$0	\$0	\$0	
Patrick Prince (1 St Vice Pre)	\$0	\$0	\$0	
Andre Simons (2 Nd Vice Pre)	\$0	\$0	\$0	
+ View more people				

Fiscal Year Endin Dec. 2012

g	Revenue	\$439,228		990 Primary tax return for a nonprofit's
	Expenses \$390,420	Net Income \$48,808	Net Assets \$379,715	activities, finances, and governance
	+ View More Financial I	Data		

10/17/23, 2:53 PM



Fiscal Year Ending Dec.

2006

Extracted financial data is not available for the forms filed in this tax period, but Form 990 documents are available for download.

990

Primary tax return for a nonprofit's activities, finances, and governance

PDF

Fiscal Year Ending Dec. 2005

Extracted financial data is not available for the forms filed in this tax period, but Form 990 documents are available for download.

990

PDF

Primary tax return for a nonprofit's activities, finances, and governance

Fiscal Year Ending Dec. 2004

Extracted financial data is not available for the forms filed in this tax period, but Form 990 documents are available for download.

990

Primary tax return for a nonprofit's activities, finances, and governance

PDF

Fiscal Year Ending Dec.

Extracted financial data is not available for the forms filed in this tax period, but Form 990 documents are available for download.

990

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Primary tax return for a nonprofit's activities, finances, and governance

Fiscal Year Ending Dec.

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990

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Primary tax return for a nonprofit's activities, finances, and governance

Fiscal Year Ending Dec.

Extracted financial data is not available for the forms filed in this tax period, but Form 990 documents are available for download.

990-EZ

Short form tax return for a nonprofit's activities, finances, and governance

PDF

About This Data

Nonprofit Explorer includes summary data for nonprofit tax returns and full Form 990 documents, in both PDF and digital formats.

The summary data contains information processed by the IRS during the 2012-2019 calendar years; this generally consists of filings for the 2011-2018 fiscal years, but may include older records. This data release includes only a subset of what can be found in the full Form 990s.

In addition to the raw summary data, we link to PDFs and digital copies of full Form 990 documents wherever possible. This consists of separate releases by the IRS of Form 990 documents processed by the agency, which we update regularly.

We also link to copies of audits nonprofit organizations that spent \$750,000 or more in Federal grant money in a single fiscal year since 2016. These audits are copied from the Federal Audit Clearinghouse.

Which Organizations Are Here?	\checkmark
Types of Nonprofits	\checkmark
Get the Data	\checkmark
ΑΡΙ	\checkmark

By <u>Andrea Suozzo</u>, <u>Alec Glassford</u> and <u>Ash Ngu</u>, ProPublica, and <u>Brandon Roberts</u>, Special to ProPublica. Design by Jeff Frankl. Additional development by Ken Schwencke, Mike Tigas, and Sisi Wei.

E-file viewer adapted from <u>IRS e-File Viewer</u> by Ben Getson. Code for scraping audit documents adapated from <u>Govwiki</u>. Updated September 14, 2023

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•				Short Form					QMB No 1545-1150
Form	99	0-Е	: Z	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue benefit trust or private foundation)					2001
	tent of the Revenue	Treasury Service		For organizations with gross receipts less than \$100,000 a than \$250,000 at the end of the year				0	pen to Public Inspection
			dar vear o	The organization may have to use a copy of this return to satisfy states tax year beginning 4/1/2001 and to be a copy of the second sec	ending		<u>/////////////////////////////////////</u>		
		plicable		C Name of organization				ver ide	ntification number
	dress ch	-	Please				-		
	me char	0	use IRS label or	Association of Threat Assessment Professionals, Inc			95-4430		
	ial returi	•	print or	Number and street (or P O box if mail is not delivered to street add	tress) Roo	om/suite	E Telept	none n	umber
	al return		type See Specific	Post Office Box 4108			310-312	-0212	1
	ended r		instruc-	City, town, or country State	ZIP ·	+4			
			tions		000	05	F Enter	4-digit	(GEN)
<u> </u>		pending		Huntington Beach CA	926		<u> </u>		
	Sectio	on 501(c)(3) organiza a con	tions and 4947(a)(1) nonexempt charitable trusts must attacl pleted Schedule A (Form 990 or 990-EZ)	h		inting met	hod	X Cash Accrual
• \AL	eb site						k XIII t required to	-	
-		on type (che	ck only one)	- X 501(c) (3) (insert no) 4947(a)(1) or 527			•), 990-EZ, or 990-PF)
K Ch				s gross receipts are normally not more than \$25,000 The organization					
				0 Package in the mail, it should file a return without financial data	_	<u> </u>	a complet	e retur	
				o determine gross receipts, if \$100 000 or more, file Form 990 instead of			¢ Fic lacta		82,953
Part				nses, and Changes in Net Assets or Fund Balan grants, and similar amounts received	ices (38	e speci			is on page 55)
				evenue including government fees and contracts					34,011
				and assessments					45,535
			entincome						3,407
				n sale of assets other than inventory 5a					
R	b	Less co	ost <u>or othe</u>	r basis and sales expenses 5b	<u> </u>				
e v	С 6	Gain or (Special ((1095) from	sale of assets other than inventory (line 5a less line 5b) (attach	schedule	e) 5		
e				t including \$ of contributions					
n				AY 1 5 2002 0					
u	b	Less di	rect expen	ses other than fundratising expenses 6b					
е	C C	Net Inco	me or (loo	COF Necial events and activities (line 6a less line 6b)		6		
			ales <u> of inv</u> i ost of good	is sold 7b					
				s) from sales of inventory (line 7a less line 7b)			7	<i>с</i>	
			venue (de) [8		
				lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)					82,953
E				amounts paid (attach schedule)			1		4,725
X				for members npensation, and employee benefits			1		- <u>-</u>
Pe				and other payments to independent contractors			1		5,533
n				itilities, and maintenance			1		0,000
S				ns, postage, and shipping			1		9,504
е			penses (d) 1		34,949
<u></u>				Id lines 10 through 16)			1		54,711
Net As- sets				for the year (line 9 less line 17) balances at beginning of year (from line 27, column (A)	0		1	8	28,242
As-				nd-of-year figure reported on prior year's return)	"		1	9	145,764
> sets				net assets or fund balances (attach explanation)			2		
3	21	Net asse	ets or fund	balances_at end of year (combine lines 18 through 20)			2	1	174,006
Part	11	Balanc		- If Total assets on line 25, column (B) are \$250,000				tead	
2 00	C '			Specific Instructions on page 39)	(A)	Beginnin			(B) End of year
22		i, saving: and buil	s, and inve Idinas	isunents			145,764	22 23	174,006
24			(describe	}				24	L
25	Total	assets		/			145,764		174,006
² , 26			s (describe					26	
׳ <u>ን ፈ .</u>	_			nces (line 27 of column (B) must agree with line 21)			145,764	27	174,006
For Pa	aperwor	k Reductio	on Act Notic	e, see the separate instructions		(HTA)			Form 990-EZ (2001)

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•			
-	990-EZ (2001) Association of Threat Assessment Professionals, Inc 95-44302	224	Page 2
Parl	<u></u>		Expenses
What	is the organization's primary exempt purpose? Protect victims of harassment and threat situations		quired for 501(c)(3)
Desc	nbe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,		(4) organizations4947(a)(1) trusts,
desci	be the services provided, the number of persons benefited, or other relevant information for each program title		nal for others)
28	Chapter meetings and annual Threat Management Conference to address themajor issues		
	surrounding stalking and threat situations	- i	
	(Grants \$ 4,725)	28a (43,769
29			
-	(Grants \$)	<u>29a</u>	
30			
	(Grants \$)	30a	
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)	32	43,769
Part			
	(B) Title and average (C) Compensation (D) Contributions		(E) Expense
	(A) Name and address hours per week (If not paid, employee benefit pla	ns& (account and other
	devoted to position enter -0-) deferred compensat	tion	allowances
See	listing attached		
Par	V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each act	nvitv	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes " attach a conformed copy of the ch	-	
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT		
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requir	rement	s? X
ь	if "Yes, has it filed a tax return on Form 990-T for this year?		N/
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
Ь	Did the organization file Form 1120-POL for this year?	-	<u>X</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were		
	any such loans made in a prior year and still unpaid at the start of the penod covered by this return?		<u> </u>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b		
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a		
Ь	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under		
	section 4911, section 4912, section 4955		
Ь	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the		
	year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed California		
42	The books are in care of Tom Beringer Telephone no	909-3	392-5200
	Located at Post Office Box 4108 Huntington Beach, CA ZIP + 4	9260	5
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
	enter the amount of tax-exempt interest received or accrued during the tax year 4	-	
	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements and to the I ballof it will accompany be accompanying schedules and statements and to the I		
Plea	belief, it is take correct, and complete Dectaration of preparer (other than officer) is based on all information of which preparer has i	any Kno	waafta
Sigr	1/du lane Mangura 15-10-	-02	_
Here	Signature of officer Date		
	THOMAS H. KERINGAR NAPEURAL		
	Type or print name and tille		
Paid		arer's SS	N or PTIN (See Gen. Inst. W)
Ргер		0009	906
Use	Firm s name (or yours Howard J Levine C P A EIN		95-3535569
Only	eddress, and ZIP+4 16500 Sherman Way #280, Van Nuys, CA 91406 Phone	no	818-994-5562
	•		E 000 EZ (0000

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(Form 990 or 990-EZ) Except Private Foundation, and Section 501(e), 501(f), 501(0	inction Even			-) / 2)	
Supplementary Information - (See separate instructions.) 2001 Must be completed by the above organizations and attached to ther. Form 000 or 000-E7. Employee identification number (See apparation) Employee identification number (See apparation) Employee identification number (See apparation) Employee identification number (See apparation) Employee identification number (See appa of other instructions. List each one. If there are none, enter "None") (e) Expense account and other (f) The and entropy event dorded to poston (f) The and entropy (f) The and entropy dorded to poston (f) Compensation (f) Expense account and other (f) The and entropy dorded to poston (f) Compensation (f) Expense account and other (f) The and entropy (f) Compensation (f) Expense account and other (f) Expense account (f) The and entropy (f) The account entropy (f) Name and address of each independent contractors for Professional Services (f) Expense account (f) Type of service (f) Compensation (f) Name and address of each independent contractors for Professional Services (f) Expense account (f) Type of service (f) Expense (f) Expense account (f) Type of service (f) Compensation (f) Type of service (f) Compensation (f) Type of service (f) Expense (f)	SCHEDULE A (Form 990 or 990-EZ)	(Exc	cept Private Foundati	on) and Section 50)1(e), 501(f), 501(k		OMB No 1545-0047
Understand same MUST be completed by the above organizations and attached to ther Form 900 gr90-t2 Employer identification number 95:4430224 Association of Threat Assessment Professionals, inc (See page 10 the instructions List each one (If ther are none, enter "None") (e) Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (a) Name and address of each employee paid more than \$50,000 (b) Threat Assessment (e) Compensation of the five Highest Paid Employees Other Than Officers, Directors, and Trustees None (e) Compensation of the sche Highest Paid Employees Other Than Officers, Directors, and Trustees (e) Expense account None (f) Compensation of the five Highest Paid Employees Other Than Officers, Directors, and Trustees (f) Compensation None (f) Compensation of the five Highest Paid Employees (f) Compensation None (f) Compensation of the Five Highest Paid Independent Contractors for Professional Services See page 2 of the instructors. List each one (whether individuals of firms). If there are none, enter "Nore") (g) Compensation None (h) Type of service (g) Compensation		•		••••)	2001
Name of the organization Employee identification number 954-430224 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one I (there are none, enter "None") (a) Name and address of each employee paid more than \$50,000 (b) Title and werage devided to postion (c) Compensation (d) Compensation (e) address of each employee paid more than \$50,000 (e) Title and werage devided to postion (c) Compensation (e) address of each employees paid more than \$50,000 (e) Title and werage devided to postion (c) Compensation (e) address of each employees paid over \$50,000 (e) address of each employees paid (c) Compensation (e) address of each employees paid over \$50,000 (e) address of each in independent contractors for Professional Services (See page 2 of the instructors. List each one (whether individuals or firms). If there are none, enter "None ") (a) Name and address of each independent contractor (b) Type of service (c) Compensation None		MUST be co	mpleted by the above or	anizations and attach	ed to their Form 990 o	r 990-EZ	
Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one (Inter are none, enter "None ") (a) Name and address of each employee paid more than \$50,000 None Total number of other employees paid over \$50,000 None Total number of others receiving over paid more than \$50,000 None Total number of others receiving over Stop 000 for professional services Steep page 10 the instructors Steep page 20 for matricetors Steep	Name of the organizatio	n		•			ification number
(See page 1 of the instructions List each one I there are none, enter "None ") (e) Expense account and others of each devoted to position (f) Compensation enter transformer and other and other allowances None (a) Name enter transformer and enter transformer and enter transformer transformer and enter transformer and enter transformer and enter transformer transformer and enter enter transformer and enter enter transformer and enter transformer							
(a) Name and address of each develope on the service set weight set						ectors, and Ti	rustees
employee paid more than \$50,000 hours per week devoted to position employee hours to write to write to any ensation allowances allowances allowances allowances allowances allowances allowances allowances are set of the s				ere are none, enter			
devoted to position attend comparisons allowances None			- · · ·	(c) Compensation			
None	•p.•,•• p=.=						=
Total number of other employees paid							
over \$50,000 Image: Compensation of the Five Highest Paid Independent Contractors for Professional Services	None	<u></u> ,	1			1	
over \$50,000 Image: Compensation of the Five Highest Paid Independent Contractors for Professional Services							
over \$50,000 Image: Compensation of the Five Highest Paid Independent Contractors for Professional Services	<u> </u>				<u> </u>		
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over \$50,000 Image: Compensation of the Five Highest Paid Independent Contractors for Professional Services	· · ···		1				
over \$50,000 Image: Compensation of the Five Highest Paid Independent Contractors for Professional Services							
Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None ") (a) Name and address of each independent contractor		mployees paid					
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ") (a) Name and address of each independent contractor (b) Type of service (c) Compensation paid more than \$50,000 None							
(a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None							
paid more than \$50,000 None	(See page 2)	of the instructions	List each one (whet				
None				(D) Type	OI SEIVICE		mpensation
Total number of others receiving over \$50,000 for professional services	paie						
\$50,000 for professional services	None						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ (HTA) Schedule A (Form 990 or 990-EZ) 2001							

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_	A (Form 990 or 990-EZ) 2001 Association of Threat Assessment Profession 95-4430224		Pa 	age
Part III	Statements About Activities (See page 2 of the instructions)		Yes	No
atte or i Par	VI-A, or line i of Part VI-B)	1		×
Pai sta 2 Du sut wit ow the	ganizations that made an election under section 501(h) by filing Form 5768 must complete t VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a tement giving a detailed description of the lobbying activities ang the year, has the organization, either directly or indirectly, engaged in any of the following acts with any istantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or in any taxable organization with which any such person is affiliated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining transactions) e, exchange, or leasing of property?	2a		
b Lei	nding of money or other extension of credit?	2b)
c Fu	nishing of goods, services, or facilities?	2c		<u> </u>
d Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	24)
e Tra	Insfer of any part of its income or assets?	2e		>
4 Do lote Atta	es the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below) you have a section 403(b) annuity plan for your employees? Inch a statement to explain how the organization determines that individuals or organizations receiving grants from it in furtherance of its charitable programs "qualify" to receive payments	<u>3</u> 4		
Part IV				
The org	anization is not a private foundation because it is (Please check only ONE applicable box) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6	A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)			
8	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hos 	spita	i's	
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)			
1a X 1b	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12	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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)			
13 [An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))			_
	Provide the following information about the supported organizations (See page 5 of the instructions) (a) Name(s) of supported organization(s) (b) Line num	her		-
				-
				-
				-
14 🔽	An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instruction	ons)	-

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Schedule A (Form 990 or 990-EZ) 2001 Association of Threat Assessment Professionals, In 95-4430224 Page 3 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2000 (b) 1999 (c) 1998 (d) 1997 (e) Total 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) 75 5,000 5,075

	not include unusual grants See line 28)		75		5,000	5,075
16	Membership fees received	<mark>38,171</mark>	20,086	14,700	15,675	88,632
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization s charitable, etc., purpose	55,384	73,089	160,409	99,853	388,735
18	Gross income from interest, dwidends, amounts					
	received from payments on securities loans					
	(section 512(a)(5)), rents, royalties, and unrelated					
	business taxable income (less section 511 taxes)					
	from businesses acquired by the organization					
	after June 30, 1975	3,508	25		238	3,771
19	Net income from unrelated business activities					
15	not included in line 18					
20	Tax revenues leved for the organization's benefit					·
20	and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the					
21	-					
	organization by a governmental unit without charge					
	Do not include the value of services or facilities					
	generally furnished to the public without charge			· —		<u> </u>
22	Other income Attach a schedule Do not include					
	gain or (loss) from sale of capital assets	97,063	93,275	175,109	120,766	486,213
	Total of lines 15 through 22	41,679	20,186			97,478
	Enter 1% of line 23	971	933	1,751	1,208	
	Organizations described on lines 10 or 11.		r 2% of amount ir			1,950
	Prepare a list for your records to show the name					1,930
U	governmental unit or publicly supported organizat			• •	V////////	
	amount shown in line 26a. Do not file this list with					None
~	Total support for section 509(a)(1) test Enter lin			liese excess allio	260	97,478
		3,771 19			200	
u			None		26d	3,771
•	Public support (line 26c minus line 26d total)	26ь	TAOLIE		26e	93,707
	Public support percentage (line 26e (numerate	or) divided by lin	e 26c (denomina	ator))	26f	96 13%
	Organizations described on line 12 a	For amounts incl	uded in lines 15	16 and 17 that w	ere received from	
21	"disqualified person," prepare a list for your record					
	"disqualified person" Do not file this list with your					i, each
			(1998)	unts for each yea	(1997)	
Ь	(2000) (1999) (1999) For any amount included in line 17 that was received and the second seco	vod from oach po		disgualitied perce		et for
D	your records to show the name of, and amount re					
	25 for the year or (2) \$5,000 (Include in the list o					
	file this list with your return After computing the d					
	(1) or (2), enter the sum of these differences (the			and the large	amount descrip	
			(1998)		(1997)	
	(2000) (1333)		(1990)		(1997)	
·	Add Amounts from column (e) for lines 15	16				
Ŭ	17 20	16			27c	I
Ч	Add Line 27a total ar	d line 27h total			27d	
	Public support (line 27c total minus line 27d total				270 27e	
	Total support for section 509(a)(2) test Enter an		column (e)	271		
	Public support percentage (line 27e (numerate				27g	
	Investment income percentage (line 18, colum					
	Unusual Grants For an organization described in line					L <u></u>
20						
	prepare a list for your records to show, for each year, the n				a driet	
	description of the nature of the grant. Do not file this list w	ui youi return too noi	unciude mese grants	<u>5 ur une 15</u>		

Schedule A (Form 990 or 990-EZ) 2001

Schei	dule A (Form 990 or 990-EZ) 2001 Association of Threat Assessment Profess 95-4430224		Р	age 4
Part	V Private School Questionnaire (See page 7 of the instructions)	n		<u>نىتە</u> ت
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	——		No
	•	[res	
	Does the organization have a racially nondiscriminatory policy toward students by statement in its			
	charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with			
	student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast			
	media during the period of solicitation for students, or during the registration period if it has no solicitation	31		XIIII II.
	program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please descnbe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ь	Records documenting that scholarships and other financial assistance are awarded on a racially	32b		
c	nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public	520		+
-	dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		<i>¥1111111</i>
ь	Admissions policies?	33b		+
с	Employment of faculty or administrative staff?	33c		
				\square
d	Scholarships or other financial assistance?	<u>33d</u>		—
е	Educational policies?	33e		
	·			\square
f	Use of facilities?	<u>33f</u>		—
g	Athletic programs?	33g		1
-				\square
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	Has the organization's right to such aid ever been revoked or suspended?	242		
U	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	L	

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Schedule A (Form 990 or 990-EZ) 2001

Sche	dule A (Form 990 or 990-EZ) 2001	Association of T	hreat Assessme	nt Pr <u>ofessio</u> nal	s, 95-4	430224	Page 5
Par	t VI-A Lobbying Expenditures by Elec	-		•	struc	tions)	
 Cheo	(To be completed ONLY by an eligit a fif the organization belongs to an affiliate			68) checked "a" and		control" provisio	ons apply
						(a)	(b)
	Limits on Lobi	bying Expendit	ures			Affiliated	To be completed for ALL
	(The term "expenditures" m	neans amounts pa	aid or incurred)			group totals	electing organizations
36	Total lobbying expenditures to influence pub	lic opinion (grassi	roots lobbying)	<u> </u>	36		
37	Total lobbying expenditures to influence a le	gislative body (dir	ect lobbying)		37		
38	Total lobbying expenditures (add lines 36 an	d 37)			38		
39	Other exempt purpose expenditures				39		
	Total exempt purpose expenditures (add line				40		
41	Lobbying nontaxable amount Enter the amo	ount from the follo	owing table -				
	If the amount on line 40 is -	The lobbying n	ontaxable amo	unt is -			
	Not over \$500,000	20% of the amount	on line 40				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	6 of the excess over	r \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 ptus 109	6 of the excess over	r \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over	\$1,500,000 🚽			
	Over \$17,000,000	\$1,000,000		-			
	Grassroots nontaxable amount (enter 25% o				42		
	Subtract line 42 from line 36 Enter -0- if line				. 43		
44	Subtract line 41 from line 38 Enter -0- if line	e 41 is more than	line 38		44		
	Caution If there is an amount on either line						
		Averaging Peric			4 h a 4 h h		J
	Some organizations that made a secti (Some organizations)					e columns be	low
			<u>gii 50 oli page i</u>	I OI THE INSULU	10115_)		
		Lobi	bying Expenditu	ires During 4-	Year A	veraging Pe	riod
	Calendar year (or fiscal	(a)	(b)	(c)		(d)	(e)
	year beginning in)	2001	2000	1999		1998	Total
45	Lobbying nontaxable amount	1					ļ
							1
46							
							<u> </u>
	Lobbying ceiling amount (150% of line 45(e))						
	Lobbying ceiling amount (150% of line 45(e))						
47	Lobbying ceiling amount (150% of line 45(e))						
47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount						
47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount						
47 48 49	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))						
47 48 49 50	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures						
47 48 49 50	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelectu	-					
47 48 49 50 Par	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecti (For reporting only by organizations	that did not comp	olete Part VI-A) (f the in	structions)	
47 48 49 50 Par	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecti (For reporting only by organizations ing the year, did the organization attempt to influence in	that did not compational, state or local	olete Part VI-A) (legislation, includin	g			
47 48 49 50 Par Duni any a	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelection (For reporting only by organizations) ng the year, did the organization attempt to influence public opinion on a legislative mathematical stression attempt to influence public opinion on a legislative mathematical stression attempt to influence public opinion on a legislative mathematical stression attempt to influence public opinion on a legislative mathematical stression attempt to influence public opinion on a legislative mathematical stression attempt to influence public opinion on a legislative mathematical stression attempt to influence public opinion on a legislative mathematical stression attempt to influence public opinion on a legislative mathematical stression attempt to influence public opinion on a legislative mathematical stression attempt to influence public opinion on a legislative mathematical stression attempt to influence public opinion on a legislative mathematical stression st	that did not compational, state or local	olete Part VI-A) (legislation, includin	g	s No		nount
47 48 49 50 Par Dunn any a a	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelectu (For reporting only by organizations) ng the year, did the organization attempt to influence nattempt to influence public opinion on a legislative math Volunteers	that did not comp ational, state or local ter or referendum, thr	olete Part VI-A) (legislation, includin rough the use of	g Ye	s No X		nount
47 48 49 50 Par Duni any a	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelectu (For reporting only by organizations) ng the year, did the organization attempt to influence public opinion on a legislative math Volunteers Paid staff or management (Include compensation in	that did not comp ational, state or local ter or referendum, thr	olete Part VI-A) (legislation, includin rough the use of	g Ye	s No		nount
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47 48 49 50 Par Dunn any a b c d	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecti (For reporting only by organizations ing the year, did the organization attempt to influence public opinion on a legislative matter Volunteers Paid staff or management (Include compensation in Media advertisements Mailings to members, legislators, or the publications, or published or broadcast state	that did not comp national, state or local ter or referendum, the expenses reported of lic ements	olete Part VI-A) (legislation, includin rough the use of	g Ye	s No X X X X X		nount
47 48 49 50 Par Dunn any a b c d e f	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecture (For reporting only by organizations ng the year, did the organization attempt to influence public opinion on a legislative math Volunteers Paid staff or management (Include compensation in Media advertisements Mailings to members, legislators, or the publications, or published or broadcast state Grants to other organizations for lobbying publications	that did not comp national, state or local ter or referendum, the expenses reported of lic ements urposes	olete Part VI-A) (legislation, includin rough the use of n lines c through h)		s No X X X X X X		nount
47 48 49 50 Par Dunn any a b c d e	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecture (For reporting only by organizations ing the year, did the organization attempt to influence public opinion on a legislative mathematic to influence public opinion on a legislative mathematic of management (Include compensation in Media advertisements Mailings to members, legislators, or the publications, or published or broadcast states Grants to other organizations for lobbying publications, their staffs, geiling attempt to influence organizations for lobbying publications, their staffs, geiling attempt to influence not be advected or broadcast states	that did not comp national, state or local ter or referendum, the expenses reported of lic ements urposes overnment official	olete Part VI-A) (legislation, includin rough the use of n lines c through h) s, or a legislative		s No X X X X X X X X		nount
47 48 49 50 Par Dunn any a b c d e f g	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecture (For reporting only by organizations ng the year, did the organization attempt to influence public opinion on a legislative math Volunteers Paid staff or management (Include compensation in Media advertisements Mailings to members, legislators, or the publications, or published or broadcast state Grants to other organizations for lobbying publications	that did not comp national, state or local ter or referendum, the expenses reported of lic ements urposes overnment official eches, lectures, or ar	olete Part VI-A) (legislation, includin rough the use of n lines c through h) s, or a legislative		s No X X X X X X X X X		nount
47 48 49 50 Par Dunn any a b c d e f g	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelectil (For reporting only by organizations) ng the year, did the organization attempt to influence public opinion on a legislative math Volunteers Paid staff or management (Include compensation in Media advertisements Mailings to members, legislators, or the publications, or published or broadcast states Grants to other organizations for lobbying publications, their staffs, gir Rallies, demonstrations, seminars, conventions, speinare	that did not comp initional, state or local ter or referendum, thr expenses reported of lic ements urposes overnment official eches, lectures, or as pugh h)	blete Part VI-A) (legislation, includin rough the use of h lines c through h) s, or a legislative hy other means	g Ye body	s No X X X X X X X X X X X	An	nount

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Schedule A (Form 990 or 990-EZ) 2001

Association of Threat Assessment Professionals, Inc 95-4430224

Page 6

No

<u>х</u> х

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Yes

51a(ı)

a(II)

b(1)

b(11)

b(111)

b(iv)

b(v)

b(vi)

С

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (I) Cash
- (ii) Other assets
- **b** Other transactions
 - (I) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (IV) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d if the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the

organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a)	(b)		(c)	(d)
Line no	Amount involved	Name of noncl	nantable exempt organization	Description of transfers, transactions, and sharing arrangements
	<u> </u>			
	<u> </u>			
				<u>├──</u> ──────── ── ────────────────────────
	<u>├</u>			
-	<u> </u>			
	[
				<u> </u>
				· · · · · · · · · · · · · · · · · · ·
50- l- 4b			officered with an related t	
			de (other than section 501(c	o, one or more tax-exempt organizations ()(3)) or in section 527? Yes X No
	es," complete the			
	(a)	ionowing sched	(b)	(c)
	Name of organiz	ation	Type of organization	Description of relationship
	·			
	<u></u>			
- <u></u>				· · · · · · · · · · · · · · · · · · ·
				······································
				· · · · · · · · · · · · · · · · · · ·
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Schedule A (Form 990 or 990-EZ) 2001

Name as shown on return	ID number
Association of Threat Assessment Professionals, Inc	95-4430224

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Bank charges	408
Conferences and meetings	25,860
Miscellaneous	
Office expenses	
Telephone	
Travel	2,836
TOTAL	34,94

STATEMENT #2 - GRAN	TS
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Los Angeles Police Department	4,725
TOTAL	4.725

STATEMENT #3 - CHANGE OF FISCAL YEAR

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During 2001 the organization adoped a calendar year end This return is for the short period April 1, 2001 to December 31, 2001

Association of Threat Assessment Professionals National Board of Directors

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President	Greg Boles Kroll Inc 660 S Figueroa 9 th Floor Los Angeles, CA 90017 Office (213) 443 – 6090 Fax. (213) 443 – 6050 E-mail gboles@krollworldwide.com
1 [#] Vice President	Paul Bristow Fox Entertainment Group P O Box 900 Beverly Hills, CA 90213 Office (310) 369 – 3313 Fax. (310) 369 – 2158 E-mail paulbr@foxinc.com
2 nd Vice President	Victoria J Havassy Ph D Psychological Resources 2211 Connth Ave Suite 303 Los Angeles, CA 90064 Office (310) 444 – 1400 Fax (310) 478 – 3877 E-mail havassy@aol.com
Secretary	Wayne Maxey D A Investigator San Diego Distnct Attorney's Office 330 W Broadway Suite 1340 San Diego, CA 92101 Office (619) 531 – 3636 Fax. (619) 685 – 6540 E-mail wmaxey@sdcda org
Treasurer	Tom Bennger CPP Metropolitan Water District P O Box 4108 Huntington Beach, CA 92605 Office (909) 392 – 5200 Fax. (909) 593 – 2662 E-mail <u>tberinger@mwdH2O com</u>
Sgt. At Arms	Basil J Stephens Mavenck Recording Co 9348 Civic Center Dr Beverly Hills, CA 90210 Office (310) 385 – 6462 Fax (310) 385 – 7711 E-mail steve stephens@mavenck.com

Association of Threat Assessment Professionals National Board of Directors

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Past President & Founder	John C Lane Jr The Omega Threat Management Group, Inc 1801 Ave of The Stars Suite 1101 Los Angeles, CA 90067 Office (310) 551 – 2063 Fax. (310) 551 – 2671 E-mail omegatmg@aol.com
Membership	Diane Mc Naır LAPD/Financial Cnmes 19726 Colima Rd # 247 Rowland Heights, CA 91748 Office (213) 485 – 4131 Fax. (213) 000 – 0000 E-mail StalkerStopper@aol.com
Of Counsel	Eve F Sheedy Esq Glassman, Browning & Saltsman 360 N Bedford Dr Suite 204 Beverly Hills, CA 90210 Office (310) 278 – 5100 Fax (310) 271 - 6041 E-mail efs@gbslaw.com

National Board of Directors

Greg Boles

Paul Bristow Fest Vice Resident

Victoria Havassy Second Vice President

Woyne Moxey Secretary

Tom Beringer Treasurer

Basil Stephens Sergeant of Arms

John C. Lane Jr Past President Association of Threat Assessment Professionals

National Headquarters



<u>CHAPTERS</u> LOS ANGELES WASHINGTON, D C NORTHERN CALIFORNIA CHICAGO DENVER SAN DIEGO TEXAS

December 01, 2001

National Board of Directors Resolution

As directed by the National Board at the third quarter meeting on November 20, 2001, the fiscal year for the non-profit organization known as the Association of Threat Assessment Professionals (A T A P) shall be adjusted to a calendar year, January 01 through December 31.

The National Treasurer is therefore directed to ensure that this process is implemented for this year of 2001 and that all of the affiliate Chapters are notified and provide the required tax documents as required by the contract accountancy firm

Greg Boles President

Form 990	•	
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

	:		Under section 501(c), 527, c				(except black lung	2002	2
D			ł	penefit trust or private	roundation)		#Open to Pu	
	ent of the Treas Revenue Servic		The organization may have to	use a conv of this retur	n to satisfy	state ren	orting requirements	Inspectio	
A For	the 2002 cal	endar vear. o	r tax year beginning			anding	orang requirements		<u></u>
	ck if applicab	ile F	C Name of organization				D Employer Identifica	tion number	
	ress change	Please use IRS	Association of Threat Ass	essment Professional	ls. Inc		95-4430224		
Nam	e change	label or print or	Number and street (or P.O. box if			Room/su			
	il return	type	Post Office Box 4108				310-312-0212		
H		See Specific	City or town	State or cou	intry 71	P+4	F Accounting method		
	l return	instruc- tions	City of town	3616 01 000					Accrual
8	nded return		Huntington Beach	CA	92	2605	Other (specify)	•	
Appl	ication pendi		on 501(c)(3) organizations and 494 s must attach a completed Schedu			Handla	are not applicable to section 52		<u>.</u>
0 WL		0 030	i must attach a completed Schede			H(a)	is this a group return for affiliates		X No
<u>G</u> Web	Sile P	•				Н(Б)	If "Yes " enter number of affil		
1 000						H(c)	Are all affiliates included?	Yes	No
J ORG	ANIZATION T	PE (check only	one) ► X 501(c) (3) ◀ (in	isert no) 4947(a)(1) OF	२ 527	-	(If "No " attach a list. See ins	tructions)	
K Chec			nization's gross receipts are normal			H(d)	Is this a separate return filed		51
			th the IRS but if the organization re nancial data SOME STATES REQU			ļ	covered by a group ruling?	Yes [2	
						<u></u>	Enter 4-digit GEN		
						м	Check 🕨 🗶 if the organiz	ation is NOT require	ed
			, and 10b to line 12		61,600		to attach Sch B (Form 990 s	990-EZ or 990-PF)	
Partil			s, and Changes in Net Ass		es (See	page 17	f of the instructions)		
	1	-	gifts, grants, and similar an	nounts received					
	1	irect public s	••				1a 100		
		direct public					1b		
			contributions (grants)	40	0	_L 0			100
			nes 1a through 1c) (cash side size in the second seco			- •	/	1d 2 4	<u>100</u> 5,692
			lues and assessments	inent lees and contra		Fait VII,			3,788
		•	vings and temporary cash ir	vestments			-		2,020
			I interest from securities				-	5	
	6 a G	ross rents					6a		
	b Le	ess rental e	xpenses				6b		
	(C N	et rental inco	ome or (loss) (subtract line 6	3b from line 6a)				6c	
	7 0	ther investm	ent income (describe 🕨					7	
8	-		t from sales of assets other		(A) Sec	urities	(B) Other		
venue		an inventory					8a		
B			other basis and sales expen	ses			8b		
			(attach schedule)				8c		
		-	iss) (combine line 8c, colum s and activities (attach sche					8d	
			e (not including \$			of			
			reported on line 1a)			_0.	9a		
			penses other than fundrais	ina expenses	/ . R	A CONTRACT			
~			(loss) from special events ((ipe/9a)	ECE		9c	
	10 a G	ross sales o	f inventory, less returns and	allowances	97				
7	b Le	ess costofo	joods sold		1 APP	<i>n</i>	106		
5007 / 1	c G	ross profit or	goods sold (loss) from sales of invento (from Part VII, line 103)	ory (attach schedule)	SUptract III	ne Obj	rom liné (±0a)	10 <u>c</u>	
	11 0	ther revenue	e (from Part VII, line 103)	· · · ·	080		"" <u>?</u>	11	
< Z			NUE (add lines 1d, 2, 3, 4, 1		and 11) C	THE.			1,600
			ces (from line 44, column (E			57			5,927
, se		_	and general (from line 44, c	olumn (C))			·. (<u>0,873</u>
Ethenses			rom line 44, column (D)) iffiliates (attach schedule)				ł	<u>15</u> 16	
۵ E	1	-	NSES (add lines 16 and 44,	column (A))			ľ		6,800
	+		ficit) for the year (subtract li						4,800
Het Asrats	1		fund balances at beginning		column (A))	ŀ		4,006
			s in net assets or fund balar			· ·	ľ	20	
ž			fund balances at end of yea			1	ł		8,806

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Form 990 (2002) Association of Threat Assessment Professionals, Inc 95-4430224 Page 2

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Parti	Statement of All organizations must complete colum Functional Expenses and section 4947(a)(1) nonexempt cha	nn (A) Colui antable trust	mns (B) (C), and (D is but optional for oth) are required for se ters (See page 21 d	ction 501(c)(3) and of the instructions)	(4) organizations
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Managemen and general	t (D) Fundraising
22	Grants and allocations (attach schedule)	1 1				X/////////////////////////////////////
	(cash \$7,295_ noncash \$) 22	7,295	7,295		8//////////////////////////////////////
23	Specific assistance to individuals (attach schedule)	23				8//////////////////////////////////////
24	Benefits paid to or for members (attach schedule)	24				<u> </u>
25	Compensation of officers, directors, etc	25				
26	Other salanes and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	·····			
30	Professional fundraising fees	30				
31	Accounting fees	31	500	400	10	
32	Legal fees	32	1,214		1,21	
33	Supplies	33	1,272	1,018	25	
34	Telephone	34	352	282	7	
35	Postage and shipping	35	1,503	1,202	30	
36	Occupancy	36	160	128	3	2
37	Equipment rental and maintenance	37		E 000		
38	Printing and publications	38	<u>7,378</u> 5,118	<u>5,902</u> 4,094	<u>1,47</u> 1,02	
39	Travel					
40	Conferences, conventions, and meetings	<u>40</u> 41	23,347	18,678	4,66	9
41	Interest	41				
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize) a <u>Bank charges</u>	43a	563	450	11	2
	Insurance	43b	2,088	1,670		
c	Outside services	43c	6,010	4.808	· · · · · · · · · · · · · · · · · · ·	
d		43d	0,010	4,000	1,20	<u>-</u>
- e		43e				
f		43f				
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	44	56,800	45,927	_10,87	3
Are an If "Yes (III) the Rart I Rart I What All org of clien	is the organization's primary exempt purpose? Protect vic anizations must describe their exempt purpose achievements in a deates served, publications issued, etc. Discuss achievements that are not served.	(See p tims of h ar and con ot measura	(ii) the amount a and (iv) the amo age 24 of the in arassment and torse manner Sta able (Section 501	llocated to Progra unt allocated to F istructions) threat situation te the number (c)(3) and (4)	am services Fundraising \$ S	Yes X No Program Service Expenses tequired for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
	zations and 4947(a)(1) nonexempt chantable trusts must also enter the				,	
	Chapter metings and annual Threat Management Conference urrounding stalking and threat situations					
		(Gra	nts and allocati	ons \$)	45,927
ь <u> </u>						
_		(0		P		
¢		(Gra	nts and allocate	ons ş		
_						
d		(Gra	nts and allocation	ons >		
_		(Gra	nts and allocate	ons \$		
e C	ther program services (attach schedule)		nts and allocation			
	OTAL OF PROGRAM SERVICE EXPENSES (should equal lin					45,927

Association of Threat Assessment Professiol 95-4430224

No		Where required, attached schedules and amounts within column should be for end-of-year amounts only	the description	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	······································	84,100	45	80,156
	46	Savings and temporary cash investments		89,906	46	98,650
	47	a Accounts receivable	47a			
		b Less allowance for doubtful accounts	47b		47c	
	48	a Pledges receivable	48a			
		b Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key	employees			
		(attach schedule)			50	
	51	 Other notes and loans receivable (attach 				
ស		schedule)	51a			
Assets		b Less allowance for doubtful accounts	51b		<u>51c</u>	
<	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54		Cost FMV		54	
	55	a Investments - land, buildings, and				
		equipment basis	<u>55a</u>			
		b Less accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments - other (attach schedule)	57 .		56	
		a Land, buildings, and equipment basis	<u>57a</u>			
		b Less accumulated depreciation (attach	57b		57c	
	58	schedule)	[5/D]		570	
	50	Other assets (describe	,		50	
	59	TOTAL ASSETS (add lines 45 through 58) (must equal	line 74)	174,006	59	178,806
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
_	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key emplo	yees (attach			
		schedule)			63	
Ľ		a Tax-exempt bond liabilities (attach schedule)			64a	
		b Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe)	·	65	
	66	TOTAL LIABILITIES (add lines 60 through 65)			66	
	Org	anızatıons that follow SFAS 117, check here 🕨 🗙 a	nd complete lines			
		67 through 69 and lines 73 and 74				
Ś	67	Unrestricted		174,006	67	178,806
ĕ	68	Temporarily restricted			68	
aa	69	Permanently restricted	—		69	
n c	Org	anizations that do not follow SFAS 117, check here 🕨	and			
5		complete lines 70 through 74				
5	70	Capital stock, trust principal, or current funds			70	
ਲੁੰ	71	Paid-in or capital surplus, or land, building, and equipm			_71	
ŝ	72	Retained earnings, endowment, accumulated income,			72	
Net Assets or Fund Balances	73	TOTAL NET ASSETS OR FUND BALANCES (add line)	s 67 through 69 OR			
e N		lines 70 through 72,				
		column (A) MUST equal line 19, column (B) MUST equ		174,006		178,806
	74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES	(add lines 66 and 73)	174,006	74	178,806

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

b Ar or (1) No (2) Do (2) Do (3) Ro (3) Ro (4) Of (4) Of (4) Of Ac (1) In fc (1) In fc (2) Of a (2) Of a (2) Of a (2) Of a (2) Of a (3) Ro (3) Ro (3) Ro (3) Ro (3) Ro (4) Of Ac (5) Of (1) In fc (1) In In In In In In In In In In In In In	Financial Statements with F Return (See page 26 of the bal revenue, gains, and other support ar audited financial statements mounts included on line a but not in line 12, Form 990 et unrealized gains in investments <u>\$</u> onated services and se of facilities <u>\$</u> ecovenes of prior ear grants <u>\$</u> ther (specify) <u>\$</u> dd amounts on lines (1) through (4) ine a minus line b mounts included on line 12, form 990 but not on line a ivestment expenses ot included on line b, Form 990 <u>\$</u> ther (specify) <u>\$</u> dd amounts on lines (1) and (2)	Reven e instru	nue p)er		(1) (2) (3) (4)	Financia Return Total expenses audited financia Amounts includ on line 17, Forn Donated servic and use of facil Pnor year adjus reported on line Form 990 Losses reporte line 20, Form 9 Other (specify)	ded on line a but not m 990 ces lities <u>\$</u> stments e 20, s d on 990 <u>\$</u> lines (1) through (4) he b		
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Fc (1) In' nc 6t (2) Of — — — — — — — — — — — — — — — — — — —	orm 990 but not on line a vestment expenses ot included on line o, Form 990 <u>\$</u> ther (specify) <u>\$</u> dd amounts on lines (1) and (2)				8				X/////////////////////////////////////	
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nd 6t (2) Of — — — — — — — — — — — — — — — — — — —	ot included on line b, Form 990 <u>\$</u> ther (specify) <u>\$</u> dd amounts on lines (1) and (2)				\sim		Form 990 but n		X//X//////////////////////////////////	
6b (2) Of — — — — — — — — — — — — — — — — — — —	b, Form 990 <u>\$</u> ther (specify) <u>\$</u> dd amounts on lines (1) and (2)					(1)	Investment exp		X//X//////////////////////////////////	
(2) Of 	ther (specify)				8		not included on	n line		
					8		6b, Form 990	<u> </u>		
		l.			8	(2)	Other (specify)		X//X//////////////////////////////////	
e To (lu					8				<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
e To (lu		Ē			8			<u> </u>		
e To (lu		→	d		<u>í</u>		Add amounts o	on lines (1) and (2)	- d	
<u>(lı</u>	atal sayanya nasilwa 12. Easm 000	- F	<u>u</u>		Ϋ.					
	otal revenue per line 12, Form 990	ں ^ہ	-			9		s per line 17, Form 990		
<u>ar¦v</u> ∰∰	ne c plus line d)		0				(line c plus line		· · · · · · · · · · · · · · · · · · ·	
		Iruste	90S, 8	and Key Emp	loye	8 5	(List each one	even if not compensated	i, see	
	page 26 of the instructions)					-1		·····		
			tlo an	d average hours	nor) Compensation	(D) Contributions to	(E) Expense	
	(A) Name and address	(B) Title and average hours p week devoted to position					(IF NOT PAID,	employee benefit plans &	account and other	
				·			ENTER -0-)	deferred compensation	allowances	
e listing	attached						0		2	
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5 Di		1							ization	

For	rm (990 (2002) Association of Threat Assessment Professionals, Inc 95-4430224			Pag	<u>e 5</u>			
Pa	τtV	Other Information (See page 27 of the instructions)			Yes	No			
76	i	Did the organization engage in any activity not previously reported to the IRS? If "Yes " attach a detailed description of each	activity	76		X			
77		Were any changes made in the organizing or governing documents but not reported to the IRS	57	77	<u> </u>				
		If "Yes," attach a conformed copy of the changes			<i>\/////</i>	//////			
78		Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	this return?	<u>78</u> a		X			
		If "Yes," has it filed a tax return on FORM 990-T for this year?	N/A	78b					
79		Was there a liquidation, dissolution termination, or substantial contraction during the year? If "Yes," attach		79	·/////	X			
80	а	Is the organization related (other than by association with a statewide or nationwide organization) through	common		<i>\//////</i>				
	•	membership, governing bodies, trustees officers, etc., to any other exempt or nonexempt organization?		80a		X			
	D	If "Yes," enter the name of the organization			<i>\////</i>				
~ .		and check whether it is exempt OR	nonexempt		<i>\/////</i>				
81		Enter direct or indirect political expenditures See line 81 instructions	81a Non		<i>\/////</i>	/////.			
0.0		Did the organization file FORM 1120-POL for this year?	t as shares	<u>81b</u>		<u> </u>			
6 2	а	Did the organization receive donated services or the use of materials, equipment, or facilities a	it no charge	82a	x				
	ь	or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount			m	7////.			
	U	as revenue in Part I or as an expense in Part II (See instructions in Part III)	826			/////.			
83	а			83a	X	//////			
00	 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 								
84		Did the organization solicit any contributions or gifts that were not tax deductible?		83b 84a	X	Х			
• •		If "Yes," did the organization include with every solicitation an express statement that such cor	tributions	Ĭ					
	-	or gifts were not tax deductible?	N/A	84b	<i>,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	//////			
85		501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by member		85a					
	ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b					
		If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless t	the	V////		<i>7777</i> ,			
		organization received a waiver for proxy tax owed for the prior year							
	С	Dues, assessments, and similar amounts from members	85c						
	d	Section 162(e) lobbying and political expenditures	85d		V////				
	8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85ө		X/////	/////.			
		Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		<i>\/////</i>	(/////			
		Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<u>85g</u>					
	h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amour							
		its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures	for the	0.51					
		following tax year?	ac_	85h		mm			
86		501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 . Gross receipts, included on line 12, for public use of club facilities	86a 86b						
87		501(c)(12) orgs Enter a Gross income from members or shareholders	87a						
0,		Gross income from other sources (Do not net amounts due or paid to other	0/2		<i>\////</i>				
	-	sources against amounts due or received from them)	87b						
88		At any time during the year, did the organization own a 50% or greater interest in a taxable cor							
-		partnership, or an entity disregarded as separate from the organization under Regulations sec	•						
		301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		x			
89	а	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year und	er			/////.			
		section 4911 Mone , section 4912 None , section 4955	None						
	Ь	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit f	transaction						
		dunng the year or did it become aware of an excess benefit transaction from a prior year? If "Y	es," attach						
		a statement explaining each transaction		_ <u>89b</u>		X			
		Enter Amount of tax imposed on the organization managers or disqualified persons during the	year under						
		sections 4912, 4955, and 4958		►N	lone				
	d	Enter Amount of tax on line 89c, above, reimbursed by the organization		► <u>1</u>	lone				
90	а	List the states with which a copy of this return is filed							
	b	Number of employees employed in the pay period that includes March 12, 2002 (See instruction	ons)	90b None					
91		The books are in care of Tom Bennger Telep!	none no 🕨 90	9- <u>392-5200</u>					
			4 ▶ 92605						
92		Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of FORM 1041 - Check I							
~~		and enter the amount of tax-exempt interest received or accrued during the tax year		92					
		and enter the amount of rev-eventhr interest received of accided onlind the rax year	· · · · · · · · · · · · · · · · · · ·	<u></u>					

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Form 9			sis of Inco	me-Producing A					nt Professionals, tructions)	Inc	<u>95-4430224</u> _	Page 6
		-		nless otherwise		Unrelated b				ction	512 513 or 514	(E)
		gross	amounts ur	liess offermise		····	10331		·	0001	_	Related or exempt
Indicat						(A) Business code		(B) Amount	(C) Exclusion cod	•	(D) Amount	function income
93	-		ice revenue		-			hiount				
		erence			\vdash							33,992
b	Apple	cation (ees									<u>11,700</u>
C				<u> </u>								
d					1							
e												
f	Medic	are/Mer	licaid payme	nts					1			
				nment agencies								
									·	· •		13,788
94		•	dues and ass		_				·		0.000	13,700
95		-		cash investments	_				14		2,020	
96			interest from		—				kunnanna			
97	Net re	ntal inc	ome or (loss)	from real estate			///X////		X/////////////////////////////////////			
3	debt-fi	inanced	property									
b	not de	bt-finan	ced property		[
98	Net rent	al income	or (loss) from per	rsonal property								
99			ient income									
100				other then invested								· · ·
101				other than inventory								
				special events	-							
102			loss) from sales							_		
103		revenue										
b												
d								-				
e												
104	Subto	tal (add	columns (B)	(D) and (E))						////	2,020	59,480
105		-		mns (B), (D), and (E							2,020	61,500
Note				ant I, should equa		amount on i	ino 12 5	Part I			•	01,000
Part V		1	-	Activities to the		-		<u> </u>		-		
L	.ine No ▼	•		each activity for wh ization's exempt pur						d ım	portantly to the ac	complishment
	•											
<u>93 (a)</u>				es and meetings t					ing and threat si	tuat	ions	· · · · · · · · · · · · · · · · · · ·
<u>93 (b)</u>				packground check		· · ·			··			
94			Gives acce	ess to members of	the	public with a	in interes	st in stalki	ng and threat site	utati	ons	
Part I)	(IIII)	Inform	nation Reg	arding Taxable S	Subs	sidiaries and	l Disreg	arded Ent	tities (See pag	ge 3	2 of the instruct	ions)
			(A)			(B)			(C)	<u> </u>	(D)	(E)
	Nam	e addre	• •	of corporation.		Percenta		Natu	ire of activities		Total income	End-of-year
		•	up, or disrega	• •		ownership	-				rolar moonie	assets
	·					ottrididitip	interçat					
None	9					ļ		_				
				<u> </u>		 				-		
						ļ				<u> </u>		
Part X		Inforr	nation Reg	arding Transfers	As	sociated wit	h Perso	nal Benel	fit Contracts (S	iee i	bage 33 of the in	nstructions)
						-						
(a) Di	d the o	rganiza	tion, during th	ne year, receive any	fund	is, directly or il	ndirectly,	to pay pren	nums on a person	al be	enefit contract?	Yes XNo
(b) D.	d the	organiz	ation, durin	ig the year, pay pi	emi	ums, directly	or indire	ctly, on a	personal benefit	t cor	ntract?	Yes X No
Note	If "Ye	es" to (i	b), file Form	8870 AND Form	472	0 (see instru	ctions)					
				pegury, I declare that I				ting accomp	anyon schedules and	state	ements, and to the br	est of my knowledge
				correct and complete								
Please	•		(N)	$\cap \cap$	_		•				1	
Sign		♥	1m	-11 KS-	-9					Y	~/~23	
Here		Sigi	nature of officer		\sim				Da	ite		
			THOMA	LS A L	୵୶	NNGA	-	A A	TUN)Al	(fr	UARD 1/	CARURA
		ण ⊤फ्र	e or print name				-		· · · · · · · · · · · · · · · · · · ·			
		Property		-			Date		Check if self-		Preparer's SSN or P	TIN (See Gen Inst W)
Paid		Prepare		. OIL			_			ן ר		and the second start the
Prepa	rer's	signatur		und	<u> </u>	`	3/2	/2003	employed X	J	P00009906	
Use O		Firm's na if self-em	me (or yours ployed)	Howard J Le								-3535569
	-		and ZIP + 4	16600 Shern	nan '	Way, Suite 2	<u>80, Van</u>	<u>Nuys, CA</u>	91406		Phone no 🕨 81	
		_		· · · · · · · · · · · · · · · · · · ·	_						Г-	rm 990 (2002)

SCHEDULÉ A (Form 990 or 990-EZ)

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Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k),

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.) OMB No 1545-0047

2002

Internal Revenue Service		pleted by the above org	•	-		•	
Name of the organizati		pieted by the above org					entification number
Association of Threat A		ionals, Inc					95-4430224
		Highest Paid Emp	loyees Oth	er Than	Officers, Dire		
(See page	e 1 of the instructions	s List each one If ther	e are none, o	enter "No	ne ")		
(a) Name and ad		(b) Title and average			(d) Contrit		(e) Expense account
employee paid mo	re than \$50 000	hours per week	(c) Comp	ensation	employee ber		and other allowances
		devoted to position			deferred cor	npensation	anowances
Non	e						
	-	1					
			ļ				
		4					
·	··· · · ·	-					
					<u> </u>		
		1					
Total number of other e over \$50,000	employees paid						
	sation of the Five	Highest Paid Indep	pendent Cr	ntracto	rs for Profess	ional Servi	//////////////////////////////////////
		List each one (wheth					
(a) Name and addres	s of each independent	contractor paid more than	n \$50.000		(b) Type of serv	lice	(c) Compensation
	3 of caor independent						
None							
:				-			
				-			
Total number of others		<u> </u>					
THE REPORT OF A DESTRUCTION OF A DESTRUC	receivino over	1		<i>∀1////////////////////////////////////</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

\$50,000 for professional services

Scheo	Ile A (Form 990 or 990-EZ) 2002 Association of Threat Assessment Professionals, Inc 95-4430224		Page 2
Part	III Statements About Activities (See page 2 of the instructions)	1	res No
1 2	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$(Must equal amounts on line 3 Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) Sale, exchange, or leasing of property?		
b	Lending of money or other extension of credit?	2b	<u> </u>
c	Furnishing of goods, services, or facilities?	2c	x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	x
Ð	Transfer of any part of its income or assets?	20	x
or loa	Does the organization make grants for scholarships, fellowships, student loans, etc? (See NOTE below) Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants as from it in furtherance of its charitable programs "gualify" to receive payments	3	
Part			
5 6 7 8 9 10	ganzation is not a private foundation because it is (Please check only ONE applicable box) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) ENTER THE NAME, CITY, AND STATE An organization operated for the benefit of a college or university owned or operated by a governmental unit S 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A) X An organization that normally receives a substantial part of its support from a governmental unit or from the ge public Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A) An organization that normally receives (1) MORE THAN 33 1/3% of its support from contributions, membership fees, and g activities related to its chantable, etc , functions - subject to certain exceptions, and (2) NO MORE THAN 33 1/3% of its sup investment income and unrelated business taxable income (less section 501 (c)(4), (5), or (6), if they meet the te 509(a)(2) (See section 509(a)(2) (Also complete the SUPPORT SCHEDULE in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and suppor organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the te 509(a)(2) (See section 509(a)(3)) Provide the following information about the supported organiz	Section eneral ross receiption port from gro tion after Jud ents est of section number	s from oss ne 30,

Schedule A	(Porm	<u>99</u> 0	or	990-E	Z)	2002	

Association of Threat Assessment Professionals, Inc 95-4430224

Page 3

Parti						COUNTING
Note	You may use the worksheet in the instructions for conv	erting from the a	ccrual to the ca	sh method of ac	counting	<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	<u>(d) 1998</u>	(e) Total
15	Gifts grants, and contributions received (Do	i i	ĺ			1
	not include unusual grants. See line 28)			75		75
_16	Membership fees received	45,535	<u>38,171</u>	20,086	14,700	118,492
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's chantable, etc., purpose	34,011	55,384	73,089	160,409	322,893
18	Gross income from interest, dividends,		1			
	amounts received from payments on securities					
	loans (section 512(a)(5)) rents, royalties, and					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired	3,407	3,508	25		6,940
19	by the organization after June 30, 1975		3,000			0,540
15	activities not included in line 18					
20	Tax revenues levied for the organization's					
20	benefit and either paid to it or expended on	i i	1			1
	its behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge Do not include the value of					
	services or facilities generally furnished to the					1
	public without charge					
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	82,953	97,063	93,275	175,109	
	Line 23 minus line 17	48,942	41,679	20,186	14,700	125,507
25	Enter 1% of line 23	830	971	933	1,751	
26 b		nter 2% of amount	• • •		26a	2,510
U	Prepare a list for your records to show the name of and amount or publicly supported eccentration) where letter after for 10	=	-			
	unit or publicly supported organization) whose total gifts for 19 DO NOT FILE THIS LIST WITH YOUR RETURN Enter the to	-		unt shown in mie a	20a ////// 26b	
с	Total support for section 509(a)(1) test Enter line 24, column				26c	125,507
d		6,940 19			11111	
-	22	26b			26d	6,940
e	Public support (line 26c minus line 26d total)				26e	118,567
f	PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATO	R) DIVIDED BY LI	NE 26C (DENOM	INATOR))	26f	94 47%
27	ORGANIZATIONS DESCRIBED ON LINE 12 a For amou	nts included in line	s 15, 16, and 17 t	hat were received	from a "disqualifi	ied
	person," prepare a list for your records to show the name of a		-	ear from, each "di	squatified person	•
	DO NOT FILE THIS LIST WITH YOUR RETURN Enter the se	um of such amoun	ts for each year			
	(2001) (2000)	(19	201		(1998)	
b	For any amount included in line 17 that was received from each					ords to
-	show the name of, and amount received for each year, that was	•				
	(Include in the list organizations described in lines 5 through 1					
	computing the difference between the amount received and th					
	excess amounts) for each year	-	• • •			
	(2001) (2000)	(19	99)		(1998)	
С	Add Amounts from column (e) for lines 15	16	<u> </u>			I
	17 20	21			27c	
d	Add Line 27a total and line 2	/b total			27d	
е f	Public support (line 27c total minus line 27d total)	a 23		27f	27e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 9	Total support for section 509(a)(2) test Enter amount from line PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATO)				27g	
-	INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN					<u>├──</u>
28	UNUSUAL GRANTS For an organization described in line 10.					prepare a
	list for your records to show, for each year, the name of the co		-	-	-	

nature of the grant DO NOT FILE THIS LIST WITH YOUR RETURN Do not include these grants in line 15

Sched	ule A (Form 990 or 990-EZ) 2002 Association of Threat Assessment Professionals, Inc 95-4430224	Page 4
Part		
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	
		Yes No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its	
	charter, bylaws, other governing instrument, or in a resolution of its governing body?	29
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all	
	its brochures, catalogues, and other written communications with the public dealing with student	
	admissions, programs, and scholarships?	30
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast	
	media during the penod of solicitation for students, or during the registration penod if it has no solicitation	
	program, in a way that makes the policy known to all parts of the general community it serves?	31
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	
		- \////////////////////////////////////
		- \////////////////////////////////////
		- \////////////////////////////////////
		- \////////////////////////////////////
32	Does the organization maintain the following	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a
b		
_	nondiscriminatory basis?	32b
С	Copies of all catalogues, brochures, announcements, and other written communications to the public	20-
	dealing with student admissions, programs, and scholarships?	32c
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	
		- \////////////////////////////////////
22		- \////////////////////////////////////
33	Does the organization discriminate by race in any way with respect to	
-	Students' rights or privileges?	33a
а		
ь	Admissions policies?	336
-		
с	Employment of faculty or administrative staff?	33c
-		
d	Scholarships or other financial assistance?	33d
e	Educational policies?	33e
f	Use of facilities?	33f
g	Athletic programs?	33g
h	Other extracurricular activities?	33h
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	
		- \////////////////////////////////////
		- \(///)\(///)\(///)
24 -	Deep the experimentation receive any financial and as accurate from a second second second	242
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	<u>34a</u>
F	Here the emperation is path to much and over been revelopt at support $d = d^2$	34b
D	Has the organization's nght to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	
	a you answered area to entrep and or o, prease explain using an anatheu statement	X////X////X//////
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through	
	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35

the second second		nation of Threat Assessment Professionals, Inc		30224	Page 5
Part	VI-A Lobbying Expenditures by (To be completed ONLY by an e	Electing Public Charities (See page 9 of the eligible organization that filed Form 5768)	instructio	ons)	
Chec	k a I if the organization belongs to an	affiliated group Check b if you checked "a" and	d "limited	control" provisio	ons apply
				(a)	(b)
	Limits on	Lobbying Expenditures		Affiliated group	To be completed
		• • • • • • • • • • • • • • • • • • •		totals	for ALL electing
		es" means amounts paid or incurred)			organizations
36	Total lobbying expenditures to influence p		36		
37	Total lobbying expenditures to influence a		37		·
38	Total lobbying expenditures (add lines 36	and 37)	38		
3 9	Other exempt purpose expenditures		39_		
40	Total exempt purpose expenditures (add I		40		
41	Lobbying nontaxable amount Enter the a	mount from the following table -			
	If the amount on line 40 is -	The lobbying nontaxable amount is -			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			X/////////////////////////////////////
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			\$/////////////////////////////////////
42	Grassroots nontaxable amount (enter 25%	6 of line 41)	42	-	
43	Subtract line 42 from line 36 Enter -0- if li	ne 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if li	ne 41 is more than line 38	44		
	Caution If there is an amount on either li	ne 43 or line 44, you must file Form 4720			

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

		Lobby	/ing Expenditur	es During 4-Y	ear Averaging Pe	eriod
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in)	2002	2001	2000	1999	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part-VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any			
attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		Х	///////////////////////////////////////
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
 Total lobbying expenditures (Add lines c through h) 			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule A (Form 990 or 990-EZ) 2002

Schedule A (F	orm 990 or 990-EZ) 2	2002	Association of Threat Asses	ssment Professionals, Inc 95-4430224		_Pa	ige 6
PartiVI	Information Reg Exempt Organia		ee page 12 of the instruction	ns and Relationships With Noncharit	able		
501(c) of the Code (othe	r than section 5		he following with any other organization de section 527, relating to political organizatio organization of		Yes	No
(I) C					51a(i)		X
(II) C)ther assets				a(II)		X
	transactions						
			noncharitable exempt organ	nization	b(1)		<u> </u>
• •			ntable exempt organization		b(II)		<u> </u>
• •	lental of facilities, e	• •	her assets		b(III)		- <u>x</u> -
	leimbursement arra oans or loari guara	-			b(iv) b(v)		$\hat{\mathbf{x}}$
			ship or fundraising solicitation	ons	b(vi)		X
			lists, other assets, or paid er		c		X
	•			redule Column (b) should always show the	e fair marke	t value	<u> </u>
of the	goods, other asse	ts, or services g	iven by the reporting organiz	ation If the organization received less that	n fair marke	et value	e
in any	transaction or sha	ring arrangeme	nt, show in column (d) the va	alue of the goods, other assets, or services	received		
(a) Line no	(b) Amount involved	Name of nonc	(c) hantable exempt organization	(d) Description of transfers, transactions, and	sharing arrar	igemen	nts
					·		
·							
			·		-		
							
descr	-	(c) of the Code	(other than section 501(c)(3)	ne or more tax-exempt organizations i) or in section 527?	Yes	X	No
	(a)	iowing scheduk	(b)	(c)			
	Name of organization	on	Type of organization	Description of relations	hip		
					_		
<u> </u>			<u> </u>				
	·						
			<u> </u>				
			<u> </u>				
			·				<u> </u>

Name as shown on return	ID number		
Association of Threat Assessment Professionals, Inc	95-4430224		
STATEMENT #1 - GRANTS	1		
Donations and scholarships	7,295		
TOTAL	7.295		

-

- - - -

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National Board of Directors P.O Box 4108 Huntington Beach. CA 92605

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1 st Vice President	Paul Bnstow Fox Entertainment Group

Fox Entertainment Group PO Box 900 FAB Rm 109 Beverly Hills, CA 90213 Office (310) 369 – 3313 Fax (310) 369 – 2158 E-mail paulbr@foxinc com

2nd Vice President Victoria J. Havassy Ph D Psychological Resources 2211 Corinth Ave Suite 303 Los Angeles, CA 90064 Office (310) 444 – 1400 Fax (310) 478 – 3877 E-mail havassy@aol.com

Secretary Wayne Maxey D A. Investigator San Diego District Attorney's Office 330 W Broadway Suite 1340 San Diego, CA 92101 Office (619) 531 – 3636 Fax (619) 685 – 6540 E-mail wmaxey@sdcda org

TreasurerTom Beringer CPP
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Sgt. At Arms

Basıl J Stephens Maverick Recording Co 9348 Civic Center Dr Beverly Hills, CA 90210 Office (310) 385 – 6462 Fax (310) 385 – 7711 E-mail steve stephens@maverick.com

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BY-LAWS OF

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

A CALIFORNIA NONPROFIT CORPORATION (Board Approved October 23, 2002)

ARTICLE I

NAME

The name of the corporation is the Association of Threat Assessment Professionals (ATAP)

<u>ARTICLE II</u>

MISSION STATEMENT

The Association of Threat Assessment Professional is a nonprofit corporation whose objective is to learn more about how best to protect victums of stalking, harassment and threat situations. Its mission is to share and facilitate the experiences and techniques of professionals in the field of threat assessment and/or threat management. The organization serves to create both a professional and academic environment where flow of information is fostered in the following areas

- Sharing of experiences
- Assessment technique and data base gathering
- Predictive factors of dangerousness
- Case management
- Research data and finding
- Intervention techniques

ARTICLE III

ABBREVIATIONS AND DEFINITIONS

The following abbreviations and definitions are used herein

- A. "ATAP" refers to the entire Association of Threat Assessment Professionals, including the National Board and all affiliated chapters and their Boards of Directors
- B **"N-BOD"** identifies the National Board of Directors, including the President, the First Vice President, the Second Vice President, the Secretary, the Treasurer, the Sergeant at Arms, the immediate National Past President and the current President from each affiliated chapter
- C "BOD" identifies the Board of Directors of an ATAP affiliated chapter
- E "OF COUNSEL" An attorney, appointed by the National President, who provides legal counsel to the N-BOD

BY-LAWS OF ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

ARTICLE IV

MEMBERSHIP

A <u>Members</u> Membership is appropriate for individuals, who, by the nature of their employment or occupation, have cause to address the issues of threat assessment and management

B <u>Membership Requirements</u>

- 1 Applicants are required to be sponsored by a member in good standing
- 2 Members are required to attend at least three (3) membership meetings of their local Chapter or any other affiliated Chapter during the calendar year (Jan thru Dec) Attendance at the National Threat Management Conference will qualify as credit for these three (3) meetings
- 3 Failure to meet this attendance requirement will result in loss of membership. The local Chapter will maintain attendance records for their members and provide a written status report to the National Secretary by December 31 of each year.
- 4 It is the duty of the member to notify their local Chapter when they transfer or retire from the field of threat assessment or threat management The local Chapter shall notify the National Membership Coordinator of this change in status

<u>Confidentiality</u> The primary mission of the ATAP is to create both a professional and academic environment that fosters an open exchange of information Because ATAP members are from both the public and private sector, there are certain types of information, which, because of various legal and ethical requirements, members are not at liberty to share. However, it is vitally important that all information that is shared between or amongst ATAP members in written or oral form remains confidential. Members of ATAP and their guests are therefore prohibited from sharing information obtained from ATAP members with persons outside of ATAP without permission of the person disclosing the information. Members are further prohibited from using information obtained at ATAP meetings, or from other ATAP members, for their own interests without the expressed permission of the person disclosing the information

All pre-approved visitors to a Chapter meeting shall sign a confidentiality form, which has been approved by the N-BOD The local Chapter will retain these signed forms for a period of three years

- C <u>Termination of Membership</u> Any member who reportedly is "not in good standing" may have his/her membership terminated by two-thirds majority vote of the N-BOD The term "not in good standing" may include but not limited to
 - 1 Failing to adhere to the bylaws or any other duly promulgated rules and regulations of ATAP or its affiliated chapters

OF

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

- 2 Conduct, which is unbecoming of a member of ATAP, which is inconsiderate, or in derogation of the rights of another ATAP member
- 3 A conviction of a felony crime
- 4 Failure to disclose, or concealment of, any information requested on the application for membership, including the provision of false information, regardless of when such omission or concealment shall have taken place or come to the attention of the ATAP
- 5 Failure to adhere to the mandates of the Confidentiality Agreement
- 6 Failure to pay the annual dues Dues not paid by February 15th of each year will be considered delinquent
- 7 Failing to meet the attendance requirement (Section B-2)

The N-BOD shall resolve all questions pertaining to eligibility for or continuance of membership in ATAP The N-BOD retains sole discretion to terminate a membership

D <u>Reinstatement</u> A request for reinstatement of membership shall be made in writing to the N-BOD. Any person desiring to have his/her membership restored after the expiration of one year from the loss thereof, shall be subject to the rules and procedures prescribed for an original application for membership. The N-BOD will have full authority to decide on all matters of reinstatement and restoration

ARTICLE V

MEMBERSHIP PROCESS

The Membership process and procedures are established by the N-BOD. The N-BOD retains the right, power and authority to change, modify and/or amend this process. The National Membership Chair shall inform N-BOD and each local chapter in writing, of all changes made in the membership process.

OF ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

<u>ARTICLE VI</u>

GOVERNING BODY THE NATIONAL BOARD

The property, business and affairs of ATAP shall be managed and controlled by the National Board of Directors (N-BOD). The elected National Board officers (President, 1^{st} and 2^{ud} Vice Presidents, Secretary, Treasurer and Sgt at Arms) are responsible for the day-to-day operations of ATAP and for implementing policies and procedures as directed by the total body of the National Board of Directors

A Objectives The objectives of the N-BOD are to

- 1 Implement, oversee, and maintain the policies and procedures of ATAP and all of its affiliated chapters
- 2 Insure that the activities of ATAP and its affiliated chapters are consistent with the objectives set forth in the ATAP Mission Statement
- 3 Amend, modify and create new bylaws and/or other rules and regulations to insure that ATAP and its affiliated chapters operate consistently with the ATAP Mission Statement and in compliance with all applicable state and federal laws
- 4 Oversee the membership process and insure that membership input is heard and considered
- B Powers The powers of the N-BOD are
 - 1 To create, modify or terminate policies and procedures for ATAP and its affiliated chapters
 - 2 To resolve conflict within individual chapters or between chapters
 - 3 To enforce these and all other rules and regulations of ATAP
 - 4 To decide on the letterhead which ATAP and its affiliated chapters will use
 - 5 To control and oversee the development and implementation of all training, publicity, conferences and any other activities of ATAP or it have affiliated chapters
 - 6 To plan, organize and oversee the annual National Threat Management Conference
 - 7 To issue all membership cards, certificates and other indicia of ATAP membership or certification

OF

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

- 8 To employ or to terminate, fix and provide for the salary compensation and/or expenses, if any, of all officers and directors, any administrative, supervisory, secretarial or clerical employees necessary in carrying on the business of ATAP
- 9 To organize and institute committees as needed by ATAP or its affiliated chapters
- 10 To resolve all questions of eligibility for or continuance of membership in ATAP
- 11 To establish and approve additional ATAP chapters
- 12 To collect and expend funds on behalf of ATAP
- 13 To solicit and accept gifts, legacies, donations and/or contributions of real or personal property, in a any amount, upon such terms and conditions as the N-BOD may decide and in accordance with state and federal laws
- 14 To exercise all powers of ATAP which are not reserved to the members by statute or the bylaws or the Certificate of Incorporation or any amendments thereof
- . C <u>Nomination and Voting</u> Officers for the N-BOD will be elected prior to the National Board Meeting that is held at the annual Threat Management Conference To be eligible for an office on the N-BOD, a member must have completed at least two years of continuous membership in good standing as of the date of the election Any eligible member desiring to seek office shall submit a written statement of intent to the National Boards' "Of Counsel" by May 15 of that election year The terms of office shall begin on August 1 of that election year The election will be conducted by mail and all members in good standing of ATAP and its affiliated chapters on the date of the election are eligible to vote for the N-BOD Officers
 - <u>Titles and Duties of Office</u>: The officers of the N-BOD will include the National President, National First Vice President, National Second Vice President, National Secretary, National Treasurer, National Sergeant At Arms, and National Past President These officers will have one vote on each issue arising before the N-BOD Additionally, the President from each affiliated Chapter will be a voting member of the N-BOD throughout their tenure Each of these N-BOD officers shall attend the bi-monthly N-BOD meetings either in person or by telephonic means Additionally, each of these N-BOD members shall attend in person the Annual National Board meeting at the Threat Management Conference Affiliate Chapter Presidents may designate a member of their local Board of Directors to attend the bi-monthly meetings and the Annual Meeting to act in their stead

BY-LAWS OF ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

E Specific Responsibilities of Each Office

National President

Term of office shall be two years with a maximum of two consecutive two-year terms and shall fulfill the following duties

- 1 Preside at all meetings of the N-BOD
- 2 Appoint all standing and national committee chairpersons
- 3 Sign all correspondence, contracts and other documents necessary for the lawful and effective operation of ATAP However, the National President may authorize another member of the N-BOD to sign correspondence if appropriate
- 4 Act as spokesperson for ATAP Handle all media contracts and press statements However, the National President may authorize another member of the N-BOD to handle such contacts and statements if appropriate
- 5 Attend at least 75% of all N-BOD meetings per calendar year (Jan-Dec) Attend and preside at the N-BOD meeting held at the annual Threat Management Conference

National First Vice President

Term of office shall be two years with a maximum of two consecutive two-year terms and shall fulfill the following duties

- 1 Perform all duties of the National President during the President's absence
- 2 Perform all duties requested or designated by the National President
- 3 Attend at least 75% of all N-BOD meetings per calendar year (Jan-Dec) Attend the N-BOD meeting held at the annual Threat Management Conference unless specifically relieved of this responsibility by the National President

National Second Vice President

Term of office shall be two years with a maximum of two consecutive two-year terms The National Vice-President shall fulfill the following duties

- 1 Perform all duties of the National President during the National President and National First Vice-President's absence
- 2 Perform all duties requested or designated by the National President

OF

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

3 Attend at least 75% of all N-BOD meetings per calendar year (Jan-Dec) Attend the N-BOD meeting held at the annual Threat Management Conference unless specifically relieved of this responsibility by the National President

National Secretary

Term of office shall be two years with a maximum of two consecutive two-year terms The National Secretary shall fulfill the following duties

- 1 Receive and convey all correspondence of ATAP and the N-BOD as directed by the National President
- 2 Prepare replies to such correspondence as directed by the National President
- 3 Keep the bylaws updated and notify all affiliated chapters, in writing, of any changes in the bylaws
- 4 Coordinate plans and mailings for all N-BOD meetings
- 5 Record the minutes of all N-BOD meetings Arrange for another member of the N-BOD to record the minutes of meetings in the event that he/she is unable to attend the meeting
- 6 Transcribe all meeting minutes and distribute appropriately and retain custody of the Corporate Seal and such books, documents and papers as the N-BOD shall determine
- 7. Attend at least 75% of all N-BOD meetings per calendar year (Jan-Dec) Attend the N-BOD meeting held at the annual Threat Management Conference unless specifically relieved of this responsibility by the National President
- 8 Perform all other duties assigned by the National President

National Treasurer

Term of office shall be two years with a maximum of two consecutive two-year terms The National Treasurer shall fulfill the following duties

- 1 Present a financial report of ATAP and its affiliated chapters at each N-BOD meeting
- 2 Receive all monies, including annual dues, donations or gifts received by ATAP on a national basis
- 3 Be responsible for overseeing the billing all ATAP members for payment of annual dues

BY-LAWS OF

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

- 4 Be responsible for notifying the N-BOD of all members who have not timely paid their annual dues
- 5. Be the custodian of the ATAP funds and securities and keep such funds in an appropriate financial institution
- 6 Make all payments that are necessary and proper to be made on behalf of ATAP and enter those payments regularly on the books of ATAP However, the National Treasurer shall not expend an amount in excess of \$2500 00 without the prior approval of the National President or two members of the **N-BOD**
- 7 Be responsible for preparing all ATAP or N-BOD checks, notes and other obligations and assuring that all such documents are properly co-signed by the National President or National Vice-President if required
- 8 Be responsible for preparing an annual financial statement and submitting the required Federal and State tax forms for the calendar year, which is from Jan 01 through December 31 of each year
- 9 Be responsible for obtaining and maintaining Officers and Directors Liability Insurance for the N-BOD and each of the affiliated Chapter Board of Directors
- 10 Attend at least 75% of all N-BOD meetings per calendar year (Jan-Dec) Attend the N-BOD meeting held at the annual Threat Management Conference and be prepared to discuss the financial status of ATAP unless specifically relieved of this responsibility by the National President
- 11 Perform all other duties incident to the office of Treasurer and as assigned by the National President

National Sergeant at Arms

Term of office shall be two years with a maximum of two consecutive two-year terms The National Sergeant at Arms shall fulfill the following duties

- 1 Ensure that N-BOD meetings are conducted in accordance with established rules of orders
- 2 Ensure that all ATAP affiliate Chapters are in compliance with these By-Laws
- 3 Maintain order at all functions
- 4 Attend at least 75% of all N-BOD meetings per calendar year (Jan-Dec) Attend the N-BOD meeting held at the annual Threat Management Conference unless specifically relieved of this responsibility by the National President
- 5 Perform all other duties assigned by the National President

OF

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

National Past President

ATAP recognizes the need for continuity in the management of this Association Therefore, there will be a voting position of the N-BOD for a National Past President The immediate Past President of the N-BOD will fill this position, provided that said President completed their term in good standing

Term of Office will be until the current President completes their term of office The responsibilities of the National Past President will be

- 1 Advise and provide counsel to the **N-BOD** on various matters as needed
- 2 Attend at least 75% of the N-BOD meetings calendar year (Jan-Dec) Attend the N-BOD meeting held at the annual Threat Management Conference unless specifically relieved of this responsibility by the National President
- 3 Perform other duties as requested by the National President
- F <u>Vacancies in Office</u> In the event that the office of National President should become vacant, the National First Vice-President will automatically take over the position of National President In the event that any other office should become vacant, the National President will appoint a member in good standing to fill the office on an interim basis
- F <u>Advisory Members</u> The National President may appoint ad hoc advisory members from time to time should it determine that additional input would be helpful. The National President will determine the term of office of ad hoc advisory members
- G <u>National and Local Boards</u> A member may not hold office on the N-BOD or on the BOD of an affiliated chapter simultaneously
- H <u>Standing Committees</u> The N-BOD may create and appoint members to committees as may be authorized and designated by the N-BOD The National President will appoint the chairpersons of those and all other National Committees The N-BOD retains the power to create other standing or ad hoc committees and appoint members thereto to address other areas of interest or concern to ATAP and its affiliated Chapters All committee members and all chairpersons of such committees shall hold office at the pleasure of the National President
- I <u>Meetings</u> The N-BOD will meet bi-monthly beginning with February of each calendar year, either in person or by other electronic/telephonic means (e.g. video conference) Members of N-BOD will be given at least 15 days notice of a N-BOD meeting Matters decided by the N-BOD will be decided by majority vote. At least nine members of the N-BOD members must be present (either in person or by electronic means) to constitute a quorum No matters may be voted on or decided unless a quorum is present. The National Secretary shall send minutes of the N-BOD meeting to the Secretary of each affiliated Chapter Unless otherwise specified by the N-BOD, the annual meeting of the N-BOD will be in the third quarter of each calendar year at such time and place as the N-BOD

BY-LAWS OF

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

may designate, in conjunction with the annual Threat Management Conference This annual N-BOD meeting will be open to all ATAP members

- K Special Meetings: A special meeting may be held upon the call of the National President or on the written request of any three members of the N-BOD The purpose of the meeting shall be set forth in the notice Written notice of a special meeting shall be sent to each N-BOD member at least 30 days in advance The N-BOD will have discretion to decide whether the costs associated with a special meeting will be covered or reimbursed by ATAP
- L <u>National Membership Coordinator</u> This is a non-voting position to be appointed by the National President and shall be responsible for the processing of applications for membership and the annual involcing of the member's dues. The Coordinator shall maintain an accurate database of all ATAP members and provide a current mailing list upon request of the N-BOD The National Membership Coordinator will also perform the following duties
 - 1 Act as liaison with each Chapter Membership Coordinator and oversee the membership process
 - 2 Transfer all monies received for application fees and member's annual dues and provide a report of all delinquent dues to the National Treasurer
 - 3 Attend at least 75% of the N-BOD meetings per calendar year (Jan-Dec)
 - 4 Provide each Chapter Membership Coordinator with a list of their Chapter members who have not paid their annual dues by February 15 and are therefore no longer members in good standing
 - 5 Perform other duties as requested by the National President
- M <u>National "Of Counsel</u>" The National President may appoint an "Of Counsel" attorney, licensed to practice law to give legal advise to the N-BOD The attorney acting "Of Counsel" will hold a non-voting, advisory position Nothing shall prohibit the "Of Counsel" from being a member in good standing of ATAP

ARTICLE VII

CHAPTERS

It is recognized that the objectives and interests of the organization can best be served by establishing ATAP Chapters

BY-LAWS OF

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

- A <u>Formation/Operation</u>: Upon approval of the N-BOD, ATAP may authorize the formation and operation of affiliated Chapters that will be unincorporated associations of ATAP, using the ATAP name when an agreement is signed to comply with the following mandates and restrictions
 - 1 Each new Chapter will be subject to these and the rules and regulations promulgated in the ATAP Chapter Agreement
 - 2. Each Chapter will be authorized to use the ATAP name, followed by a geographic descriptor, e g ATAP Washington D.C.
 - 3 Each Chapter will adopt and utilize the approved ATAP symbol, letterhead and other forms as directed by the N-BOD
 - 4 Each Chapter is required to deliver and file all documents in a timely manner, including but not limited to financial statements and meeting minutes, necessary to maintain the non-profit status of ATAP and its Chapters to the National Treasurer and the National Secretary, or a designated agent for the collection of such documents Each Chapter is further required to deliver and file all documents in a timely manner, which are necessary to insure that ATAP and its Chapters maintain compliance with all applicable state and federal laws to the National Treasurer or a designated agent for collection of such documents Failure to prepare and deliver such documents in a timely manner will be grounds for immediate revocation of the Chapter's charter The due dates for these documents shall be determined by the N-BOD
 - 5 All Chapter membership meetings will be open to all ATAP members whether or not the member belongs to that specific Chapter
 - 6 Any material change or modification of the procedures outlined in these bylaws used by an affiliate Chapter must be approved in advance by the N-BOD
 - 7 The N-BOD retains the rights, power and authority to determine, implement and/or change rules and regulations for the control, guidance or continuance of any Chapter
 - 8 The N-BOD retains the authority to revoke any Chapter's charter to operate, should violations of the chapter agreement, these By-Laws, or any other duly promulgated rule or regulation of ATAP occur
- B <u>Voting</u> All "members in good standing" shall be entitled to one vote whenever a vote is called for, either at a regular or special meeting. The affirmative vote of a simple majority of eligible voters at the Chapter meeting shall be the act of the members

BY-LAWS OF ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

- C <u>Meetings</u>
 - 1 The first meeting of the fiscal year (Jan Dec) shall be for the purpose of electing officers, receiving annual reports, and conducting any other business that may arise
 - 2 A regular meeting of each ATAP affiliated Chapter shall be held on the same day of the month of every other month, unless otherwise scheduled, as determined by each affiliated Chapter Each Chapter Secretary will inform the National Secretary of the day, months and locations of their Chapter's meeting and shall provide the minutes of any Chapter board or membership meeting to the National Secretary
 - 3 Written notice of the date, time, and location shall be sent to all members prior to that scheduled meeting
 - 4 A special meeting may be held upon the call of the Chapter BOD or on the written request of any ten members in good standing of that Chapter The purpose of the meeting shall be set forth in the notice Written notice of a special meeting shall be sent at least 30 days in advance
 - 5 Attendance is restricted to ATAP members in good standing and invited, nonmember guests Guests shall be pre-approved by a Chapter Officers and must sign a confidentiality statement Non-member guests are limited to attending two (2) meetings per year

ARTICLE VIII

CHAPTER OFFICERS

- A <u>Nomination</u> An ATAP member in good standing, who desires to seek office shall submit a statement of intent to the **Chapter BOD** at least 60 days prior to the first meeting of the fiscal year (Jan – Dec) Each Chapter shall cause an election to be held at this first yearly meeting and the terms of office shall begin the first day of the month following the election
- B <u>Title and Duties of Office</u> Collectively, the officers of each affiliated ATAP Chapter shall be referred to as the Board of Directors, with the appropriate geographical indicator as a prefix For example, the Los Angeles Chapter Board of Directors will be designated as "LA-BOD".
 - 1 President

Term of office shall be two years with a maximum of two consecutive two-year terms. The President shall fulfill the following duties

BY-LAWS OF

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

- a Preside at all Chapter meetings of the ATAP and attend all of the N-BOD meetings or designate another Chapter BOD member to act in this capacity during a necessary absence
- b Appoint all committees and committee chairpersons
- c Sign all correspondence and contracts of the Chapter However, the President may authorize another member of the **BOD** to sign correspondence if appropriate
- c Refer all media contacts and press statements to the National President
- d Attend at least 75% of all Chapter and **BOD** meetings per calendar year (Jan-Dec)
- c Attend the N-BOD meeting held at the annual Threat Management Conference or designate another Chapter board member to act in this capacity unless specifically relieved of this responsibility by the National President

2 Vice-President

Term of office shall be two years with a maximum of two consecutive two-year terms The Vice-President shall fulfill the following duties

- a Act as chairperson of committees as assigned by the President
- b Perform all duties of the President during the President's absence
- c Attend at least 75% of all Chapter and BOD meetings per calendar year (Jan-Dec)
- 3 Secretary

Term of office shall be two years with a maximum of two consecutive two-year terms The Secretary shall fulfill the following duties

- a Receive and convey all correspondence as directed by the President
- b Prepare replies to such correspondence as directed by the President
- c Coordinate plans and mailings for all meetings
- d Record the minutes of all membership and BOD meetings
- e Transcribe all meeting minutes and distribute appropriately
- f Attend at least 75% of all Chapter and BOD meetings per calendar year (Jan-Dec)

BY-LAWS

OF ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

4 Treasurer

Term of office shall be two years with a maximum of two consecutive two-year terms The Treasurer shall fulfill the following duties

- a Present a financial report at each **BOD** meeting
- b Receive all monies, including dues, donations, or gifts received by the Chapter
- c Be the custodian of the Chapter's funds and shall keep such funds in an appropriate financial institution
- e Not expend an amount in excess of \$500 without the approval of either the President or the Vice-President of the Chapter
- f Be responsible for preparing all checks and assuring that all checks are properly co-signed by the President or Vice-President if required
- g Be responsible for preparing an annual financial statement as directed by the N-BOD.
- h Maintain liaison with the National Treasurer regarding financial matters of the Chapter
- 1 Attend at least 75 % of all Chapter and BOD meetings per calendar year (Jan-Dec)

5 Sergeant of Arms

Term of office shall be two years with a maximum of two consecutive two-year terms. The Sergeant of Arms shall fulfill the following duties

- a Ensure that meetings are conducted in accordance with established rules of order and ensure that all non-member visitors to the Chapter meetings sign the approved Confidentiality form
- b Ensure that all organization functions are conducted in accordance with these By-Laws
- c Maintain order at all functions
- d Attend at least 75% of all Chapter and BOD meetings per calendar year (Jan-Dec)

BY-LAWS OF

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

- B Should ATAP be dissolved or upon winding up of this Non-Profit Corporation, all assets remaining after payment of, or provision for payment of, all debts and habilities of this Non-Profit Corporation shall be distributed to a non-profit fund, foundation, or corporation as determined by the N-BOD.
- C The National Treasurer through the National Membership Chairperson shall notify members who are delinquent by one month in their dues Failures to pay annual dues will automatically terminate the membership of such person unless otherwise ordered by the **N-BOD**. However, any time within a year after dues become payable, except in the case of a new member, upon the payment of the full amount in arrears, the membership shall be automatically restored

Any person desiring to have his membership restored after the expiration of one year from the loss thereof, as above described, shall be subject to the rules, procedures and fees as prescribed for an original application for membership

For purposes of budget items, tax reporting and the assessment of annual dues, the fiscal year will commence on January 1 and close on December 31

ARTICLE X

AMENDMENTS

The N-BOD shall have the power to make, amend and repeal the By-Laws of ATAP by the affirmative vote of a majority of the whole N-BOD provided that a copy of any amendment proposed shall be mailed to each N-BOD member at least thirty (30) days prior to the date of the meeting set to act upon such proposed amendment

ARTICLE XI

INDEMNIFICATION OF OFFICERS

Every Member of the N-BOD shall be indemnified by ATAP against all expenses and liabilities, including counsel fees, settlements and all others costs, fees or expenses reasonably incurred or imposed in connection with any legal proceeding to which such member may be made a party except in such cases wherein the member is adjudged, by the N-BOD, to be guilty of willful misfeasance or malfeasance in the performance of the duties of their office. The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which such indemnity may be entitled.

BY-LAWS OF ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS (ATAP)

ARTICLE XII

PARLIAMENTARY AUTHORITY

The rules contained in the Modern Edition of "Robert's Rules of Order" shall govern ATAP in all cases where they are not inconsistent with these bylaws or any special rules of order ATAP may adopt

ARTICLE XIII

PROCEDURAL CHANGES

The N-BOD without membership input may make changes in ministerial procedures that do not materially affect the rights, duties or obligations of ATAP members Minutes of all N-BOD and Chapter BOD meetings must be kept and made available for inspection by any member in good standing upon their written request

ARTICLE XIV

INTERPRETATION AND CONSTRUCTION OF BY-LAWS

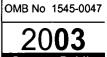
All questions of interpretation or construction of these By-Laws shall be decided by the N-BOD whose decision thereon shall be final

Form	99	0
		-

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



		of the Treasury		The second second				£			- t-		
		enue Service		The organization may h	ave to use a cop	by or this return				requireme	115.	Inspec	
			ar year, or r	tax year beginning			, ar	nd ending) Employer	idon#ifica-4	ion number	
		f applicable:	Please	C Name of organizatio								tion number	
	ddress	s change	use IRS label or	Association of Threat				-		5-443022			
	lame c	hange	print or	Number and street (or P O	box if mail is not deliv	vered to street add	ess)	Room/s	uite E	E Telephon	e number		
	nitial re	eturn	type See	Post Office Box 4108					3	10-312-02	212		
F	inal re	turn	Specific	City or town		State or cou	untry	ZIP + 4		Accounting		X Cash	Accrual
		ed return	Instruc- tions			CA	-	92605			(specify)		
		tion pending	C. Section	Huntington Beach								527 organization	
Ľ.,	plica	uon penaing		n 501(c)(3) organizations ar nust attach a completed So		-	le						
GV	Vebsit	•	100001					H(b)		group return fo " enter numb		tes ►	
	Vensit	e										····	
1.0		tinn trine (sheel	k ank ana)	► X 501(c) (3)	(insert no)	4947(a)(1) or	527	1		affiliates incl		Yes	s [] No
	rganiza	ation type (check	1		· · · •				(11 140,	" attach a list	See insur	icuons)	
	heck he			zation's gross receipts are no				H(d)		•		y an organizatio	
	-			n the IRS, but if the organizat Incial data Some states req		-	n the		covered	d by a group	ruling?	Yes	K No
									Group I	Exemption N	umber 🕨	`	
								м	Check			ation is not requ	
LO	Gross re			, 9b, and 10b to line 12			277,8					0-EZ, or 990-PF	-)
Par		Revenue, E	Expenses	, and Changes in Ne	t Assets or Fu	und Balance	s (See	page 18	of the	instruction	าร.)		
-	1	Contribution	ns, gifts, g	rants, and similar amo	ounts received	:							
	a	Direct public	c support			L	<u>1a</u>		38,	074			
	b	•	•••	rt			1b						
	c	Governmen	t contribu	tions (grants)			1c						
	d				38,07)	<u>1d</u>			38,074
	2	-		enue including governi						2			<u>238,519</u>
	3			d assessments						3			
	4			nd temporary cash inv				• • • •					1,230
	5			st from securities		1	- 1	• • • •	• •	. 5	 		
		Gross rents					<u>6a</u>						
1				S			6b						
62	LAAS.	Netrental in	ncome or	(loss) (subtract line 6t ome (describe	o from line 6a)	• • • • •			•••	<u>6c</u>			
259	C. 7414	Other Invest	Imentinco	ome (describe			T		\4h) 7			
	8a	LIDSS amol	INTITION S	ales of assets other	(A) \$	Securities		(B) (Juner				
🛛 ଅଁ	pgd	High iblento			· · ·		8a						
1				s and sales expenses .			8b			////			
		•		schedule)			8c			8d			
	9	-		mbine line 8c, column	• • • • • •	from comin-	· · ·	· · ·	Ъ Ė			<u></u>	
		Gross reven		vities (attach schedule). I	•		CHECK N	ele					
S	a		•	d on line 1a)			9a						
SCANNED	ь			s other than fundraisin			9b						
Z			•	from special events (s	- ·					. 9c	1		
M			• •	ory, less returns and a			0a		•••				
Ö				old			10b						
	1		-	m sales of inventory (atta				ne 10a)					
APR	11			Part VII, line 103)									
zõ	12	Total reven	ue (add li	ines 1d, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c.	and 11)				. 12			277,823
0	13	Program ser	rvices (fro	om line 44, column (B))					13			234,814
Expenses (14			neral (from line 44, col									30,470
e je	15			e 44, column (D))									
	16	Payments to	o affiliates	(attach schedule) .						16			
	17	Total expen	nses (add	lines 16 and 44, colu	mn (A))					. 17			265,284
2	18	Excess or (c	deficit) for	the year (subtract line	e 17 from line 1	12)				18			12,539
Net Assets	19			lances at beginning o									178,806
et A	20			assets or fund balanc									(
Z	21	Net assets c	or fund ba	lances at end of year	(combine lines	18, 19, and	20).			. 21			191,345

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2003) Association of Thr				95-443022	¥
Part I	Statement of All organizations must complete column and section 4947(a)(1) nonexempt chan					(4) organizations
	Do not include amounts reported on line			(B) Program	(C) Management	1
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22	Grants and allocations (attach schedule)					8//////////////////////////////////////
	(cash \$7,525_ noncash \$)	22	7,525	7,525		\$//////////////////////////////////////
23	Specific assistance to individuals (attach schedule)	23				8//////////////////////////////////////
24	Benefits paid to or for members (attach schedule)	24	· <u> </u>		<i>\////////////////////////////////////</i>	841111111111111111
25	Compensation of officers, directors, etc.	25		ļ		
26	Other salaries and wages	26				
27	Pension plan contributions	27 28				
28 29	Other employee benefits	29		·_ // ·		
30	Professional fundraising fees	30				
31	Accounting fees	31	600	120	48	0
32		32	1,906		1,90	
33	Supplies	33	4,198	3,358		
34		34	321	· · · · · · · · · · · · · · · · · · ·	64	4
35	Postage and shipping	35	505	404	10	1
36	Occupancy	36	720	576	14	4
37	Equipment rental and maintenance	37				
38	Printing and publications	38	5,325	i////		
39	Travel	39	1,012			
40	Conferences, conventions, and meetings	40	232,320	209,088	23,23	2
41		41				
42	Depreciation, depletion, etc. (attach schedule)	42 43a	444	89	25	<u>_</u>
43 b	Other expenses not covered above (itemize). a Bank charges	43a 43b	1,880	· · · · · · · · · · · · · · · · · · ·		
	Insurance Miscellaneous	430 43c	236	†		+
	Outside apprises	43d	8,292			
e		43e				
f		43f		· · · · · · · · · · · · · · · · · · ·		
44	Total functional expenses (add lines 22 through 43) Organizations					
	completing columns (B)-(D), carry these totals to lines 13-15 .	44	265,284	234,814	30,470	
	Costs. Check ► if you are following SOP 98-2.				_	
	y joint costs from a combined educational campaign and fundraising so					
	" enter (i) the aggregate amount of these joint costs \$	<u>-</u>	; (ii) the amount a	allocated to Progra	am services \$;
	amount allocated to Management and general \$			ount allocated to F	undraising \$	<u></u>
Part II	Statement of Program Service Accomplishments (Se	e page	25 of the instru	uctions.)	r	
What i	is the organization's primary exempt purpose? Protect viction	ms of h	arassment and	threat situation	s	Program Service Expenses
All orga	anizations must describe their exempt purpose achievements in a clear	and cor	ncise manner. Sta	ate the number		equired for 501(c)(3) and
-	ts served, publications issued, etc. Discuss achievements that are not					4) orgs , and 4947(a)(1) trusts, but optional for
	ations and 4947(a)(1) nonexempt charitable trusts must also enter the)	others)
a	Chapter metings and annual Threat Management Conference to	o addre	ss the major is	sues		
su	rrounding stalking and threat situations.					
. —		(Gra	ants and allocat	ions \$	7,525)	234,814
p						
		/Gra	ants and allocat	ions \$	·	
с					····· <i>I</i> ···	
•						
		(Gra	ants and allocat	ions \$)	
d						
			ants and allocat			
	ther program services (attach schedule)		ants and allocat			004 044
TIC	otal of Program Service Expenses (should equal line 44, colu	inn (B),	, Program servi	Ces)	🕨	234,814

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Form	aan	(2003)
FOILI	990	(2003)

Par	t IV	Balance Sheets (See page 25 of the instruction	ons.)				
	Note:	Where required, attached schedules and amount	ts withi	n the description	(A)		(B)
		column should be for end-of-year amounts only.			Beginning of year		End of year
	45	Cash-non-interest-bearing		[80,156		93,940
	46	Savings and temporary cash investments			98,650	46	97,405
	47 a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
			<i>\/////</i>				
		Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	<u> </u>
	50	Receivables from officers, directors, trustees, and	-				
		(attach schedule)				50	
ম	51 a	Other notes and loans receivable (attach		.			
Assets			<u>51a</u>				
As	b	Less: allowance for doubtful accounts		the second s		51c	,
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments—securities (attach schedule)	Þi	CostFMV _		54	
	55 a	Investments—land, buildings, and	, ,				
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach					
		schedule)	55b			55c	
	56	Investments—other (attach schedule)		<i></i>		56	
		Land, buildings, and equipment: basis	57a				
	b	Less: accumulated depreciation (attach					
	= 0		57b			57c	
	58	Other assets (describe		,		58	
	59	Total assets (add lines 45 through 58) (must equ	al lino	74)	178,806	50	191,345
	60	Accounts payable and accrued expenses			170,000	60	191,040
	61	Grants payable				61	
	62	Deferred revenue				62	·····
8	63	Loans from officers, directors, trustees, and key e				ŬĨ.	
Liabilities		schedule)				63	
Liat	64 a	Tax-exempt bond liabilities (attach schedule)				64a	·····
		Mortgages and other notes payable (attach sched				64b	
i	65	Other liabilities (describe		· · · ·		65	
		•		/ _			
	66	Total liabilities (add lines 60 through 65)				66	
	Orga		▶ <u>X</u>	and complete lines			
		67 through 69 and lines 73 and 74.					
es	67	Unrestricted			178,806		191,345
anc	68	Temporarily restricted		F		68	
Bal	69	Permanently restricted				69	
Ę.	Orga	nizations that do not follow SFAS 117, check h	ere	▶[]and			
L FU		complete lines 70 through 74.					
sa	70	Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and en				71	
As	72	Retained earnings, endowment, accumulated inco		F		72	
Net	73	Total net assets or fund balances (add lines 67	unroug	וו סש טר			
		lines 70 through 72;	oqual I	ine 21)	178,806	73	191,345
	74	column (A) must equal line 19; column (B) must Total liabilities and net assets / fund balances (add l			178,806		191,345
	1.4	Total nabilities and her assets / fully balances (dui h	1163 00		170,000		131,040

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 99	90 (2003)	Association of	Threa	at Ass	sessment Pro	fessionals, 1:95-4430224	L	Page 4
Part IV				IV-B		iation of Expenses per		
N/A				N/A		Statements with Expe		
	Return (See page 27 of the instruct		l .		Return	••••••••••••••••••••••••••••••••••••••		
a	Total revenue, gains, and other support		а	To		and losses per	V///	
u	per audited financial statements	a	1 "			I statements •	a	
b	Amounts included on line a but not		ь			ed on line a but not		
5			1					
(4)	on line 12, Form 990:		1,		line 17, Form		<i>\///</i>	
(1)	Net unrealized gains		(•	onated service			
	on investments <u>\$</u>		1		d use of facili		\$////	
(2)	Donated services and		(2) Pr	ior year adjus	tments	V///	
	use of facilities \$			rep	ported on line	20,		
(3)	Recoveries of prior				orm 990			
.,	year grants \$				sses reported		V///	
(4)	Other (specify):		1	-	e 20, Form 99			
(4)	· · · · ·		1 (her (specify):	ν <u>φ</u>	<i>V///</i>	
	····· <u>\$</u>		, ,	-, 01	nei (specity).	•	V///	
	.		1	•••		<u>\$</u>	<i>\///</i>	
	Add amounts on lines (1) through (4) ►	<u>b</u> 0	ļ			<u>\$</u>	¥///	(//////////////////////////////////////
				Ad	d amounts on li	ines (1) through (4) 🦳 . 🕨	b	0
С	Line a minus line b	c 0	С	Lir	ne <mark>a</mark> minus lın	eb	С	0
d	Amounts included on line 12,		d	An	nounts include	ed on line 17,	<i>\</i> ///	
	Form 990 but not on line a:				orm 990 but no	-		
(1)	Investment expenses		1 (vestment expe		<i>V///</i>	
(.)	not included on line		1 `		t included on			
(0)	6b, Form 990 <u>\$</u>				, Form 990 .	· · · <u></u>	¥///	
(2)	Other (specify):		1 (2) Ot	her (specify):		<i>V///</i>	
	<u>\$</u>		1			\$		
	<u>\$</u>	////X//////////////////////////////////	1			<u>\$</u>	<i>\///</i>	
	Add amounts on lines (1) and (2)	d 0		Ad	ld amounts or	n lines (1) and (2) . ►	d	0
е	Total revenue per line 12, Form 990		e	То	tal expenses	per line 17, Form 990		
	(line c plus line d)	e 0				d)	e	0
Part V	List of Officers, Directors, Truste	es, and Key Emplo	vees					age 27
	of the instructions.)	,,,	,	(=.01			00 pc	.go _/
				(C)	Compensation	(D) Contributions to	T	(E) Expense
	(A) Name and address	(B) Title and average hour week devoted to position		()	if not paid,	employee benefit plans &		account and other
			_		enter -0)	deferred compensation		allowances
	Greg Boles Str 666 So. Figueroa	Title Presiden						
City	Los Angeles ST CA ZIP 90017	Hr/WK 5 hours/we			0	C	2	0
Name	Paul Bristow Str P.O Box 900	Title 1st V.P.						
City	Beverly Hills ST CA ZIP 90213	Hr/WK 5 hours/wee	k		0	0		0
Name	James Cawood Str P.O Box 1772	Title 2nd V.P.					1	
	San Leandro ST CA ZIP 94577	Hr/WK 5 hours/wee			о	C		0
	Steve Albrecht Str 9528 Miramar Road	Title Secretar					1	0
	San Diego <u>ST</u> CA <u>zip</u> 92126	Hr/WK 5 hours/wee			0			0
					0	(4	0
	Tom Beringer Str P O Box 4108	Title Treasure						
	Huntington Bch. ST CA ZIP 92605	Hr/WK 5 hours/wee			0		<u> </u>	0
	Jeff Dunn Str 150 N Los Angeles							
City	Los Angeles ST CA ZIP 90012	Hr/WK 5 hours/wee			0			0
Name	John Lane Str 6033 W Century Blv	d. Title Past Presid	ent					
	Los Angeles ST CA ZIP 90045	Hr/WK 5 hours/wee			0	C		0
	Diane McNair Str 19726 Colima Road	Title Membersh						
	Rowland Heights ST CA zip 91748	Hr/WK 5 hours/wee			o	C		0
			<u>'n</u>				<u> </u>	0
Name		Title						
City		Hr/WK					-	
Name		Title						
City	ST ZIP	Hr/WK						

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule—see page 28 of the instructions.

► Yes XNo

Form **990** (2003)

Form 9	990 (2003) Association of Threat Assessment Professionals, Inc. 95-4430224			Page 5
Part	1 Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.	<i>\/////</i>		X//////
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common	<i>\/////</i>	<i>[]/////</i>	<i>\/////</i>
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			
	Enter direct and indirect political expenditures. See line 81 instructions 81a None	¥/////		<i>\//////</i>
	Did the organization file Form 1120-POL for this year?	<u>81b</u>		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a	X	mm
D	If "Yes," you may indicate the value of these items here. Do not include this amount			
02 -	as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . [82b]			//////
	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a 83b	X X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	_^	x
	If "Yes," did the organization include with every solicitation an express statement that such contributions		/////	m
Ŭ	or gifts were not tax deductible?	84b	//////////////////////////////////////	(/////.
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	14/7 (
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
-	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the			//////
	organization received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures	V////		/////
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	VIIII		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	<i>¥/////</i>		(/////
-	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to			
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
00		85h	mm	mm
86	501(c)(7) orgs Enter. a Initiation fees and capital contributions included on line 12 86a			
87	Gross receipts, included on line 12, for public use of club facilities 86b 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			/////
	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a Gross income from other sources. (Do not net amounts due or paid to other 87a	V///		/////
	sources against amounts due or received from them.)			/////
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	,,,,,,	//////	//////
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		Х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			//////
	section 4911 ▶; section 4912 ▶; section 4955 ▶	Y////		//////
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90 a	List the states with which a copy of this return is filed California			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b			
91	The books are in care of Name Tom Beringer Telephone no 909-392	-5200		
	Located at ► Post Office Box 4108 City Huntington Beach ST CA Zip+4 ► 92605			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here		• • • • • •	
~-	and enter the amount of tax-exempt interest received or accrued during the tax year		• • •	-

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Form 990 (2003)

	00 (2003)	Association of Thre			Inc 95-4430224	Page 6
Part VI		tivities (See page	33 of the instru	ctions.)		
	Enter,gross amounts unless otherwise	Unrelated busin	less income	Excluded by see	ction 512, 513, or 514	(E)
indicate	-	(A)	(B)	(C)	(D)	Related or exempt
	Program service revenue:	Business code	Amount	Exclusion cod	e Amount	function income
	Conferences					221,432
b.	Application fees					17,087
d.	·····					
e.						·
	Medicare/Medicaid payments					
	Fees and contracts from government agencies Membership dues and assessments					
~ ~	Interest on savings and temporary cash investments			14	1,230	
	Dividends and interest from securities					
	Net rental income or (loss) from real estate.					
	debt-financed property					
	not debt-financed property					
98	Net rental income or (loss) from personal property	_				
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
103	Other revenue. a				· · · · · · · · · · · · · · · · · · ·	
ь.				<u>.</u>		
	· ·					
d.						
е _. 104	Subtotal (add columns (B), (D), and (E))				1,230	238,519
	Total (add line 104, columns (B), (D), and (E))					239,749
	ine 105 plus line 1d, Part I, should equal ti				· · · · · · · · · · · · · · · · · · ·	200,140
Part VI				oses (See page	34 of the instructio	ns)
Line N			· · · ·	· · · ·		
▼	of the organization's exempt purposes (o					
93 (a)	Conferences and meetings to address					·
93 (b)	Allows for background checks of prosp					
94	Gives access to members of the public	with an interest in s	stalking and thr	eat situtations.		
Part IX	Information Regarding Taxable Su	ubsidiaries and Dis	sregarded Ent	ities (See page	34 of the instructior	ns.)
	(A) Name, address, and EIN of corporation.	(B)	-4	(C)	(D)	(E)
	partnership, or disregarded entity	Percentage over ownership inte		re of activities	Total income	End-of-year assets
N/A						
Part X	Information Regarding Transfers	Associated with P	ersonal Benefi	it Contracts (Se	e page 34 of the in	structions.)
(a) Did	the organization, during the year, receive any f	unds, directly or indire	ctly, to pay prem	iums on a persona	Il benefit contract?	Yes X No
	I the organization, during the year, pay pre	-				Yes XNo
	<u>"Yes" to (b), file Form 8870 and Form 4</u>	-		personal benefit		
11010. //	Under penalties of perjury, I declare that I have example			chedules and statem	ents and to the best of n	w knowledge
	and belief, justice, correct, and complete Declara					
Please	GIV COR			I.	2/22/01	
Sign	Signature of officer	~	/	Dat	3122/07	
Here	HOMAS A. BERT	NGAR T	REASUR		2/22/04	,
	Type or print name and title				-31-2701	
	Preparer's	Dat	8	Check if	Preparer's SSN or	PTIN (See Gen Inst W)
Paid	signature Ation Atic		3/15/2004	self-	P00009906	
Preparer	Firm's name (or yours Howard J. Levine	C.P.A.	0/10/2004	EIN	▶ 95-3535569	
Use Only		Nay, Suite 280, Var	Nuvs. CA 914		no 818-994-556	2
						Eorm 990 (2003)

Form **990** (2003)

SCHEDULE A

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(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2003

Supplementary Information—(See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

Name of the organization Association of Threat Assessment Professionals, Inc.

95-4430224

Part I	Compensation of the Five High	est Paid Employees (Other Than Officer	s, Directors, and Tr	ustees
	(See page 1 of the instructions. List e	each one. If there are nor	ne, enter "None.")		
				(d) Contributions to	(e) Evnense

(a) Na	me and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	account and other allowances
Name					
Str	None				
City	ST	Title			
Zip	Country	Avg hr/wk			·
Name					
Str					
City	ST	Title			
Zıp	Country	Avg hr/wk			
Name					
Str					
City	ST	Title			1
Zip	Country	Avg hr/wk			
Name					
Str		•			
City	ST	Title			
Zip	Country	Avg hr/wk		+	<u></u>
Name					
Str	~~				
City	ST	Title			
Zip Totol num	Country	Avg hr/wk			
\$50,000	nber of other employees paid over				
Part II	Compensation of the Five Hig	host Paid Indonandan	t Contractors for F	Professional Service	<u></u>
Falti	(See page 2 of the instructions. Lis	•			
(a) Nar	me and address of each independent contra	actor paid more than \$50,000	(b) Ty	pe of service	(c) Compensation
Name		Check here if a business			
Str	None				
City					
ST	ZIP Coun	try			
Name		Check here if a business			
Str					
City					
ST	ZIP Coun				<u> </u>
Name		Check here if a business			
Str					
City					
ST	ZIP Coun				. <u>.</u>
Name		Check here if a business	Ц		
Str	• • • • • • • • • • • • • • • • • • • •				
City	710	4			
ST	ZIP Coun				
Name		Check here if a business	<u>L</u>		
Str					
City ST	ZIP Coun	to			
	ber of others receiving over				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	or professional services •				///////////////////////////////////////

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. (HTA)

Sche	dule /	A (Form 990 or 990-EZ) 2003 Association of Threat Assessment Professionals, Inc. 95-4430224			-age 2
Par	t 111	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or i	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities * (Must equal amounts on line 38, rt VI-A, or line i of Part VI-B.).	1		x
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other janizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.			
2	sut wit ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions)			
a b c d	Ler Fui	le, exchange, or leasing of property?	2a 2b 2c 2d		X X X X
e	Tra	insfer of any part of its income or assets?	2e		х
3 a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
L		determine that recipients qualify to receive payments.).	3a		<u>X</u>
ь 4		you have a section 403(b) annuity plan for your employees?	3b		<u> </u>
-		the use or distribution of funds?	4		X
Part	: IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The c	organ	ization is not a private foundation because it is: (Please check only ONE applicable box.)			· · · · ·
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	Ы	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	Ы	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	H	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hosp name, city, and state	ital's		
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sect 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)	tion		
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the gener public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	ral		
11 b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more that of its support from gross investment income and unrelated business taxable income (less section 511 tax) from but acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in	an 33 usines	1/3% ses	
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test or 509(a)(2). (See section 509(a)(3).)		ion	
		Provide the following information about the supported organizations. (See page 5 of the instructions.) (b) Line nu			
		(a) Name(s) of supported organization(s)			

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Page 3

95-4430224

Calen	You may use the worksheet in the instructions for conve						<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 199	9	(e) Total	
15	Gifts, grants, and contributions received. (Do						. –	
	not include unusual grants. See line 28.)	100				75	17	
16	Membership fees received	45,692	45,535	<mark>38,171</mark>	20	<mark>,086</mark>	149,48	
17	Gross receipts from admissions, merchandise							
	sold or services performed, or furnishing of							
	facilities in any activity that is related to the							
	organization's charitable, etc., purpose	13,788	34,011	55,384	73	<u>,089</u>	176,27	
18	Gross income from interest, dividends,							
	amounts received from payments on securities					1		
	loans (section 512(a)(5)), rents, royalties, and							
	unrelated business taxable income (less							
	section 511 taxes) from businesses acquired	0.000	0.407	0.500		25	0.00	
	by the organization after June 30, 1975	2,020	3,407	3,508			8,96	
19	Net income from unrelated business							
	activities not included in line 18							
20	Tax revenues levied for the organization's							
	benefit and either paid to it or expended on							
	its behalf	_ <u> </u>						
21	The value of services or facilities furnished to							
	the organization by a governmental unit							
	without charge. Do not include the value of							
	services or facilities generally furnished to the							
	public without charge							
22	Other income. Attach a schedule. Do not					Í		
12	include gain or (loss) from sale of capital assets	61,600	92.052	07.062	02	275	224.00	
2 <u>3</u> 24	Total of lines 15 through 22 . <th .<="" td=""><td></td><td>82,953 48,942</td><td><u>97,063</u> 41,679</td><td></td><td>,275 ,186</td><td><u>334,89</u> 158,619</td></th>	<td></td> <td>82,953 48,942</td> <td><u>97,063</u> 41,679</td> <td></td> <td>,275 ,186</td> <td><u>334,89</u> 158,619</td>		82,953 48,942	<u>97,063</u> 41,679		,275 ,186	<u>334,89</u> 158,619
25		47,812	830	971	20	933		
		- I						
6	Organizations described on lines 10 or 11: a Enter	2% of amount in c	olumn (e), line	24	. 🎽 📝	26a	3,17	
	Prepare a list for your records to show the name of and a							
þ			000 through 00	02 overaded th	~ [//	'///X/		
b	governmental unit or publicly supported organization) wh					////\	///////////////////////////////////////	
b	amount shown in line 26a. Do not file this list with you	r return. Enter the			nts 🕨 [26b	None	
с	amount shown in line 26a. Do not file this list with you Total support for section 509(a)(1) test: Enter line 24, col	r return. Enter the umn (e)			nts 🕨 [26b 26c	158,619	
с	amount shown in line 26a. Do not file this list with you Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18	r return. Enter the umn (e) <u>8,960</u> 19	total of all thes		nts ►	26c	158,619	
c d	amount shown in line 26a. Do not file this list with you Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22	r return. Enter the umn (e) <u>8,960</u> 19 26b	total of all thes	e excess amour 	nts ►	26c ////////////////////////////////////	158,619	
c d	amount shown in line 26a. Do not file this list with you Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total)	r return. Enter the umn (e) 8,960 19 26b	total of all thes	e excess amour 	nts ►	26c 26d 26e	158,619 8,960 149,659	
c d	amount shown in line 26a. Do not file this list with you Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) . Public support percentage (line 26e (numerator) divid	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (de	total of all thes	e excess amour	nts	26c 26d 26e 26f	158,619 8,960 149,659 94.35%	
c d e f	amount shown in line 26a. Do not file this list with you Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) . Public support percentage (line 26e (numerator) divid	r return. Enter the umn (e) 8,960 19 26b	total of all thes	e excess amour	nts	26c 26d 26e 26f	158,619 8,960 149,659 94.35%	
c d e f	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (d) s included in lines of, and total amou	None None None None None None None None	e excess amour	nts ►	26c 26d 26e 26f "disq	158,619 8,960 149,659 94.359 ualified	
c d e f	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divise Organizations described on line 12: a For amount	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (d) s included in lines of, and total amou	None None None None None None None None	e excess amour	nts ►	26c 26d 26e 26f "disq	158,619 8,960 149,659 94.359 ualified	
c d e f	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the	r return. Enter the umn (e) 	None None None None None None None None	e excess amour	nts	26c 26d 26e 26f	158,619 8,960 149,659 94.359 ualified	
c d f 27	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002)	r return. Enter the umn (e) 	None None None None None None None None	e excess amour	nts	26c 26d 26e 26f 1 "disq squali	158,619 8,960 149,659 94.359 ualified ified	
с d f 27	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received from	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (d s included in lines of, and total amou sum of such amou (200 m each person (oth	None None None Internation None None None None None None None No	e excess amour	nts	26c 26d 26e 26f a "disq squali	158,611 8,96 149,65 94.35% ualified ified	
с d f 27	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received for records to show the name of, and amount received for each	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (de s included in lines of, and total amound sum of such amound (200) m each person (other ach year, that was	None None None Internation None None None None None None None No	e excess amour	nts	26c 26d 26e 26f squali a list f n line	158,61 8,96 149,65 94.35% ualified ified for your 25 for the	
c d f 7	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) . Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received for records to show the name of, and amount received for ea year or (2) \$5,000. (Include in the list organizations descri	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (de s included in lines of, and total amou sum of such amou (200 m each person (oth ach year, that was ribed in lines 5 thro	None None None None None None None None	e excess amour	nts	26c 26d 26e 26f a "disq squali a list f n line ile thi	158,611 8,960 149,655 94.359 ualified ified for your 25 for the s list with	
c d f 7	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received from records to show the name of, and amount received for ea year or (2) \$5,000. (Include in the list organizations description your return. After computing the difference between the	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (de s included in lines of, and total amou sum of such amou (200 m each person (oth ach year, that was ribed in lines 5 thro amount received a	None None None None None None None None	e excess amour	nts	26c 26d 26e 26f a "disq squali a list f n line ile thi	158,611 8,960 149,655 94.359 ualified ified for your 25 for the s list with	
c d f 7	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received from records to show the name of, and amount received for ea year or (2) \$5,000. (Include in the list organizations descri your return. After computing the difference between the sum of these differences (the excess amounts) for each y	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (d) s included in lines of, and total amou sum of such amou (200 m each person (oth ach year, that was ribed in lines 5 thro amount received a year:	None None None None None None None None	e excess amour	nts	26c 26d 26e 26f a "disq squali a list f n line ile thi	158,611 8,960 149,655 94.359 ualified ified for your 25 for the s list with	
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c d f 7 b	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received for ea year or (2) \$5,000. (Include in the list organizations desc your return. After computing the difference between the sum of these differences (the excess amounts) for each (2002) (2001)	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (da s included in lines of, and total amou sum of such amou (200 m each person (oth ach year, that was ribed in lines 5 thro amount received a year: (200	None None None None None None None None	e excess amour	nts	26c 26d 26e 26f a "disq squali a list f n line ile thi	158,619 8,960 149,659 94.359 ualified ified for your 25 for the s list with	
c d f 7 b	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) 22 Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received for ear year or (2) \$5,000. (Include in the list organizations desc your return. After computing the difference between the sum of these differences (the excess amounts) for each (2002) (2001)	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (da s included in lines s of, and total amou s um of such amou s um of such amou (200 m each person (oth ach year, that was ribed in lines 5 thro amount received a year: (200 16	None None None None None None None None	e excess amour	nts	26c 26d 26e 26f a "disq squali a list f n line thi (2), e	158,619 8,960 149,659 94.359 ualified ified for your 25 for the s list with	
c d f 7 b	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) 22 Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received for ear year or (2) \$5,000. (Include in the list organizations desc your return. After computing the difference between the sum of these differences (the excess amounts) for each (2002) (2001) Add: Amounts from column (e) for lines: 15 17 20	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (d) s included in lines of, and total amou sum of such amou c sum of such amou (200 m each person (oth ach year, that was ribed in lines 5 thro amount received a year: (200 16 21	None None None None None None None None	e excess amour	nts	26c 26d 26e 26f a "disq squali a list f n line ile thi (2), e	158,611 8,960 149,655 94.359 ualified ified for your 25 for the s list with	
c d f 7 b	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) 22 Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received for early are or (2) \$5,000. (Include in the list organizations description description) for each your return. After computing the difference between the sum of these differences (the excess amounts) for each your (2002) Add: Amounts from column (e) for lines: 15 17 20 Add: Line 27a total and line	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (d) s included in lines of, and total amou sum of such amou (200 m each person (oth ach year, that was ribed in lines 5 thro amount received a year: (200 16 21 ne 27b total	total of all thes <u>None</u> <u>None</u> <u>anominator)</u> 15, 16, and 17 unts received ir unts for each ye 0) more than "disqua more than the bugh 11, as we and the larger a 0)	e excess amour	nts	26c 26d 26e 26f a "disq squali a list f n line ile thi (2), e 27c 27c	158,611 8,960 149,655 94.359 ualified ified for your 25 for the s list with	
c d f 27 b c d	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received for ear year or (2) \$5,000. (Include in the list organizations desc your return. After computing the difference between the sum of these differences (the excess amounts) for each (2002) (2001) Add: Amounts from column (e) for lines: 15 17 20 Add: Line 27a total and li Public support (line 27c total minus line 27d total)	r return. Enter the umn (e) 8,960 19 26b 	total of all thes <u>None</u> <u>nominator)</u> 15, 16, and 17 unts received ir unts for each ye 0) her than "disqua more than the bugh 11, as we and the larger a 0) <u>none</u>	e excess amour	nts	26c 26d 26e 26f a "disq squali a list f n line ile thi (2), e 27c 27d 27e	158,619 8,960 149,659 94.35% ualified ified for your 25 for the s list with	
c d f 7 b c d e f	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) 22 Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person," Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received from records to show the name of, and amount received for ear year or (2) \$5,000. (Include in the list organizations desc your return. After computing the difference between the sum of these differences (the excess amounts) for each (2002) (2001) Add: Amounts from column (e) for lines: 15 17 20 Add: Line 27a total and li Public support (line 27c total minus line 27d total)	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (de s included in lines e of, and total amou sum of such amou (200 m each person (oth ach year, that was ribed in lines 5 thro amount received a year: (200 16 21 m e 27b total m line 23, column	None None Penominator)) 15, 16, and 17 unts received ir unts for each ye 0) her than "disqua more than the bugh 11, as we and the larger a 0) (e) ▶ 27	e excess amour	nts	26c 26d 26e 26f a "disq squali a list f an line ile thi (2), e 27c 27d 27e	158,619 8,960 149,659 94.35% ualified ified for your 25 for the s list with	
c d f 7 b c d e f g	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, col Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divid Organizations described on line 12: a For amount person," prepare a list for your records to show the name person." Do not file this list with your return. Enter the (2002) (2001) For any amount included in line 17 that was received for ear year or (2) \$5,000. (Include in the list organizations desc your return. After computing the difference between the sum of these differences (the excess amounts) for each (2002) (2001) Add: Amounts from column (e) for lines: 15 17 20 Add: Line 27a total and li Public support (line 27c total minus line 27d total)	r return. Enter the umn (e) 8,960 19 26b ded by line 26c (da s included in lines e of, and total amou sum of such amou sum of such amou (200 m each person (oth ach year, that was ribed in lines 5 thro amount received a year: (200 m each person (oth ach year, that was ribed in lines 5 thro amount received a year: (200 16 21 m line 23, column ded by line 27f (de	total of all thes <u>None</u> <u>None</u> <u>nominator))</u> 15, 16, and 17 unts received ir unts for each ye 0) more than "disqua more than the bugh 11, as we and the larger a 0) <u>(e)</u> ▶ <u>27</u> nominator)	e excess amour	nts	26c 26d 26e 26f a "disq squali a list f n line ile thi (2), e 27c 27d 27e	158,619 8,960 149,659 94.35% ualified ified for your 25 for the s list with	

brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Sched	lule A (Form 990 or 990-EZ) 2003 Association of Threat Assessment Professionals, Inc. 95-4430224			Page 4
Part	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its		Yes	No
	charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all	<i>\////</i>		<i>\/////</i>
30		<i>\////</i>		<i>\////</i>
	its brochures, catalogues, and other written communications with the public dealing with student	<i><i><i></i></i></i>	//////	<i>\/////</i>
	admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast			X/////
•	media during the period of solicitation for students, or during the registration period if it has no solicitation	<i>\////</i>		X/////
	program, in a way that makes the policy known to all parts of the general community it serves?	31	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	If tes, please describe, if No, please explain. (if you need note space, attach a separate statement.)			
		<i>\////</i>		<i>\/////</i>
		<i>\/////</i>		<i>\/////</i>
		<i>\////</i>		<i>\/////</i>
				X/////
32	Does the organization maintain the following:			<i>\/////</i>
-	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		[]
	Records documenting that scholarships and other financial assistance are awarded on a racially			
b	nondiscriminatory basis?	32b		
	•	520		<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public			1
	dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
				<i>\/////</i>
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<i>\////</i>		<i>\////</i>
				<i>\/////</i>
		<i>\////</i>		<i>\////</i>
22	Does the organization discriminate by race in any way with respect to:			V/////
33	Does the organization discriminate by race in any way with respect to.			
•	Students' rights or privileges?	33a	(//////	<i>~~~~</i> .
d		<u>55a</u>		
h	Admissions policies?	33b		
D	Admissions policies?	- 330		
	Franksumant of faculty or administrative staff?	33c		
C	Employment of faculty or administrative staff?	330		<u> </u>
	Orbelersking of other financial assistance?	33d		
a	Scholarships or other financial assistance?	330		<u> </u>
	Educational califician?	220		
e	Educational policies?	<u>33e</u>	1	
		33f		
f	Use of facilities?	331		<u> </u>
_		22-		
g	Athletic programs?	33g		<u> </u>
		224		
h	Other extracurricular activities?	33h	mm	
				<i>\/////</i>
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			X/////
				<i>\////</i>
				<i>\////</i>
		<i>~/////</i>		<i></i>
24 -	Deep the proprietion reactive any financial aid as anticipate from a province to be an office	24-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	_34a		<u> </u>
	Lies the experimetical right to such aid over been reveled as successful d?	246		
D	Has the organization's right to such aid ever been revoked or suspended?	34b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	<i>\/////</i>		(/////
		<i>\/////</i>		(/////
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35_		

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Sched	ule A (Form 990 or 990-EZ) 2003 Association of Threa	at Assessment f	Professionals, In	c. 95-4	430224	Page 5
Part	VI-A Lobbying Expenditures by Electing Put (To be completed ONLY by an eligible organiz		• • •	f the instructi	ons.)	
Check	▶ a if the organization belongs to an affiliated group.	Check Þ	b 📄 if you ch	ecked " a" and '	"limited control" p	provisions apply
	Limits on Lobbying Ex		ed)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (36	•	
37	Total lobbying expenditures to influence a legislative bo	dy (direct lobbyi	ng)	37		
38	Total lobbying expenditures (add lines 36 and 37)			38		
39	Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add lines 38 and 39	•		40		
41	Lobbying nontaxable amount. Enter the amount from the	-				
	-	ing nontaxable		ر ا		
	Not over \$500,000				X/////////////////////////////////////	
	Over \$500,000 but not over \$1,000,000 . \$100,000 pl Over \$1,000,000 but not over \$1,500,000 . . \$175,000 pl				~~~~~	
			ess over \$1,500,00 ss over \$1,500,00	77777		
42	Grassroots nontaxable amount (enter 25% of line 41)					
43	Subtract line 42 from line 36. Enter -0- if line 42 is more					
44	Subtract line 41 from line 38. Enter -0- if line 41 is more	than line 38 .		44		
	Caution: If there is an amount on either line 43 or line 4					
	4-Year Averaging		• •			
	(Some organizations that made a section 501(h)		•		umns below.	
·	See the instructions for lines 4					
		Lobbyi	ng Expenditure	es During 4-Y	ear Averaging	Period
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
<u></u>	fiscal year beginning in) ►	2003	2002	2001	2000	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))				X/////////////////////////////////////	
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
					X/////////////////////////////////////	
49	Grassroots ceiling amount (150% of line 48(e))		¥/////////////////////////////////////		×/////////////////////////////////////	
50	Grassroots lobbying expenditures					
	VI-B Lobbying Activity by Nonelecting Public	c Charities	•			<u> </u>
	(For reporting only by organizations that did no	t complete Part	VI-A) (See page	e 12 of the ins	tructions.)	
Durin	g the year, did the organization attempt to influence natio	nal, state or loca	al legislation, inc	luding anv		
	pt to influence public opinion on a legislative matter or rel		-		Yes No	Amount
а	Volunteers				. X	
b	Paid staff or management (Include compensation in exp				X	(//////////////////////////////////////
С	Media advertisements				X	
d	Mailings to members, legislators, or the public					
e	Publications, or published or broadcast statements					
f	Grants to other organizations for lobbying purposes .					
g b	Direct contact with legislators, their staffs, government o	-	-			
h i	Rallies, demonstrations, seminars, conventions, speech Total lobbying expenditures (Add lines c through h.) .		-			
•	If "Yes" to any of the above, also attach a statement givi				· <u>////////////////////////////////////</u>	

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		Lafa martine Day			a and Balatianahina With Nonaharita	blo		-0
Part	VII			bage 12 of the instructions	ns and Relationships With Noncharita	Die		
51		ne reporting organiz	zation directly or	r indirectly engage in any of	the following with any other organization des section 527, relating to political organization		sectio	n
_	•	, ,		n to a noncharitable exempt	• •	15 :	Yes	No
а		•	0 0	•	•	51a(i)	165	X
	. ,							X
	(ii)					a(ii)		
b		r transactions:				L (1)		v
	(i)	•			anization	b(i)		X
	(ii)				1	b(ii)		X
	(iii)		• •			b(iii)		X
	(iv)		-			b(iv)		<u> </u>
	(v)	-				b(v)		X
	(vi)			•	tions	b(vi)		<u>X</u>
С		e i			mployees	С		Х
d					hedule. Column (b) should always show the			
					zation. If the organization received less than		et valu	e
			aring arrangeme		alue of the goods, other assets, or services	eceiveu.		
	a) e no	(b) Amount involved	Name of non	(c) chantable exempt organization	Description of transfers, transactions, and sha	ring arrange	ments	
				<u> </u>				
		· · · · ·						
				· · · · · · · · · · · · · · · · · · ·				
				<u>.</u>				
				· · · · · · · · · · · · · · · · · · ·				
				-				
				-				
					I			
	descr		(c) of the Code	(other than section 501(c)(3)	ne or more tax-exempt organizations)) or in section 527? ►	Yes	X	No
		(a)	lowing concura	(b)	(c)			
		Name of organization	۱ 	Type of organization	Description of relationship			
		··· ·		· ···				
							<u>11</u>	
				•	Schedule A	/Eorm 990 /	vr 990-E	7) 2003

Name as shown on return	ID number
Association of Threat Assessment Professionals, Inc	95-4430224

STATEMENT #1 - GRANTS

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Donations and scholarships	7,525
TOTAL	· · <u>7,525</u>

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No	1545-0047
20	04
Open to	Public
Inspe	ection

		of the Treasury									to Public
		enue Service		The organization may have	to use a copy of this r				g requirement	ts. Ins	pection
AF	or the	2004 calenda	ar year, o	r tax year beginning		, and	l ending		D. Employees is		
		applicable	Please	C Name of organization					D Employer id	dentification numbe	er
	Address	change	use IRS label or	Association of Threat Ass	essment Profession	nals, Inc.			95-4430224		
	lame ch	hange	print or	Number and street (or P O bo	x if mail is not delivered to	o street address)	Room/	suite	E Telephone	number	
	nitial ret	tum	type See	Post Office Box 4108				3	310-312-021	12	
	inal ret	um	Specific Instruc-	City or town	State or	country	ZIP + 4		F Accounting	method: X Cast	Accrual
	mende	ed return	tions.	Huntington Beach	CA		92605		Other (s	specify) 🕨	
	oplicati	ion pending	Section	on 501(c)(3) organizations and 4				are not	t applicable to se	ection 527 organizatio	ns.
				must attach a completed Schee			H(a)		a group return fo	·	Yes X No
G۷	Vebsite	e: 🕨					H(b)	lf "Yes	," enter number	of affiliates	
							H(c)	Are all	affiliates include	ed?	Yes 🗌 No
JC	rganiza	ation type (check	k only one)	► X 501(c) (3)	(insert no)4947(a)	(1) or 527		(lf "No	," attach a liist S	ee instructions)	
KC	heck he	ere 🕨 🗙	if the orga	nization's gross receipts are norma	ally not more than \$25,000) The	H(d)	is this	a separate retur	n filed by an organiza	tion
	•	tion need not file	a return w	th the IRS, but if the organization	received a Form 990 Pack			covere	ed by a group rul	ling?	Yes 🔀 No
n	iail, it sh	nould file a return	without fir	nancial data Some states require	a complete return.		1	Group	Exemption Nurr	nber 🕨	
					<u></u>		M	Check	: 🕨 🔤 if the	e organization is not r	equired
LG	ross re	eceipts: Add lii	nes 6b, 8	b, 9b, and 10b to line 12		309,00	4	to atta	ch Sch B (Form	990, 990-EZ, or 990-	-PF)
Par	t I	Revenue,	Expens	ses, and Changes in N	et Assets or Fun	d Balances	(See p	bage	18 of the in	structions.)	
	1			grants, and similar amour							
	a	Direct public	c suppor			1a					
	b	•		ort		1b					
	C			utions (grants)							
				through 1c) (cash \$	nonca	•		<u> </u>			070 705
	2			venue including governme						·	270,725 36,870
	DEC			nd assessments and temporary cash invest	ments						1,409
				est from securities					5		1,405
		Gross rents				6a		• •			· · · ·
<u>4</u>	AR	2.4s:20151	ekpens	es		6b					
``	c	Net rental in		r (loss) (subtract line 6b fro	om line 6a)				. 6c		
a	þGr	THIN IN INF	tment in	come (describe sales of assets other		·) 7		
<u>ē</u>	82				(A) Securites		(B) C	Other			
05eve	Ι.					<u>8a</u>					
õ				basis and sales expenses		8b					
\sim				h schedule) ombine line 8c, columns (/		80			8d		
		-		tivities (attach schedule) If ar				► [
APR	-	Gross rever			of	ing, check he		۲ L			
	–		-	ed on line 1a)		9a					
0	b		-	es other than fundraising e		9b					
Щ	c	Net income	or (loss) from special events (sub	ract line 9b from line	e 9a)			. <u>9c</u>		
Ž				ntory, less returns and allo		10a	· · · · ·				
SCANNED				sold		10b					
ŭ				rom sales of inventory (attach				• •			
	11 12			Part VII, line 103)							309,004
	13	Program se	nicos (f	lines 1d, 2, 3, 4, 5, 6c, 7, rom line 44, column (B))	ou, 90, 100, and 11,	· · · · · ·	<u></u>		. 12		256,121
es	14			eneral (from line 44, colum							30,862
Expenses	15			ne 44, column (D))							,••=
<u>e</u>	16	Payments to	o affiliate	es (attach schedule)					. 16		
	17	Total exper	nses (ac	Id lines 16 and 44, column	(A)) <u></u>				. 17		286,983
sts	18	Excess or (deficit) fo	or the year (subtract line 1	7 from line 12)				. 18		22,021
V ss(19			palances at beginning of ye							191,345
Net Assets	20			et assets or fund balances							040.000
	21			palances at end of year (co					. 21		213,366
For ((HTA)		y Act and Pap	erwork F	Reduction Act Notice, see th	e separate instructio	ons.				For For	rm 990 (2004)

Form	990	(2004)
	000	(2004)

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Association of Threat Assessment Professionals, Inc.

95-4430224

Page 2

Part II		All organizations must complete colu					
	Functional Expense		haritable tru	sts but optional for c	r	r	
	Do not include amoun	•		(A) Total	(B) Program	(C) Managemen	
	<u> </u>	r 16 of Part I.			services	and general	
22 Gra	ants and allocations (attac	h schedule)					
(ca	ish \$ 7,500	noncash \$)	22	7,500	7,500		
23 Sp	ecific assistance to individ	uals (attach schedule)	23				
24 Be	nefits paid to or for membe	ers (attach schedule)	24				
		ectors, etc	25				
			26				
			27				
			28				
			29				
			30				
	_		31	650		6!	50
	-		32	654			54
			33	1,916			33
			34	1,310	1,000		
			35	938	750		38
			36	930	750		
		nance	37	4.400	2.505		24
			38	4,406		88	
			39	972	778		94
		nd meetings	40	260,011	234,010	26,00	J1
			41				
		(attach schedule)	42				
		ve (itemize): a Bank charges	43a	668		53	
			43b	1,977			95
			43c	130			26
d Pro	ofessional services		43d	7,161	6,205	95	56
e			43e				
f			43f				
		es 22 through 43). Organizations					
con	npleting columns (B)-(D), car	ry these totals to lines 13 — 15 .	44	286,983	256,121	30,86	62
"Yes," en	ter (i) the aggregate amount ount allocated to Managemer	cational campaign and fundraising so of these joint costs \$ it and general \$ am Service Accomplishmen	; ;	(ii) the amount a and (iv) the amo	allocated to Progra ount allocated to F	am services \$_ undraising \$	
artm	Statement of Flogr	an Service Accomplishmen	19 (966	page 25 of it		<u>۲</u>	
l organiza	ations must describe their exe	xempt purpose? Protect vict mpt purpose achievements in a clea	r and con	cise manner. Sta	ate the number	<u>s</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
		c. Discuss achievements that are not				、	trusts, but optional for
-		charitable trusts must also enter the		-		,	others)
	unding stalking and threat						
				nts and allocat	ions \$	·····	256,12
b							
				nts and allocat	ions \$)	
c						/_	
						[
				nts and allocat	ions \$	·····	
d						/	
			(Grad	nts and allocat	ions \$		
e Other	program services (attach	schedule)	(Grai	nts and allocat	ions 5)	

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Association of Threat Assessment Professic95-4430224

Page 3

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Par	rt IV	Balance Sheets (See page 25 of the instructions.)			
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	93,940		48,201
	46	Savings and temporary cash investments	97,405	46	165,165
	47 a	Accounts receivable			
	Ь	Less: allowance for doubtful accounts 47b		47c	
	48 a	Pledges receivable			
		Less: allowance for doubtful accounts 48b		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
		(attach schedule)		50	
	51 a	Other notes and loans receivable (attach			
Assets		schedule)			
Ass	b	Less: allowance for doubtful accounts 51b		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments-securities (attach schedule)		54	
	55 a	Investments—land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57 a	Land, buildings, and equipment: basis 57a			
	b	Less: accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets (describe)		58	
	59	Total assets (add lines 45 through 58) (must equal line 74)	191,345	50	213,366
	60	Accounts payable and accrued expenses	191,040	60	213,300
	61	Grants payable		61	
	62			62	
	63	Loans from officers, directors, trustees, and key employees (attach			
Liabili ties	05	schedule)		63	
bili	64 2	Tax-exempt bond liabilities (attach schedule)		64a	
Lia		Mortgages and other notes payable (attach schedule)		64b	
_	65	Other liabilities (describe)	· · · ·	65	
				00	
	66	Total liabilities (add lines 60 through 65)		66	
	Orga	nizations that follow SFAS 117, check here X and complete lines			
		67 through 69 and lines 73 and 74.			
8	67	Unrestricted	191,345	67	213,366
õ	68	Temporarily restricted		68	
ala	69	Permanently restricted		69	
8 P	Orga	nizations that do not follow SFAS 117, check here			
Ę.		complete lines 70 through 74.			
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		70	
ŝ	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
20	72	Retained earnings, endowment, accumulated income, or other funds		72	
¥	73	Total net assets or fund balances (add lines 67 through 69 or			
Net Net		lines 70 through 72;			
		column (A) must equal line 19; column (B) must equal line 21)	191,345		213,366
	74	Total liabilities and net assets / fund balances (add lines 66 and 73) .	191,345		213,366

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 99	0 (2004)			As	sociation of	Threat	t Assessn	nent Prof	essionals, Ir 95-4430224	Page
Part I		econciliation of	of Revenue per						iliation of Expenses	
N//			nents with Reve			N	N/A F	Financia	al Statements with Ex	cpenses per
			e 27 of the instru					Return		
а		/enue, gains, and			2 > Y 10 IO MARKAN STREAM UNDER HER	а	Total e	xpenses	and losses per	
-		ted financial state		a	allation (single - synamous prove				I statements ►	a
b	•	s included on line				ь			ed on line a but not	
-		2, Form 990:	u but not		STREET.	-		17, Forn		
(1)		alized gains				6	1) Donate			
(1)		stments	¢	副語		· ·	•		ties \$	
(2)			. ⊅				2) Prior ye			
(2)		I services and	•	調經				•		
		acilities	<u> </u>					d on line		
(3)		ies of prior		ar na sta	a starting				<u>\$</u>	
	• •	nts	_\$			(3) Losses	•		
(4)	Other (s	pecify):		and the second					90 \$	
			\$			(*	4) Other (specify):		
			\$						\$	
	Add amo	ounts on lines (1)) through (4)	b	0				\$	
									n lines (1) through (4)	b
С	Line a m	ninus line b	🕨	C	0	с			eb	C
d	Amounts	s included on line	e 12,		的影响	d	Amoun	ts includ	ed on line 17,	Frank Street Street
	Form 99	0 but not on line	a:				Form 9	90 but n	ot on line a:	
(1)	Investme	ent expenses				(1) Investn	nent expe	enses	
		ded on line					not incl	uded on	line	an an an Anna a Anna an Anna an
	6b, Forn	n 990	\$	酸褐			6b, For	m 990	\$	
(2)	Other (s					(2) Other (-	
()		· · · · · · · · · · · · · · · · · · ·	s				, ,	,	s	
			\$						<u>s</u>	
	Add amo	ounts on lines (1)	and (2) ►	d			Add an	nounts or	n lines (1) and (2) .	d
e		venue per line 12		<u> </u>		е			per line 17, Form 990	
•		lus line d)			0	•		-	d)	
Part V				tees	and Key Fi	mnlo			ne even if not compensat	ed: see page 27
raitv		the instructions.		1003,		inpio;	9003 (LIS	Cacilor	le even il not compensat	eu, see page 21
	01		/				(C) Compe	and then	(D) Contributions to	
		(A) Name and addre	155		e and average h		(If not p		(D) Contributions to employee benefit plans &	(E) Expense account and other
				per wee	ek devoted to po	sition	enter -		deferred compensation	allowances
Name	Greg Bo	les Str 66	6 So. Figueroa	Title	Presiden	it				
	Los Ang		A zip 90017		5 hours/we	- I		0	0	
	Paul Bri		O. Box 900	Title	1st V.P.					
	Beverly			Hr/WK				0	0	
	James (O. Box 1772	Title	2nd V.P.					
	San Lea			Hr/WK	5 hours/we			o	0	
	Steve A		28 Miramar Road	Title	Secretar				V	
								o	0	
	San Die			Hr/WK					0	
	Tom Be		O. Box 4108	Title	Treasure				•	
	Hunting			Hr/WK				0	0	
	Jeff Dun		0 N. Los Angeles	Title	Sgt. At Arr					
	Los Ang				5 hours/wee			0	0	
	John La		33 W. Century Bl.		Past Preside				_	
	Los Ang			Hr/WK				0	0	
	Diane M		726 Colima Road	Tıtle	Membersh					
City	Rowland	d Heights s⊤ CA	A zip 91748	Hr/WK	5 hours/we	ek		0	0	
		Str		Title						
Name										
		ST	ZIP	Hr/WK						
Name	/	••••	ZIP							

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ► Yes XNo If "Yes," attach schedule—see page 28 of the instructions.

Form 99	0 (2004) Association of Threat Assessment Professionals, Inc. 95-4430224			Page 5			
Part V	Other Information (See page 28 of the instructions.)		Yes	No			
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		Х			
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X			
	If "Yes," attach a conformed copy of the changes.						
78 a	8 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a b If "Yes," has it filed a tax return on Form 990-T for this year? 78b						
b	b If "Yes," has it filed a tax return on Form 990-T for this year?						
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	www.ceethitting				
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common	SALAN SALARY SA					
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X 29110108322388			
b	If "Yes," enter the name of the organization						
	and check whether it isexempt ornonexempt.						
	Enter direct and indirect political expenditures. See line 81 instructions 81a		353 9				
	Did the organization file Form 1120-POL for this year?	81b		X			
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	00-					
	or at substantially less than fair rental value?	82a	X	推动 第二个			
D	If "Yes," you may indicate the value of these items here. Do not include this amount						
02 -	as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . [82b] Did the organization comply with the public inspection requirements for returns and exemption applications? .	83a					
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	$\hat{\mathbf{x}}$				
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions \cdot	84a		x			
	If "Yes," did the organization include with every solicitation an express statement that such contributions		10.00				
	or gifts were not tax deductible?	84b	N/A				
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a					
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b					
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the						
	organization received a waiver for proxy tax owed for the prior year.						
c	Dues, assessments, and similar amounts from members						
	Section 162(e) lobbying and political expenditures						
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e						
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f						
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g					
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to						
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h					
86	following tax year?						
	Gross receipts, included on line 12, for public use of club facilities						
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a						
	Gross income from other sources. (Do not net amounts due or paid to other						
	sources against amounts due or received from them.)						
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or						
	partnership, or an entity disregarded as separate from the organization under Regulations sections						
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	01600000000000000000	X			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:						
	section 4911 ▶ None ; section 4912 ▶ None ; section 4955 ▶ None			ः दृष्ट्रश्चाः भाषां तस्त्र प्रवा			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction						
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	001		v			
•	a statement explaining each transaction	89b		X			
C	sections 4912, 4955, and 4958	N	one				
	Enter: Amount of tax on line 89c, above, reimbursed by the organization \ldots						
	List the states with which a copy of this return is filed CA						
b		one					
91	The books are in care of ► Name Tom Beringer Telephone no. ► 909-392	-5200					
	Located at ► Post Office Box 4108 City Huntington Beach ST CA ZIP + 4 ► 92605						
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here						
	and enter the amount of tax-exempt interest received or accrued during the tax year						

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Form	990	(2004)
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Form 990 Part V				ment Professionals,	Ir95-4430224	Page 6
	Inter gross amounts unless otherwise		siness income		on 512, 513, or 514	(E)
	v			(C)	(D)	Related or
indicate		(A) Business code	(B) Amoun		Amount	exempt function
	Program service revenue:					income 257,333
-	Conferences					13,392
-	Application fees					10,002
c_ d						
e u	·······					
-	Medicare/Medicaid payments					
	Fees and contracts from government agencies					
-	Membership dues and assessments					36,870
	Interest on savings and temporary cash investments			14	1,409	
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:					
-	debt-financed property		- The second s	HINNING PRINT, CORRECTION CONTRACTOR AND	The second s	
	not debt-financed property					
	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory .					
103	Other revenue: a					
b_						
C_						
d _						
θ_			- Not			
	Subtotal (add columns (B), (D), and (E))				1,409	· · · · · · · · · · · · · · · · · · ·
	Total (add line 104, columns (B), (D), and (E))				· · Þ	309,004
	ine 105 plus line 1d, Part I, should equal the a			4 D		
Part V						
Line No					y to the accomplish	iment
	of the organization's exempt purposes (other					
<u>93 (a)</u>	Conferences and meetings to address issu Allows for background checks of prospectiv		taiking and tr	nreal situations.		
<u>93 (b)</u> 94	Gives access to members of the public with		alking and th	reat situtations		
94	Gives access to members of the public with					
Part IX	Information Regarding Taxable S	ubsidiaries an	Disregard	led Entities (See n	age 34 of the in	structions)
	(A)	(B)		i		(E)
	Name, address, and EIN of corporation,	Percentag		(C) Nature of activities	(D) Total income	End-of-year
	partnership, or disregarded entity	ownership i	nterest		Total meente	assets
N/A						
Part X	Information Regarding Transfers	Associated wi	th Personal	Benefit Contract	s (See page 34 of	the instructions.)
• •	the organization, during the year, receive any funds, dire	•		-		
	d the organization, during the year, pay premiu			personal benefit con	tract?	Yes X No
Note: //	"Yes" to (b), file Form 8870 and Form 4720					
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration					
Please			in Onicer) is based			Jwieoge
Sign	Vibi-Unta-				. Lt - the	
Here	Signature of officer			Date	2	
	P_ ////////////////////////////////////)un(a)i	140	1541201	American a second	
	Type or print name and title			Check #		
Date	Preparer's	E	Date	self-	eparer's SSN or PTIN	(See Gen Inst W)
Paid	signature Hurung		3/14/2005	5 employed X	P00009906	
Preparer Use Only		P.A		EIN	95-3535569	
ese only	address, and ZIP + 4 16600 Sherman Way	y #280, Van Nuys	s, CA 91406	Phone	no 818-994-55	62 Form 990 (2004)

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SCH	ED)U	LE	Α
(Form	990	or	990-	EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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Name of t	the organization			Employer identific	ation number
Associa	ation of Threat Assessment Professionals	s, Inc.			4430224
Part	Compensation of the Five Hig (See page 1 of the instructions.	hest Paid Employees	Other Than Officers	s, Directors, and Tr	ustees
(a)	Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name					
Str	None	-			
City	ST	Title			
Zıp	Country	Avg hr/wk			
Name					
Str		ļ			
City	ST	Title			
Zip	Country	Avg hr/wk			
Name					
Str		-			
City	ST	Title			
Zip	Country	Avg hr/wk			
Name					
Str					
City	ST	Title			
Zip	Country	Avg hr/wk			
Name					
Str		-			
City	ST	Title			
Zip	Country	Avg hr/wk			
	mber of other employees paid over				
\$50,000					
Part I					
<u> </u>	(See page 2 of the instructions.	List each one (whether	individuals or firms).	If there are none, er	iter "None.")
	(a) Name and address of each independent contract	tor paid more than \$50,000	(b) Тур	e of service	(c) Compensation
Name		Check here if a business			
Str	None				
City					
ST	ZIP Count	ry			
Name		Check here if a business			
Str					
City					
ST	ZIP Count				
Name		Check here if a business			
Str					
City					
ST	ZIP Count				
Name		Check here if a business			
Str					
City					
ST	ZIP Count				
Name		Check here if a business			
Str					
Cıty					
ST	ZIP Count	ry			
	mber of others receiving over \$50,000 for				
profession	onal services 🕨 🕨				

Sched	ule A	(Form 990 or 990-EZ) 2004 Association of Threat Assessment Professionals, Inc. 95-4430224		F	Page 2	
Par	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No	
1	atte or i	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities > (Must equal amounts on line 38, rt VI-A, or line i of Part VI-B.).	1		x	
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other janizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.				
2	sub with own	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions)				
а	Sal	le, exchange, or leasing of property?	2a		X	
b		nding of money or other extension of credit?	2b		X	
c d		rnishing of goods, services, or facilities?	2c 2d		X X	
е	Tra	Insfer of any part of its income or assets?	2e		x	
3 a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how				
		determine that recipients qualify to receive payments.).	3a		х	
b		you have a section 403(b) annuity plan for your employees?	3b		Х	
4 a		I you maintain any separate account for participating donors where donors have the right to provide advice			v	
b		the use or distribution of funds?	4a 4b		<u>x</u> x	
	_			·		
Part		Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)				
	rgani	ization is not a private foundation because it is: (Please check only ONE applicable box.)				
5	Н	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(I).				
6	님	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)				
7	님	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).				
8	Ц	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).				
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state				
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)				
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)				
11 b		A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)				
12	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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)					
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)				
	-	Provide the following information about the supported organizations. (See page 5 of the instructions.)				
	-	(a) Name(s) of supported organization(s) (b) Line null from ab				
	-					
14	ГĪ	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions)				

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions)

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Association of Threat Assessment Professionals, Inc. 95-4430224

Page 3

	IV-A Support Schedule (Complete only if you check		· · · ·			ting.	
	: You may use the worksheet in the instructions for conver ndar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total	
15	Gifts, grants, and contributions received. (Do	(a) 2003	(0) 2002	(0) 2001	(d) 2000	(e) Total	
15	not include unusual grants. See line 28)	38,074	100			38,174	
16	Membership fees received	22,962	45,692	45,535	38,171	152,360	
17	Gross receipts from admissions, merchandise	22,002		40,000	00,171	102,000	
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
	organization's charitable, etc., purpose	215,557	13,788	34,011	55,384	318,740	
18	Gross income from interest, dividends,					, <u>,</u>	
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less				1		
	section 511 taxes) from businesses acquired						
	by the organization after June 30, 1975	1,230	2,020	3,407	3,508	10,165	
19	Net income from unrelated business						
	activities not included in line 18						
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf						
21	The value of services or facilities furnished to						
	the organization by a governmental unit						
	without charge. Do not include the value of						
	services or facilities generally furnished to the						
	public without charge						
22	Other income Attach a schedule. Do not						
	Include gain or (loss) from sale of capital assets	077.000	04.000	00.050	07.000	540.400	
<u>23</u> 24	Total of lines 15 through 22 . <th .<="" th=""><th>277,823 62,266</th><th>61,600 47,812</th><th>82,953 48,942</th><th>97,063 41,679</th><th><u>519,439</u> 200,699</th></th>	<th>277,823 62,266</th> <th>61,600 47,812</th> <th>82,953 48,942</th> <th>97,063 41,679</th> <th><u>519,439</u> 200,699</th>	277,823 62,266	61,600 47,812	82,953 48,942	97,063 41,679	<u>519,439</u> 200,699
25	Enter 1% of line 23	2,778	616	830	971	AND REPORTED AND INCOMESTICATION OF	
26	Organizations described on lines 10 or 11: a Enter 2% of						
	Prepare a list for your records to show the name of and amount of				. 20a	4,014	
b	governmental unit or publicly supported organization) whose tota						
	amount shown in line 26a. Do not file this list with your return				· ► 26b	None	
с	Total support for section 509(a)(1) test: Enter line 24, column (e)				. ► 26c	200,699	
		10,165 19					
	22	26b	None	—	. ► 26d	10,165	
e	Public support (line 26c minus line 26d total)			—	. ► 26e	190,534	
f	Public support percentage (line 26e (numerator) divided by I	ine 26c (denomin	ator))		. 🕨 26f	94.94%	
27	Organizations described on line 12: a For amounts inclu	uded in lines 15, 16	6, and 17 that wer	e received from a	"disqualified per	son,"	
	prepare a list for your records to show the name of, and total amo		each year from, ea	ach "disqualified p	erson." Do not		
	file this list with your return. Enter the sum of such amounts for	or each year:					
	(2003) (2002)	(200)1)		2000)		
b	For any amount included in line 17 that was received from each p	person (other than	"disqualified pers	ons"), prepare a li	st for your record	ds to	
	show the name of, and amount received for each year, that was						
	(Include in the list organizations described in lines 5 through 11, a					nputing the	
	difference between the amount received and the larger amount d amounts) for each year:	lescribed in (1) or ((2), enter the sum	of these difference	es (the excess		
		(000					
	(2003) (2002)	(200)1)	(4	2000)		
с	Add: Amounts from column (e) for lines: 15	16					
	17 20	21 _			► 27c		
d		27b total					
e	Public support (line 27c total minus line 27d total)						
f	Total support for section 509(a)(2) test. Enter amount from line 2						
g	Public support percentage (line 27e (numerator) divided by I		-		► 27g		
h	Investment income percentage (line 18, column (e) (numerat						
28	Unusual Grants: For an organization described in line 10, 11, or					re	
	a list for your records to show for each year, the name of the cor	strubutor the date (and amount of the	arant and a brai	description of		

a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

Schedu	ule A (Form 990 or 990-EZ) 2004 Association of Threat Assessment Professionals, Inc. 95-44	30224		P	age 4
Par	t V Private School Questionnaire (See page 7 of the instructions.)				
<u> </u>	(To be completed ONLY by schools that checked the box on line 6 in Part IV)				
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws			Yes	No
	other governing instrument, or in a resolution of its governing body?		29	10110 121 2121	and a second second
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its				and the second s
	brochures, catalogues, and other written communications with the public dealing with student admissions,				
	programs, and scholarships?		30	bhill an attairt an Aonaich	1.111.000#**en4.00***
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	3			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way the	at	14 Mar		
	makes the policy known to all parts of the general community it serves?		31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
					<u></u>
32	Does the organization maintain the following:				
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		<u>32a</u>		
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		0.01		
			32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?				
			32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
				-	
33	Does the organization discriminate by race in any way with respect to:				
а	Students' rights or privileges?		33a		
b	Admissions policies?		33b		
c	Employment of faculty or administrative staff?		33c		
Ũ					
d	Scholarships or other financial assistance?		33d		
е	Educational policies?		33e		
T	Use of facilities?		<u>33f</u>		
g	Athletic programs?		33g		
h	Other extracurricular activities?		33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			and the second sec
					аў.
			RANSING REACT	111111111111111111111111111111111111111	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		34a		
b	Has the organization's right to such aid ever been revoked or suspended?		34b	TRUM DAY OF	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.				
25					
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B, 587, covering racial pondiscrimination? If "No " attach an explanation		35		
	4 05 of Rev. Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation .		33		

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Schedule A (Form 990 or 990-EZ) 2004

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Sched	lule A (F	Association of T	hreat Assessme	nt Professionals,	Inc. 95-4	430224		Page 5	
Par	t VI-A	Lobbying Expenditures by Electing (To be completed ONLY by an eligible				ctions.)			
Chec	k ►a	If the organization belongs to an affiliated grou	p. Check 🕨	b if you che	cked "a" and "	limited conti	ol" prov	visions apply.	
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(a Affiliated tota	group	(b) To be completed for ALL electing organizations	
36	Total I	obbying expenditures to influence public opinion (gra	assroots lobbying)		36				
37		obbying expenditures to influence a legislative body							
38	3 Total lobbying expenditures (add lines 36 and 37)								
39	Other	exempt purpose expenditures			39				
40	Total e	exempt purpose expenditures (add lines 38 and 39)			40		anderstand alle		
41	Lobby	ng nontaxable amount. Enter the amount from the f	ollowing table—				and a second second		
			ing nontaxable an		٦ I	5. S. S. S.			
		er \$500,000			ST 0.1 (ST 0.1				
		500,000 but not over \$1,000,000 \$100,000 p						in the second	
		1,000,000 but not over \$1,500,000 \$175,000 p							
		1,500,000 but not over \$17,000,000 . \$225,000 p							
40		17,000,000			J 30000				
42		oots nontaxable amount (enter 25% of line 41)			· · · · <u></u>				
43 44		ct line 42 from line 36. Enter -0- if line 42 is more that ct line 41 from line 38. Enter -0- if line 41 is more that						· · · · · ·	
44	Subus	ct line 41 from line 38. Effter -0- if line 41 is more th							
	Cautio	n: If there is an amount on either line 43 or line 44,	you must file Form	4720.					
			ing Period Un		1(h)			an faith ann an tha Bhalladh ann an 11 an Bhall Ann ann an	
		(Some organizations that made a section 5			• •	columns be	ow.		
		See the instructions for li					•		
	Lobbying Expenditures During 4-Year Averaging Period								
	Lobbying Expenditules During 4-Tear Averaging Pendu								
		dar year (or	(a)	(b)	(c)	(d		(e)	
	fiscal	year beginning in) 🕨	2004	2003	2002	200)1	Total	
45	l obby	ng nontaxable amount							
46	Lobby	ng ceiling amount (150% of line 45(e))							
4-	T - 4 - 1 1								
47	Iotal I	obbying expenditures				+			
48	Grass	oots nontaxable amount							
		· · · · · · · · · · · · · · · · · · ·							
49	Grass	oots ceiling amount (150% of line 48(e))							
E0	Graan	oots lobbying expenditures							
50 Dor	t VI-B		ublic Charities					1	
r ai		(For reporting only by organizations that		ete Part VI-A) (See nade 1	1 of the in	structi	ons)	
							1		
		ear, did the organization attempt to influence nationa			ny	Yes	No	Amount	
	•	luence public opinion on a legislative matter or refer							
	 a Volunteers						X		
b							X X		
c d		advertisements					x		
d		s to members, legislators, or the public					Â		
e f		to other organizations for lobbying purposes					x		
f		contact with legislators, their staffs, government offi					x x		
9 h		demonstrations, seminars, conventions, speeches					X		
1		bbying expenditures (Add lines c through h.)				DIC LODGED ST			
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities								

Schedu	ule A (Fo	rm 990 or 990-EZ) 2004		Association of Threat Asses	ssment Professionals, Inc95-4430224			Page 6
Part	t VII		-	fers To and Transaction page 11 of the instructions	is and Relationships With Noncharitat .)	ble		
51					ing with any other organization described in section 27, relating to political organizations?	n		
а				noncharitable exempt organiza			Yes	No
	(i)	Cash				51a(i)		X
						a(ii)		X
b	Other	transactions:						
	(i)	Sales or exchanges of	f assets with a no	ncharitable exempt organization		b(i)		X
	(ii)	Purchases of assets f	rom a noncharitat	ble exempt organization		b(ii)		X
	(iii)	Rental of facilities, equ	upment, or other	assets		b(iii)		X
	(iv)	Reimbursement arran	gements			b(iv)		X
	(v)	Loans or loan guarant	ees			b(v)		X
	(vi)	Performance of servic	es or membership	o or fundraising solicitations .		b(vi)		X
с	Sharir	ng of facilities, equipme	ent, mailing lists,	other assets, or paid employees		с		X
d	If the	answer to any of the a	bove is "Yes," cor	nplete the following schedule. C	Column (b) should always show the fair market valu	le		
		-			the organization received less than fair market valu	Je		
	in any	r transaction or sharing	g arrangement, sh		e goods, other assets, or services received:			
	(a)	(b) Amount involved	Name of pop	(c) charitable exempt organization	(d) Description of transfers, transactions, and sharin	na arrange	monte	
	e no						menta	
					· · · · · · · · · · · · · · · · · · ·			
52 a	descr		of the Code (othe	ed with, or related to, one or mo r than section 501(c)(3)) or in se	re tax-exempt organizations ection 527? ►	Yes	X	No
		(a)		(b)	(c)			
		Name of organization	1	Type of organization	Description of relationship			
					· · · · · · · · · · · · · · · · · · ·	-		
						_		

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Name as shown on return	ID number
Association of Threat Assessment Professionals, Inc.	95-4430224

STATEMENT #1 - GRANTS

Donations and so	holarships	 					 7,500
		 	 		-	 	
TOTAL		 	 	•••		 	 7,500

	1	e ^r														
-	Q Q			Return of O	raaniza	tion Evan	nt Erc	m in/	omo T	็จห		OMB	No 154	15-0047		
Form	00				-		-					2	00	5		
			U	Inder section 501(c),		(a)(1) of the Intern trust or private for			except black	k lung				Public		
		the Treasury Je Service	Рт	The organization may		•			tina require	ments.			spect			
											10.0.001	. 1115	pec			
A For the 2005 calendar year, or tax year beginning , and ending B Check if applicable C Name of organization D I									D Em	mployer identification number						
	B Check in applicable Please								95-44	430224						
	lame cl	nange	label or print or			all is not delivered to st		s) Room/	suite E Tel	elephone number						
<u> </u>	nitial ret	um	type See	Post Office Box 4	108					310-312-0212						
₽	inal ret	um	Specific Instruc-	City or town		State or co	untry	ZIP + 4	F Ac	counting method: X Cash Accrual				Accrual		
	mende	d return	tions	Huntington Beach		CA		92605		Other (specify)						
	pplicati	on pending	O Sectio	on 501(c)(3) organizatio			able		are not applic	able to s	section 527 o	rganizati	ons			
				s must attach a complet	ted Schedule A	(Form 990 or 990-EZ).	H(a)	is this a grou				Yes	X №		
<u>G</u> W	ebsite	⊳ http:	//www.ata	apusa.org/				Н(ь)	If "Yes," ente					····		
) D 🗙 501(c) (3			or 7527	, H(c)	Are all affiliat (If "No," attac				Yes	No		
		ation type (che				ert no) 4947(a)(1)		-	•							
	heck he roanizat	ere 🍽 🕑	If the orga	anization's gross receipts vith the IRS, but if the organization of the organization of the the organization of the organizat	are normally no anization choose	ot more than \$25,000 T ses to file a return, be	he	H(d)	is this a sepa covered by a			organiz		XNo		
				e states require a compl					Group Exem				163			
								- M			ne organizati:	on is not	require			
LG	ross r	eceipts. Add	lines 6b, 8	b, 9b, and 10b to line	12 🗈		332,8		to attach Sch					-		
Par		Revenus	, Expens	ses, and Change	es in Net A	ssets or Fund			he instruc	tions.)					
	1			grants, and similar							· · · · · ·					
eres	a						1a		7,489							
133							1b									
5		c Government contributions (grants)								1d				7,489		
ŝ	2	Program service revenue including government fees and contracts (from Part VII, line 93)								2			2	77,625		
	3	Membership dues and assessments								3				45,078		
60.0	4		rest on savings and temporary cash investments							4				2,668		
	5	Dividends								5						
		a Gross rents						· · · · · ·								
		Less: rental expenses								6c						
	7)	7						
Revenue	8 a			sales of assets oth	ner [(A) Securities		(B) C	ther							
<u>کې</u>	[8a									
				basis and sales exp	penses		8b									
				ch schedule) .	. [8c			0.4						
	9 9	I Net gain or (loss) (combine line 8c, columns (A) and (B))							 •	8d						
		a Gross revenue (not including \$ of of of of of sale of sale of sale of sale sale of sale salesale salesale sale sale sale sale sale sales														
	_															
	b Less direct expenses other than fundraising						9b									
) from special even			1. 1			9c						
		0 a Gross sales of inventory, less returns and allowances 10a														
		b Less cost of goods sold							10c							
	11								11							
	12			l lines 1d, 2, 3, 4, 5						12				32,860		
	13	Program s	ervices (fi	rom line 44, columi	n (B)) .					13				76,270		
Expenses	14			eneral (from line 44						14 15				34,384		
men	15			(from line 44, column (D))												
ű	16 17			dd lines 16 and 44,						16 17			3	10,654		
s	18			or the year (subtrac						18				22,206		
sset	19			palances at beginni						19				13,366		
Net Assets	20	Other char	nges in ne	et assets or fund ba	alances (atta	ach explanation)				20						
Ne	21	Net assets	or fund b	palances at end of	year (combi	ne lines 18, 19, ar	nd 20)			21			2	35,572		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

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Form 990 ((2005)

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Association of Threat Assessment Professionals Inc.

Page 2

Form 99	90 (2005) Association of Thr	eat As	sessment Profes	sionals, Inc.	95-4430224	Page 2
Part	Statement of All organizations must complete c	olumn (A). Columns (B), (C),	, and (D) are requir	ed for section 501(c	:)(3) and (4)
	Functional Expenses organizations and section 4947(a)	(1) none	xempt charitable tru	ists but optional for	others. (See the ins	structions.)
	Do not include amounts reported on line			(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$10,111 noncash \$)		l l l l l l l l l l l l l l l l l l l			
	If this amount includes foreign grants, check here	22	10,111	10,111		
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule).	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees .	31	700		700	
32	Legal fees	32	1,044		1,044	
33	Supplies	33	2,948	2,358	590	
34	Telephone	34				
35	Postage and shipping	35	1,167	934	233	
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	3,424	2,739	685	
39	Travel	39	1,611	1,289	322	
40	Conferences, conventions, and meetings	40	267,429	240,686	26,743	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize):					
а	Bank charges	43a	320		256	
b	Insurance	43b	1,977	1,582	395	
C	Miscellaneous	43c	255	204	51	<u> </u>
d	Outside services	43d	16,418	13,703	2,715	
9	Web site	43 0	3,250	2,600	650	· · · · ·
វ		43f				
g		43g			-	
4 4	Total functional expenses. Add lines 22					
	through 43. (Organizations completing					
	columns (B)-(D), carry these totals to lines					
	<u>13–15) </u>	4 A	310,654	276,270	34,384	
Joint	Costs. Check P if you are following SOP 98-2.					_
Are an	y joint costs from a combined educational campaign and fundraising so	licitation	reported in (B) Pi	rogram services?		Yes X No
	" enter (i) the aggregate amount of these joint costs \$\$, (ii) the amount al ; and (iv) the amo			

Form 990 (2005)

Form 990 (2005)

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Page 3

Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

w	hat is the organization's primary exempt purpose?		Program Service Expenses
of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	Chapter metings and annual Threat Management Conference to address the major issues surrounding stalking and threat situations.		
	(Grants and allocations \$ 10,711) If this amount includes foreign grants, check here		276,270
Þ			
	(Grants and allocations \$) If this amount includes foreign grants, check here	╝	
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶		
d			
	(Grants and allocations \$) If this amount includes foreign grants, check here		
Θ	Other program services (attach schedule)		
	(Grants and allocations \$) If this amount includes foreign grants, check here		
ſ	Total of Program Service Expenses (should equal line 44, column (B), Program services)	►	276,270
			Form 990 (2005)

-orm s	90 (200 RU		essment Profe	SSI(95-4430224		Page
Part	<u>IV</u>	Balance Sheets (See the instructions.)				
P	Vote:	Where required, attached schedules and amounts within the description		(A) Regioning of your	}	(B) End of year
45		column should be for end-of-year amounts only.		Beginning of year	45	
		Cash—non-interest-bearing		<u>48,201</u> 165,165		<u>88,53</u> 147,03
	~0			100,100	40	147,00
	47 a	Accounts receivable				
	b	Less' allowance for doubtful accounts . 47b			47c	
		Pledges receivable 48a Less allowance for doubtful accounts 48b			48c	
		Grants receivable			400	
		Receivables from officers, directors, trustees, and key employed				
		(attach schedule)			50	
		Other notes and loans receivable (attach				
Assets		schedule)				
&		Less: allowance for doubtful accounts 51b		······································	51c	
		Inventories for sale or use			52	
		Prepaid expenses and deferred charges	 FMV		<u>53</u> 54	
		Investments—securities (attach schedule) ▶ Cost Investments—land, buildings, and			- 34	
		equipment basis				
		Less: accumulated depreciation (attach				
		schedule)			55c	
		Investments—other (attach schedule)			56	
		Land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach			57-	
		schedule))		57c	
	50		,			
	59	Total assets (must equal line 74). Add lines 45 through 58		213,366	59	235,57
		Accounts payable and accrued expenses			60	
		Grants payable			61	
		Deferred revenue			62	
Liabilities		Loans from officers, directors, trustees, and key employees (atta schedule)			63	
		Tax-exempt bond liabilities (attach schedule)			64a	
ت		Mortgages and other notes payable (attach schedule)			64b	
		Other liabilities (describe			65	
_		Total liabilities. Add lines 60 through 65			66	
	-	nizations that follow SFAS 117, check here 🛛 🖻 🔀 and con	nplete lines			
		67 through 69 and lines 73 and 74.		213,366	67	235,57
52		Temporarily restricted		213,300	68	233,37
zlar		Permanently restricted			69	· · · · · · · · · · · · · · · ·
Ĕ		nizations that do not follow SFAS 117, check here 🛛 🕞 🗌 a				
ğ,		complete lines 70 through 74.				
~		Capital stock, trust principal, or current funds			70	<u>. </u>
န္သ		Paid-in or capital surplus, or land, building, and equipment fund			71	
SS		Retained earnings, endowment, accumulated income, or other f			72	
8		Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;				
2		column (A) must equal line 19; column (B) must equal line 21)		213,366	73	235,57
		Total liabilities and net assets/fund balances. Add lines 66 a		213,366		235,572

Form 990 (2005)

: Form 99	90 (2005)	Association of Thre	at Assessment	Professionals 95-4430	224	Page 5
BIFBE PER	M-A Reconciliation of Revenue per	Audited Financial S	tatements wit	h Revenue per Ret	urn (
	instructions.)					<u>N/A</u>
a 5	Total revenue, gains, and other support pe		ments .		a	
b	Amounts included on line a but not on Part		1	b1	ł	
1	Net unrealized gains on investments		· · · ⊢	b2	1	
2	Donated services and use of facilities		·	b3	1	
3	Recoveries of prior year grants .		F F	<u> </u>	1	1
4	Other (specify):			b 4 0		1
	Add lines ha through ha		.		ь	0
-	Add lines b1 through b4				C C	0
c	Subtract line b from line a				<u>ب</u>	<u>_</u>
d	Amounts included on Part I, line 12, but no		1	d1		
1	Investment expenses not included on Part		F		1	
2	Other (specify):	•••••				
			<u> </u>	d2 0	4	
-	Add lines d1 and d2				d	0
	Total revenue (Part I, line 12). Add lines c		· · · ·	P	e	
hand	N-B Reconciliation of Expenses per					<u>N/A</u>
а	Total expenses and losses per audited fina				a	
b	Amounts included on line a but not on Part			1		
1	Donated services and use of facilities			b1	1	
2	Prior year adjustments reported on Part I, I			b2	4	
3	•		· · · · L	b3		
4	Other (specify):					
				b4 0		
	Add lines b1 through b4				Ь	0
С	Subtract line b from line a		•		C	0
d	Amounts included on Part I, line 17, but no		1	1		
1	Investment expenses not included on Part		F	d1		
2	Other (specify):					
			· · · · · · · · · · · · · · · · · ·	d2 0	1.	
	Add lines d1 and d2				d	0
8 [Total expenses (Part I, line 17). Add lines				e	0
(Part)	Current Officers, Directors, Tru					
	trustee, or key employee at any time			/\/\		uctions.)
	(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid,	(D) Contributions to empl benefit plans & deferre		(E) Expense account
	(A) Name and address	week devoted to position	enter -0)	compensation plans		and other allowances
Nam	e James Cawood Str P.O. Box 1772	Title President				
	y San Leandro s⊤ CAzi⊵ 94577	Hr/WK 5 hours/week	(0	о
	e Rhonda Saunders Str 320 W. Temple	Title 1st V.P.	······································	,		<u>~</u>
	y Los Angeles ST CA zip 90012	Hr/WK 5 hours/week			0	0
					0	0
			i ,		0	
	y Los Angeles ST CA zip 90012	Hr/WK 5 hours/week	· · · · ·)	0	0
	e Eve Sheedy str 200 N. Main St.	Title Secretary				
	y Los Angeles ST CA ZIP 90012	Hr/WK 5 hours/week			0	0
	e Tom Beringer Str P.O. Box 4108	Title Treasurer			-	_
	y Huntington Beach ST CA ZIP 92605	Hr/WK 5 hours/week	ļ	<u> </u>	0	0
	e Paul Bristow Str P.O. Box 900	Title Sgt. At Arms				
	y Beverly Hills ST CA ZIP 90213	Hr/WK 5 hours/week	()	0	0
Name	e Greg Boles Str 660 S. Figueroa	Title Past President				
Cit	y Los Angeles ST CA ZIP 90017	Hr/WK 5 hours/week			0	0
Name	e Marie Johnson Str 5247 Argus Dr.	Title Membership				
Cit	y Los Angeles ST CA ZIP 90041	Hr/WK 5 hours/week	()	0	0
Name		Title				
Cıt		Hr/WK				
Name		Title				
Cıt		Hr/WK				

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Form 990 (2005)

orm 990 (2005)	Association of Threat Assessmen			95-4430224			Page
art V-A	Current Officers, Directors, Tru					Yes	No
	he total number of officers, directors, an	a trustees permitted to	o vote on organizat	ion business at board 8			1
meetin	-	· · · · · ·		•••••••			
	y officers, directors, trustees, or key em vees listed in Schedule A, Part I, or high						
	tors listed in Schedule A, Part I, of high						
	ships? If "Yes," attach a statement that				75b		Х
	officers, directors, trustees, or key emp		•				
	ees listed in Schedule A, Part I, or high						
	tors listed in Schedule A, Part II-A or II-						
tax exe	mpt or taxable, that are related to this o	rganization through co	mmon supervision	or common control?	75c		X
Note. I	Related organizations include section 50	9(a)(3) supporting org	anizations.				
If "Yes	" attach a statement that identifies the in	ndividuals, explains th	e relationship betw	een this			
	ation and the other organization(s), and			nts,			
Includi	ng amounts paid to each individual by e	ach related organization	on.				[
d Doest	ne organization have a written conflict of				75d		X
art V-B	Former Officers, Directors, Trustee	s, and Key Employe	es That Received	Compensation or Other Be	enefits	(If any	form
	officer, director, trustee, or key employee	received compensation of	or other benefits (desc	cribed below) during the year, lis	st that		
	person below and enter the amount of cor	npensation or other bene	fits in the appropriate	column. See the instructions)			
				(D) Contributions to employee		Expens	
	(A) Name and address	(B) Loans and Advances	(C) Compensation	benefit plans & deferred compensation plans		nt and o owances	
lame Nor	e Str						
City	ST ZIP						
lame	Str						
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Name City	ST ZIP						_
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City Vame City Vame City Varie	Str ZIP Str ZIP Str ZIP ST ZIP Str ZIP Str Str ST ZIP Str Str ST ZIP Str Str ST ZIP						
City Jame City Name City Jame City Jame City Jame City	Str ZIP Str Str ST ZIP Str ZIP Str ZIP Str ZIP ST ZIP						
City Vame City	Str ZIP ST ZIP					Yes	No
City lame City lame City lame City lame City lame City	Str ST ZIP Str ST ZIP Str ST ZIP Str ST ZIP Str ST ZIP Str ST ZIP Dther Information (See the instruction of the ins		the IRS? If "Yes,"	attach a detailed		Yes	
City Vame City City Vame City	Str ZIP ST ZIP	previously reported to			76	Yes	No X X

. . .

b If "Yes," has it filed a tax return on Form 990-T for this year?

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt

b If "Yes," enter the name of the organization ▶

81 a Enter direct and indirect political expenditures (See line 81 instructions) . .

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach

and check whether it is exempt or nonexempt

b Did the organization file Form 1120-POL for this year?

79

a statement.

81b

78a

78b

79

80a

. .

81a

N/A

х

х

х

- 4 6 6 10 10	Association of Threat Assessment Professionals, Inc. 95-4430224			
Part,	Other Information (continued)		Yes	;
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	1	1	
	or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II.	ļ		
	(See instructions in Part III)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the			
	organization received a waiver for proxy tax owed for the prior year.			
с	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . 85e			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f]		
g		85g		
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to		1	
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		{	
	following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on		1	-
•••	line 12			
b	Gross receipts, included on line 12, for public use of club facilities	1		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	1		
	Gross income from other sources. (Do not net amounts due or paid to other	1		
-	sources against amounts due or received from them.)	{		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1		
•••	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		 	-
00 0	section 4911 ▷ None ; section 4912 ▷ None ; section 4955 ▷ None	1		
h	501(c)(3) and $501(c)(4)$ orgs. Did the organization engage in any section 4958 excess benefit transaction	·	{	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			-
Ŭ	sections 4912, 4955, and 4958			
Ь	Enter: Amount of tax on line 89c, above, reimbursed by the organization			-
	List the states with which a copy of this return is filed \blacktriangleright CA		_	-
30 a	Number of employees employed in the pay period that includes March 12, 2005 (See			•
		ביר		
04 -	instructions) 90b Nor The books are in care of the	-5200		-
31 a	Located at ▷ Post Office Box 4108 City Huntington Beach ST CA ZIP + 4 ▶ 92605	0200		•
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			•
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	,
		91b		-
	account)?	- 310		-
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank			
	and Financial Accounts.	040		
_	At any time during the colordor year did the annahization maintain on office systems of the United Ct-t-of			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		-
с 92	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here	<u>910</u>		-

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Form	990 ((2005)
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Pant VI					1		(5)
	nter gross amounts unless otherwise	Unrelated busin	ess inco	ome	Excluded by section 512, 513, or 514		(E) Related or
indicated 93 F	d. Program service revenue:	(A) Business code		B) Iount	(C) Exclusion code	(D) Amount	exempt functio
	Conferences						266,52
	Application fees						11,10
_							
d _							
°_	Nedicare/Medicaid payments						
-	ees and contracts from government agencies						45,07
	nterest on savings and temporary cash investments				14	2,663	
	Dividends and interest from securities					2,000	
		·					
••••	Net rental income or (loss) from real estate:						
	lebt-financed property						
	tot debt-financed property			· · ·			
	let rental income or (loss) from personal property						
	Other investment income						
	Gain or (loss) from sales of assets other than inventory						
	let income or (loss) from special events						
	Gross profit or (loss) from sales of inventory						
	Other revenue a						
	······						
. °_						0.000	000 70
	Subtotal (add columns (B), (D), and (E)) .					2,668	
						. 🕨	325,37
	ne 105 plus line 1d, Part I, should equal the an						
Pant VI	Relationship of Activities to the Ac						
Line No						y to the accomplish	ment
∇	of the organization's exempt purposes (other t						
93 (a)	Conferences and meetings to address issue		king an	nd threat	situations.		
93 (b)	Allows for background checks of prospective						
94	Gives access to members of the public with	an interest in stalk	ing and	d threat	situtations.		
PantIX	Information Regarding Taxable Su	BSIGIARIES ANG L	JISTEG	arded			(E)
	Name, address, and EIN of corporation,	Percentage of	of		(C)	(D)	End-of-year
	partnership, or disregarded entity	ownership inter	rest	Natur	re of activities	Total income	assets
N/A							
Part X	Information Regarding Transfers A	ssociated with	Perso	nal Be	nefit Contracts	s (See the instru	uctions.)
(a) Didi	the organization, during the year, receive any funds, direct	the or indirectly to pay	oremium	ns on a ne	ersonal benefit contra	act?	Yes X N
• •		• • • •					
	the organization, during the year, pay premiur		ectiy, o	n a pers		uact?	
	"Yes" to (b), file Form 8870 and Form 4720 (· · · ·
	Under penalties of perjury, I declare that I have examine and belief, if is true, correct, app complete Declaration of	d this return, including a	ccompany	lying scheo	dules and statements,	and to the best of my	knowledge
Please	and bener, this tibe, conect, and complete Declaration of			aseu on a			incage .
Sign	March Doman					<u>3-13-06</u>	
-	Signature of officer	_	~		Date		
Here	Thomas A. BERNG	R I	Kro	VA	IUN TR	EASUNER	
	Type or print name and title	<u> </u>			, ,		
	Preparer's	Date			Check If	Preparer's SSN or F	PTIN (See Gen Inst. V
			11		self-	1 P00000	
Paid	signature the low of the	1 المتحيد وال	VH0.1-	50	amploured P	1 1 1 1 1 1 1 1	
	s signature for yours	Elowerd U.	110/ 14				
Paid Preparer's Use Only	Firm's name (or yours	<u>Eleverd</u> U entified Public	Accou	intant		► 95-353	5562
Preparer's	Firm's name (or yours	Elemend L. Sertificd Public Monan Market 00	Accou	intant		▶ 95-153	5562

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

	Supplementary Information—(See separate instructions.)
Department of the Treasury Internal Revenue Service	▷ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

			_	
Name	of the	orga	nızat	lion

Rart I

Employer identification number

A	of Threat	Accordent	Drofossion	
Association	of Inreat	Assessment	Professiona	ais, inc.

95-4430224 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
None					
·····					

Total number of other employees paid over \$50,000

Rear ILA Compensation of the Five Highest Paid Independent Contractors for Professional Services instructio 1:04 - -.

(See page 2 of the instructions. List each one (whether	individuals or firms). If there are no	one, enter "None.")
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
1		
· _ · · · · · · · · · · · · · · · · · ·		
	,	
Total number of others receiving over \$50,000 for		

professional services

Partell B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
J		
Total number of other contractors receiving over \$50,000 for other services		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. (HTA)

Schee	ule A	A (Form 990 or 990-EZ) 2005 Association of Threat Assessment Professionals, Inc. 95-	4430224	P	age
Par		Statements About Activities (See page 2 of the instructions.)		Yes	No
1	att or	ring the year, has the organization attempted to influence national, state, or local legislation, including any tempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities > (Must equal amounts on line 38)			
	Or or	Int VI-A, or line i of Part VI-B)			X
2	Du su wit	e lobbying activities fring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or th any taxable organization with which any such person is affiliated as an officer, director, trustee, majority uner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)	Э		
а		ile, exchange, or leasing of property?	_ <u>2a</u>		X
b		nding of money or other extension of credit?	<u>2b</u>		X
c d		rnishing of goods, services, or facilities? yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	· 2c 2d		X X
u	Га		20		$\widehat{}$
e	Tra	ansfer of any part of its income or assets? .	2e		х
3 a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	•	u determine that recipients qualify to receive payments)	_3a		X
b		you have a section 403(b) annuity plan for your employees?	<u>_3b</u>		-
с		ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)) ⁷ <u>3c</u>		<u> </u>
4 a	on	d you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4a		x
		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		Х
eta	N.	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instruction	ns.)		
	rgan	lization is not a private foundation because it is (Please check only ONE applicable box.)			
5 6	님	A church, convention of churches, or association of churches. Section $170(b)(1)(A)(i)$. A school Section $170(b)(1)(A)(i)$ (Also complete Part V)			
7	Н	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	H	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	Ы	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the h	ospital's		
		name, city, and state D City ST	Country		
0		An organization operated for the benefit of a college or university owned or operated by a governmental unit $170(b)(1)(A)(iv)$. (Also complete the Support Schedule in Part IV-A.)	Section		
1 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the g public Section $170(b)(1)(A)(vi)$. (Also complete the Support Schedule in Part IV-A)	eneral		
1 Ь		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
2		An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no mor of its support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Sched)	e than 33 1/3% om businesses		
3		An organization that is not controlled by any disqualified persons (other than foundation managers) and supp described in (1) lines 5 through 12 above, or (2) sections $501(c)(4)$, (5), or (6), if they meet the test of section the box that describes the type of supporting organization: \blacktriangleright Type 1 Type 2			
	_	Provide the following information about the supported organizations. (See page 6 of the instr	uctions)		
		(a) Name(s) of supported organization(s)	(b) Line number from above		
	-				
	-				
	-				

1	4	

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An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Sche	dule A (Form 990 or 990-EZ) 2005 Association of Threat	Assessment Pre	ofessionals, Inc.	. 95-44302	24		Page 3
Рł	t IV-A Support Schedule (Complete only	if you checked a	a box on line 10.	11, or 12.) Use	cash m	ethod o	accounting.
	a: You may use the worksheet in the instructions	•					
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 20		(e) Total
15	Gifts, grants, and contributions received. (Do	(4) 2001		(0) 2002	(-) -		(0) / 010.
15	not include unusual grants. See line 28)		38,074	100			38,174
16	Membership fees received	36,870	22,962	45,692		45,535	151,059
17	Gross receipts from admissions, merchandise	00,010	22,002	10,002		10,000	
••	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
	organization's charitable, etc., purpose	270,725	215,557	13,788		34,011	534,081
18	Gross income from interest, dividends,	210,120	210,007	10,700		<u>,,,,,,</u>	004,001
10	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, and			1			
	unrelated business taxable income (less						
	section 511 taxes) from businesses acquired						
	by the organization after June 30, 1975	1,409	1,230	2,020		3,407	8,066
40		1,409	1,230	2,020		3,407	0,000
19	Net income from unrelated business activities not included in line 18						
							·
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf					<u> </u>	
21	The value of services or facilities furnished to						
	the organization by a governmental unit						
	without charge Do not include the value of						
	services or facilities generally furnished to the						
~~	public without charge					<u> </u>	
22	Other income. Attach a schedule Do not						
22	Include gain or (loss) from sale of capital assets	309,004	277,823	61,600		82,953	731,380
<u>23</u> 24	Total of lines 15 through 22 Line 23 minus line 17	38,279	62,266	47,812		48,942	197,299
<u>24</u> 25	Enter 1% of line 23	3,090		616	•	830	191,295
				-			
26	•		amount in column		. 🕨	26a	3,946
t	Prepare a list for your records to show the name of an						
	governmental unit or publicly supported organization)						
	amount shown in line 26a. Do not file this list with y		the total of all the	se excess amount		26b	None
	Total support for section 509(a)(1) test Enter line 24,					26c	197,299
d	Add. Amounts from column (e) for lines: 18	8,066 19					
	22	26	b <u>None</u>			<u>26d</u>	8,066
8	Public support (line 26c minus line 26d total)					26e	189,233
ſ	Public support percentage (line 26e (numerator) d					26f	95.91%
27				17 that were received			
	prepare a list for your records to show the name of, ar		•	ear from, each "dis	squalified	person "	Do not
	file this list with your return. Enter the sum of such	amounts for each	year:				
	(2004) (2003)		(2002)		(2001)		
b	For any amount included in line 17 that was received t	from each person	(other than "disqu	alified persons"), p	orepare a	list for ye	our records
	to show the name of, and amount received for each ye	ear, that was more	e than the larger of	of (1) the amount o	n line 25	for the ye	ear or (2)
	\$5,000. (Include in the list organizations described in I						
	After computing the difference between the amount re	ceived and the lar	rger amount descr	ribed in (1) or (2), e	enter the s	sum of th	ese
	differences (the excess amounts) for each year:						
	(2004) (2003)		(2002)		(2001)		
			_				
c	Add. Amounts from column (e) for lines. 15 17 20	10	õ		~	l	
			1			27c	
d		line 27b total .			₽	27d	
e	····· , , , , , , , , , , , , , , , , ,				. 🖻	27e	
f	Total support for section 509(a)(2) test. Enter amount			► 27f			
g						27g	_
	Investment income percentage (line 18, column (e				<u> </u>	27h	
28	Unusual Grants: For an organization described in line	e 10, 11, or 12 tha	t received any uni	usual grants during	a 2001 thr	rouah 20(04. prepare

:

a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

COURT NO	A (Form 990 or 990-EZ) 2005 Association of Threat Assessment Professionals, Inc. 95-4430224 Private School Questionnaire (See page 7 of the instructions.)		P	age 4
Rati	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)	31		
32 a	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	<u>32d</u>		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	<u>33a</u>		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	<u>33c</u>		<u> </u>
d	Scholarships or other financial assistance?	<u>33d</u>		[
e	Educational policies?	<u>33e</u>		
f	Use of facilities?	<u>33f</u>		
g	Athletic programs?	<u>33g</u>		
h	Other extracurricular activities?	<u>33h</u>		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
-	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Scheo	; tule A (Form 990 or 990-EZ) 2005 Assoc	iation of Threat Assessment Professionals, Inc.	95-44	30224	Page 5
Pa		y Electing Public Charities (See page 9 of th			
<u>e l'h verkeen.</u>		an eligible organization that filed Form 5768)		····,	
Chec	k ▷ a 🔲 if the organization belongs to an a		" and "lim	ited control" provi	sions apply.
	Limits on Lo	bbying Expenditures		(a) Affiliated group	(b) To be completed for ALL electing
	(The term "expenditure	s" means amounts paid or incurred.)	-	totals	organizations
36	Total lobbying expenditures to influence public	opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legis	slative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and	37)	38		
39	Other exempt purpose expenditures	39			
40	Total exempt purpose expenditures (add lines	40			
41	Lobbying nontaxable amount Enter the amound				
	If the amount on line 40 is—	The lobbying nontaxable amount is—			
	Not over \$500,000	20% of the amount on line 40 .			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
42	Grassroots nontaxable amount (enter 25% of I	ine 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 4	2 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 4	1 is more than line 38	44		
	Caution: If there is an amount on either line 4.	3 or line 44, you must file Form 4720.			
	&-Ye	ar Averaging Period Under Section 501(h)			
	(Some organizations that made	a section 501(h) election do not have to complete all of t	he five co	olumns below	

.

.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Avera	ging 🛛	Period					
	Calendar year (or fiscal year beginning in) ⊳	(d) 2002		(e) Total					
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots nontaxable amount					<u> </u>			
49	Grassroots ceiling amount (150% of line 48(e))			-					
50 Grassroots lobbying expenditures Image: Mi-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)									
	ng the year, did the organization attempt to influence nationation to influence public opinion on a legislative matter or refe	•	• • •	g any	Yes	№о	Amount		
а	Volunteers					X			
b	Paid staff or management (Include compensation in exper	nses reported on I	ines c through h.)			X			
C	Media advertisements					X			
d	Mailings to members, legislators, or the public					X			
e	Publications, or published or broadcast statements					X	·		
r	Grants to other organizations for lobbying purposes	in de la classifia	·	• •		x			
g h	Direct contact with legislators, their staffs, government offi Rallies, demonstrations, seminars, conventions, speeches	•	•			x			
		, icclures, or any	Uner means						
•	Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities								

	m 990 or 990-EZ) 2005			ssment Professionals, 95-443022		Page
Part VI			sfers To and Transactior page 12 of the instructions	ns and Relationships With No	oncharitable	
54 D J H						
		-		ving with any other organization descr 527, relating to political organizations?		
	-					Yes No
	Cash	organization to a	a noncharitable exempt organiza		51a(i)	X
	Other assets .				a(ii)	X
.,	transactions.	•	·			
(i)	Sales or exchanges o	f assets with a no	oncharitable exempt organization	ı	b(i)	X
	-		ble exempt organization		b(ii)	X
(iii)	Rental of facilities, eq	uipment, or other	assets		b(iii)	X
(iv)	Reimbursement arran	gements			<u>b(iv)</u>	<u> </u>
(∀)	Loans or loan guarant	ees .			_b(v)	<u> </u>
(vi) i	Performance of servic	es or membershi	p or fundraising solicitations		b(vi)	<u> </u>
c Sharın	g of facilities, equipm	ent, mailing lists,	other assets, or paid employees	6	C	
				Column (b) should always show the fa		
				the organization received less than fa le goods, other assets, or services rec		
(a)	(b)		(c)	(d)		
Line no	Amount involved	Name of non	charitable exempt organization	Description of transfers, transactions	, and sharing arrang	ements
				• • • • • • • • • • • • • • • • • • • •		
, .						
				· · · · · · · · · · · · · · · · · · ·		
	· · · · ·		· · · ·	······		
			<u> </u>			
				· · · · · · · · · · · · · · · · · · ·	···F	<u> </u>
	<u></u>				· · · · · ·	.,
			· · · · · · ·			
describ		of the Code (othe	ed with, or related to, one or mo r than section 501(c)(3)) or in se		▶ 🗌 Yes	X No
	(a)		(b)	(c)		
	Name of organization		Type of organization	Description of rela	tionship	
			· · · · · · · · · · · · · · · · · · ·			
	· · ·					
					· · · ·	
	·····					
						· · ·
			· · · · ·	<u> </u>		_

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STATEMENT #1 - GRANTS

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ı	Form	9 9	0 ·	1	Return of Orga	aniz	ation Exem	not Fr	rom	Inc	ome T	ax		OMB No 154	
•		•			nder section 501(c), 527,			-						200	6
				•			fit trust or private for			(-				Open to P	ublic
			the Treasury ue Service	►т	he organization may have	to use	a copy of this return	n to satisf	fy state	e repor	ting requirer	nents		Inspect	
-	A F	or the	2006 calenda		r tax year beginning				and er						
_			applicable	Please	C Name of organization						D Em	ployer	identificatio	n number	
[A	Address	change	use IRS	Association of Threat	Asses	sment Professiona	als, Inc.			95-44	30224	<u>ا</u>		
	_ N	lame ch	ange	label or print or	Number and street (or P O	box if i	mail is not delivered to	street addre	ess)	Room/	suite E Tele	ephone	number		
[II	nitial ret	um	type. See	Post Office Box 4108						310-3	12-02	12		
ſ	_ ⊢	inal ret	urn	Specific Instruc-	City or town		State or o	ountry	ZIP	+ 4	F Acc	ountin	g method:	X Cash	Accrual
Ī		mende	d return	tions	Huntington Beach		CA		92	605		Other (specify) 🕨		_
Ĩ		pplicati	on pending	 Section 	on 501(c)(3) organizations an	d 4947(itable			are not applica	able to s	section 527 o	rganizations	
_	_			trusts	must attach a completed So	hedule	A (Form 990 or 990-E	Z).		H(a)	Is this a group				X No
-	GW	ebsite:	http://v	www.ata	ipusa.org/					H(b)	If "Yes," enter				
										H(c)	Are all affiliate			Yes	No
-	10	rganiza	tion type (check	(only one)) > X 501(c) (3)	< (in:	sert no)4947(a)(1) or5	527		(If "No," attac				
	-	heck he			anization is not a 509(a)(3) sup \$25,000 A return is not requir					H(d)	•			n organization	[].
			eturn, be sure to f			eu, but i	in the organization choo	303	-		covered by a Group Exemp	÷ ·		Yes	X No
-									ł					tion is not require	
	LG	iross re	eceipts Add In	nes 6b. 81	b, 9b, and 10b to line 12	►		343	,133	м			•	EZ, or 990-PF)	ea
-	Par				ses, and Changes in	Net	Assets or Fund			See t					
	4	1			grants, and similar amo								/		
				-	nor advised funds			1a							
l	1017 ×	b	Direct public	suppor	rt (not included on line 1	a) .		1b			41,645				
					ort (not included on line			1c	· · · · · · · · · · · · · · · · · · ·						
6	V	d Government contributions (grants) (not included on line 1a) . [1d] e Total (add lines 1a through 1d) (cash \$ 41,645 noncash \$)	1e			41,645	
۲ ۲	7	2	Program sei	vice rev	enue including governr	nent f			art VII	, line	93)	2			71,689
1001	ג ק	3							3			25,535			
~	5	4	· · · · · · · · · · · · · · · · · · ·					4			4,264				
C		5 Dividends and interest fro 6 a Gross rents			est from securities .	•		6a		• •		5			
N.S.	!				es		• • • •	6b							
Z				•	r (loss) Subtract line 6t							6c			
S	e	7			come (describe		_)	7	`		
BCANNED	/enu	8 a			sales of assets other		(A) Securities			(B) O	ther				
~0	Rever	Ь	than invento	rother b	basis and sales expense		·	8a 8b							
					h schedute			8c							
		d	Net gain or (ر (loss)	empine Tine 8c, column	s (A) a	and (B)				· · ·	8d			
		9	Special event	s and ac	tivittes (attach schethle). I	f any a	mount is from gami	ng, check	k here						
		1			motoding \$		of	9a							
		Ь	Less: direct	Axpense	ed on line) (b)	 a exp	enses	9b							
		C C	Net incomes	ey(1088)	from special vertex S	ùbtrac	ct line 9b from line					9c			
		10 a	Gross sales	of nver	sold	llowa	nces	10a							
		b	Less: cost o	good	SOHOL LE	· · .		10b				40.			
		11 ^C			om sales of inventory (atta Part VII, line 103)	ich sch	edule) Subtract line					10c 11			
		12			lines 1e, 2, 3, 4, 5, 6c,	7. 8d.					•	12			43,133
-		13			rom line 44, column (B)							13			86,429
	Expenses	14	Managemen	it and ge	eneral (from line 44, col	umn (14		1	24,451
	pen	15										15			
	ŵ				es (attach schedule)				•			16 17			10 880
-	50	17 18			dd lines 16 and 44, colu or the year Subtract line					<u>· ·</u>		17			10,880 32,253
	BBC	18			balances at beginning of					· ·		19			35,572
	Net Assets	20			et assets or fund balance							20			
	ž	21			palances at end of year							21		26	67,825
		Jrivo e	A at and Dar	anuart: F	Paduation Act Notice	the e	operate instruction							Form 99(0 (2006)

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Association of Threat Assessment Professionals, Inc.

95-4430224

Page 2

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraisin
22 a Gra	ants paid from donor advised funds (attach schedule)					
(ca			Í			
•	his amount includes foreign grants, check here	22a				
	her grants and allocations (attach schedule)	224				
ca) (ca						
•	his amount includes foreign grants, check here	22b	10.026	10.026		
	ecific assistance to individuals (attach	220	10,036	10,036		
•		23				
	nedule) . nefits paid to or for members (attach	23				
	nedule)	24				
	mpensation of current officers, directors,					
	y employees, etc. listed in Part V-A (attach					
	nedule),	25a				
	mpensation of former officers, directors,					•
	y employees, etc. listed in Part V-B (attach					
-	nedule)	25b				
	mpensation and other distributions, not included above, to					
disc	qualified persons (as defined under section 4958(f)(1)) and					
	sons described in section 4958(c)(3)(B) (attach schedule)	25c				
6 Sal	laries and wages of employees not included					
on	lines 25a, b, and c	26				
7 Per	nsion plan contributions not included on					
line	es 25a, b, and c	27				
	ployee benefits not included on lines					
	a – 27	28				
-	yroll taxes	29				
	ofessional fundraising fees	30				
	counting fees	31	700		700	
	gal fees	32	6,988		6,988	
	pplies	33	913	822	91	
		34	405	0.05	40	
	stage and shipping	35	405	365	40	
		36	169	152	17	
	upment rental and maintenance	38	6,360	5,724	636	
9 Tra		39	1,744	1,570	174	
	nferences, conventions, and meetings	40	260,554	247,526		
	erest	41	200,004	241,520	10,020	
	preciation, depletion, etc (attach schedule)	42				
-	ner expenses not covered above (itemize):					
	nk charges	43a	351	70	281	
b Insi	urance	43b	2,002	1,602	400	
	scellaneous	43c	1,257	1,006	251	
	tside services	43d	15,376	13,933	1,443	
e We	b site	43e	4,025	3,623	402	
		43f		·		
g		43g				
4 Tot	tal functional expenses. Add lines 22a					
	ough 43g. (Organizations completing					
	umns (B)–(D), carry these totals to lines					
13_	-15) <u>.</u>	44	310,880	286,429	24,451	
int Cos	ts. Check I if you are following SOP 98-2.					
	nt costs from a combined educational campaign and fundraising so	dicitation r	eported in (B) Pr	ogram services?	► 	Yes 🗙 No
			• • •	-		

Form 990 (2006) Association of Threat Assessment Professionals, Inc.

95-4430224

Part III
Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? Protect victims	s of harassment and threat situations	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear ar of clients served, publications issued, etc. Discuss achievements that are not me organizations and 4947(a)(1) nonexempt chantable trusts must also enter the an	easurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
	mount includes foreign grants, check here	286,429
(Grants and allocations \$) If this ar	mount includes foreign grants, check here	
c		
	mount includes foreign grants, check here	
d		
	mount includes foreign grants, check here	
e Other program services (attach schedule) (Grants and allocations \$) If this ar	mount includes foreign grants, check here	
f Total of Program Service Expenses (should equal line 44, column	(B), Program services)	286,429

Form **990** (2006)

Par	t IV	Balance Sheets (See the instructions.)				
	Note:	······································	the description	(A)		(B)
		column should be for end-of-year amounts only		Beginning of year		End of year
	45	Cash—non-interest-bearing	88,539		106,704	
	46	Savings and temporary cash investments		147,033	46	161,121
			- 1			
		Accounts receivable	_47a			
	b	Less allowance for doubtful accounts	47b		47c	
		Pledges receivable	48a	-		
	b		48b		48c	
	49	Grants receivable			49	· · · -
	50 a	Receivables from current and former officers, dire	ctors, trustees, and			
					50a	
	b	Receivables from other disqualified persons (as defined				
s		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
Assets	51 a	Other notes and loans receivable (attach	,			
SA		schedule)	51a			
	b	•	51b		51c	
	52	Inventories for sale or use			52	
	53		· · <u> </u>		53	
	54 a	Investments-publicly-traded securities	▶ Cost FMV		54a	
	b	Investments-other securities (attach schedule).	. Cost FMV		54b	
	55 a	Investments-land, buildings, and				
		equipment basis	55a			
	b	Less: accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments-other (attach schedule)			56	
	57 a	Land, buildings, and equipment. basis	57a			
	b	Less: accumulated depreciation (attach				
		schedule)	57b		57c	
	58	Other assets, including program-related investment	nts		58	
		(describe)			
	59	Total assets (must equal line 74). Add lines 45 th		235,572		267,825
	60	Accounts payable and accrued expenses .			60	
	61	Grants payable		· · · · · · · · · · · · · · · · · · ·	61	
	62	Deferred revenue			62	
8	63	Loans from officers, directors, trustees, and key en	mployees (attach			
1		schedule)	••••		63	
Liabiliti		······································			64a	
		Mortgages and other notes payable (attach sched			64b	<u> </u>
	65	Other liabilities (describe)		65	
	66	Total lipbilities Add lippe 60 through 65				
		Total liabilities. Add lines 60 through 65			66	
	Orga	nizations that follow SFAS 117, check here 🕨 [X and complete lines			
		67 through 69 and lines 73 and 74.				007.005
8	67	Unrestricted		235,572	67	267,825
n n	68	Temporarily restricted			68	
l ä	69	Permanently restricted			69	<u> </u>
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check he	ere and			
5	-	complete lines 70 through 74.			70	
5	70	Capital stock, trust principal, or current funds			70	
ŝ	71	Paid-in or capital surplus, or land, building, and eq			71	
8	72	Retained earnings, endowment, accumulated inco			72	
₹ ¥	73	Total net assets or fund balances. Add lines 67				
ž		70 through 72. (Column (A) must equal line 19 an		025 570	72	267,825
	74	equal line 21)		235,572		
	74	Total liabilities and net assets/fund balances. A	Aud lines of and 73.	235,572	14	267,825

Form 990 (2006)

			•
Form	990	(2006)	

Page 5

Part í	V-A Reconciliation of Revenue per instructions.)	Audited Financial S	tatements Wit	h Revenue per Ret	urn (See the N/A
а	Total revenue, gains, and other support pe	er audited financial state	ments .		а	1
b	Amounts included on line a but not on Par					·
1	Net unrealized gains on investments			b1	ł	
2	Donated services and use of facilities		· · · · · · ·	02	1	
3	Recoveries of prior year grants		· · · ·	b3	1	
4	Other (specify):		· · · –		1	
•			1.	04 0		
			· · · · ·		b	о о
С	÷				С	0
d	Amounts included on Part I, line 12, but no					
1	Investment expenses not included on Part		 c	11		
2	Other (specify):				1	
				12 0	Ì	
	Add lines d1 and d2				d	0
е	Total revenue (Part I, line 12) Add lines of			🕨	е	0
Part l		r Audited Financial	Statements Wi	th Expenses per R	eturi	n N/A
а	Total expenses and losses per audited fina				a	
b	Amounts included on line a but not on Part	•				
1	Donated services and use of facilities			o1		
2	Prior year adjustments reported on Part I,	line 20	<u> </u>	o2		
3	•			o3		
4	Other (specify):					
			<u>L</u> Ł	04 0		
	Add lines b1 through b4				b	0
С	Subtract line b from line a				С	0
d	Amounts included on Part I, line 17, but no					
1	Investment expenses not included on Part	I, line 6b	· · · · [0	11		
2	Other (specify):					1
			Lo	12 0		
	Add lines d1 and d2		•		d	0
e	Total expenses (Part I, line 17). Add lines				e	0
Part V			•	•		
	trustee, or key employee at any time			r		ructions.)
	(A) Name and address	(B)	(C) Compensation	(D) Contributions to employ benefit plans & deferred		(E) Expense account
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter -0)	compensation plans		and other allowances
Name	James Cawood Str P.O. Box 4108	Title President				
	Huntington Bch. ST CA zip 92605	Hr/WK <mark>5/week</mark>	0		0	0
	Jeff Dunn Str P O. Box 4108	Title 1st V.P.				
	Huntington Bch. ST CA ZIP 92605	Hr/WK <mark>2/week</mark>	о	ļ	0	0
-	David Drummond Str P O. Box 4108	Title 2nd V.P.				
	Huntington Bch. ST CA ZIP 92605	Hr/WK 2/week	о		0	0
	Eve Sheedy Str P.O. Box 4108	Title Secretary				
	Huntington Bch. sT CA zIP 92605	Hr/WK 2/week	0		0	0
	Tom Beringer Str P.O. Box 4108	Title Treasurer				
	Huntington Bch. st CA zip 92605	Hr/WK 2/week	0		0	0
	Paul Bristow Str P.O. Box 4108	Title Sgt. At Arms		· · · · · · · · · · · · · · · · · · ·		<u>~</u>
		Hr/WK 2/week	0		0	0
			0			0
	Greg Boles Str P.O. Box 4108	Title Past President	_		~	_
	Huntington Bch. ST CA ZIP 92605	Hr/WK 2/week	0	<u> </u>	0	0
	Marie Johnson Str P.O. Box 4108				~	_
	Huntington Bch. ST CA zip 92605	Hr/WK 2/week	0		0	0
Name		Title				
City		Hr/WK				
Name		Title				
Citv	ST ZIP	Hr/WK				1

Form 99	Association of Threat Assessment Professionals, Inc 95-4430224			Page b
'Part	V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings.	3.		
IJ	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	-	x
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for			
	the definition of "related organization."	► <u>75c</u>	ļ	X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	. 75d		X
		Pr /11		

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expens int and o owances	ther
Name	None Str						
Cit	ST ZIP						
Name	Str						
Cit	/ ST ZIP						
Name	Str						
Cıt							
	Str						
City							
	s Str ST ZIP						
City			·····				
City	StrSTZIP						
	<u> </u>						
City							
	Str.						
City							
Name	s Str						
Cit							
Name	Str						
Cit				l I		Vee	
	VI Other Information (See the instructi				1	Yes	No
76	Did the organization make a change in its activ			If "Yes," attach a	-	-	
	9				76		X X
77	Were any changes made in the organizing or g	-	but not reported to t		77		<u>^</u>
	If "Yes," attach a conformed copy of the chang		0				
78 a	Did the organization have unrelated business g		-		70-		x
ь	this return?				78a 78b	N/A	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T	•			101	N/A	
79	Was there a liquidation, dissolution, termination				79		X
00 -					19		
oua	80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt						
			-	nonexempt	80a	-	X
h	If "Yes," enter the name of the organization				004		
U							
		and check whethe		or nonexempt			
	Enter direct and indirect political expenditures.	•		81a	81b		
b	b Did the organization file Form 1120-POL for this year?						

Part	90 (2006) Association of Threat Assessment Professionals, Inc. 95-4430224 Vi Other Information (continued)		Yes	Page i
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at n	o charge		
UL U	or at substantially less than fair rental value?	82a	X	
h	If "Yes," you may indicate the value of these items here. Do not include this amount		<u> </u>	
Ŭ	as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.)		ļ	
83 a	Did the organization comply with the public inspection requirements for returns and exemption ap	Dications? . 83a	X	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contribution		X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contrib		1	
-	or gifts were not tax deductible?	. 84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	1
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1	
-	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the			1
	organization received a waiver for proxy tax owed for the prior year.			
~	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . 85e N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) . 85f N/A			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount of			1
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for			
	following tax year?		N/A	-
86	501(c)(7) orgs. Enter. a Initiation fees and capital contributions included on line 12			
	Gross receipts, included on line 12, for public use of club facilities			
B7	501(c)(12) orgs Enter: a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other			
D	sources against amounts due or received from them)			
		ation or		
00 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corpor			
	partnership, or an entity disregarded as separate from the organization under Regulations section			x
h	301 7701-2 and 301.7701-3? If "Yes," complete Part IX			\uparrow
D	At any time during the year, did the organization, directly or indirectly, own a controlled entity with			
no -	meaning of section 512(b)(13)? If "Yes," complete Part XI	► <u>88b</u>		X
69 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►	+		
D	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit tran			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes,			.
_	a statement explaining each transaction			X
C	Enter: Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958			
	Enter Amount of tax on line 89c, above, reimbursed by the organization			
6	All organizations At any time during the tax year, was the organization a party to a prohibited tax			
	transaction?			X
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contra			<u>x</u>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did			
	supporting organization, or a fund maintained by a sponsoring organization, have excess busines	• · · · · · · · ·		
	at any time during the year?	89g	N/A	
b	Number of employees employed in the pay period that includes March 12, 2006 (See	1		
	Instructions.)			
91 a		no. > 909-392-5200		
	Located at ► Post Office Box 4108 City Huntington Beach ST CA ZIP + 4			
b	At any time during the calendar year, did the organization have an interest in or a signature or othe		V	NI -
	over a financial account in a foreign country (such as a bank account, securities account, or other		Yes	No
	account)?	91b	ļ	X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreit	gn Bank		ļ
	and Financial Accounts.			

Page 8

Part'√	Other Information (continued)							Yes	No
С	At any time during the calendar year, did the o If "Yes," enter the name of the foreign country		ain an c	office outs	side of the United	d States?	91c		X
92	Section 4947(a)(1) nonexempt charitable trust	s filing Form 990 ii	n lieu c	of Form 1	041 -Check he	re		ſ	
	and enter the amount of tax-exempt interest re								
Part V									
	Inter gross amounts unless otherwise	Unrelated busi			Excluded by sector	on 512, 513, or 51	4	(E))
indicate	•	(A)		(B)	(C)	(D)		Relate	
		Business code		mount	Exclusion code	Amount	ex	•	unction
	Program service revenue								
	Conferences								57,501
	Application fees						-+-		14,188
							+		
ď						+			
e		· · · · · · · · · · · · · · · · · · ·					+		
	Medicare/Medicaid payments		<u> </u>		· · · · · · · · · · · · · · · · · · ·		-+-		
•	Fees and contracts from government agencies						+		
	Membership dues and assessments							2	25,535
	Interest on savings and temporary cash investments				14	4,2	264		
	Dividends and interest from securities						\rightarrow		
	Net rental income or (loss) from real estate								
	debt-financed property								
	not debt-financed property								
	Net rental income or (loss) from personal property								
	Other investment income								
	Gain or (loss) from sales of assets other than inventory		ļ						
	Net income or (loss) from special events	·	+				-+		
	Gross profit or (loss) from sales of inventory .	······					+		
	Other revenue: a								
b.							-+		
ď	·						+		
									7 224
	Subtotal (add columns (B), (D), and (E))		I	-		4,4	264		97,224
	Total (add line 104, columns (B), (D), and (E))		David	•		▶_		3	01,488
	ine 105 plus line 1e, Part I, should equal the a				(0	• • · • • • • • • • • • • • • • • • • •			
Part V									
Line N ▼	 Explain how each activity for which income is of the organization's exempt purposes (other 					y to the accomp	lishme	ent	
93 (a)	Conferences and meetings to address issue	es surrounding sta	ilking a	ind threat	situations.				
<u>93 (b)</u>	Allows for background checks of prospective	e members.							
94	Gives access to members of the public with	an interest in stal	king ar	nd threat	situtations.				
Part I)	Information Regarding Taxable Su	bsidiaries and	Disre	garded I	Entities (See th	ne instructior	<u>ıs.)</u>		
	(A)	(B)			(C)	(D)		(E))
	Name, address, and EIN of corporation,	Percentage	of	Natur	e of activities	Total income	.	End-of-	-year
	partnership, or disregarded entity	ownership inte	erest					asse	ets
N/A									
							\rightarrow		
							-+		
			~						
Part X	Information Regarding Transfers	Associated with	Pers	onal Be	nefit Contracts	s (See the in	struc	tions.))
(a) Dic	the organization, during the year, receive any funds, dire	ctly or indirectly, to pa	y premiu	ims on a pe	ersonal benefit contra	act?]Yes [XNo
	d the organization, during the year, pay premiu]Yes [XNo
	f "Yes" to (b), file Form 8870 and Form 4720								

Form 990 (2006)

Form 9		Threat Assessment Profe		430224		Page 9
Part	XI Information Regarding is a controlling organization			complete only if the c	rganiz	ation
106	Did the reporting organization mal	ke any transfers to a cont	trolled entity as defined in se	ection 512(b)(13) of	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	D) of trans	
а						
b					_	
с						
	Totals					
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes," of	•	-		Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		D) of trans	
а						
b						
с						
	Totals					
108	Did the organization have a bindin rents, royalties, and annuities desc			ring the interest,	Yes	No X
Pleas Sign Here	Under penalties of penjury, I declare that I had and belief, it is true correct, and complete I	ave examined this return, includir	ng accompanying schedules and sta			
Paid Prepare	Howard	J. Levine C.P.A.	Date Check if self- 3/13/2007 employed	Preparer's SSN or ► X P00009906 EIN ► 95-3535		ien Inst. X)
Use On	y it self-employed).	nerman Way #280, Van N	uys, CA 91406	Phone no ► 818-994		

SCHEDULE A	Organizatio	n Exempt Unde	r Section 5	01(c)(3)	OMB No 1545-0047	
(Form 990 or 990-EZ)	2006					
			4947(a)(1) Nonexempt Charitable Trust y Information—(See separate instructions.)			
Department of the Treasury		ry information—(See by the above organizations and a	•	-		
Internal Revenue Service Name of the organization		by the above organizations and a	mached to meir Pormis		tification number	
•	Assessment Professionals,	Inc.		95-4430224		
······································	nsation of the Five Higl				Ind Trustees	
(See pa	ge 2 of the instructions. I	ist each one. If there a	re none, enter "N			
.,	of each employee paid more n \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
None						
Total number of other em	ployees paid over \$50,000 🕨					
	nsation of the Five High	-				
	ge 2 of the instructions. L	•				
	ss of each independent contractor p	baid more than \$50,000	(b) Type	of service	(c) Compensation	
None						
		· · · · · · · · · · · · · · · · · · ·				
			i 			
	<u> </u>					
Total number of others reprofessional services .	eceiving over \$50,000 for					
	nsation of the Five High					
•	ch contractor who perforn there are none, enter "No		•	vices, whether inc	lividuals or	
	ss of each independent contractor p			of service	(c) Compensation	
None			(0) ())))			
					·	
Total number of other co \$50,000 for other services						
For Paperwork Reductio	n Act Notice, see the Instruc	tions for Form 990 and Fo	rm 990-EZ.	Schedule A (F	orm 990 or 990-EZ) 2006	

(HTA)

•

Association of Threat Assessment Professionals, Inc.

Sched	ule A (Form 990 or 990-EZ) 2006 Association of Threat Assessment Professionals, Inc. 95-4430224		Pa	age 2
Par	Statements About Activities (See page 2 of the instructions.)	_	Yes	No
1	Dunng the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			. 1
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majonty owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			1
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
c	Furnishing of goods, services, or facilities?	2c		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		x
e	Transfer of any part of its income or assets?	2e		<u>x</u>
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		<u>x</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		<u>x</u>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		<u>x</u>
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		X
с	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		x
d	Enter the total number of donor advised funds owned at the end of the tax year .			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		_	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

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Schedule A	(Form 990 or 990-EZ) 2006	Association	of Threat Assessment Pr	ofessionals, Inc.	95-4430	224 Page 3
Part IV	Reason for Non-Private	Foundation	Status (See pages 4 th	rough 7 of the	instructions.)	
I certify tha	at the organization is not a private A church, convention of churches)	
6	A school. Section 170(b)(1)(A)(ii)	(Also complete P	art V)			
7	A hospital or a cooperative hospi	tal service organiz	ation. Section 170(b)(1)(A)(i	ı)		
8	A Federal, state, or local governm	nent or governmer	ntal unit. Section 170(b)(1)(A)(v)		
9	A medical research organization name, city, and state	operated in conjur	iction with a hospital. Section City	n 170(b)(1)(A)(ııı).		tal's Country
10	An organization operated for the (Also complete the Support Sch	-	-	rated by a governm	nental unit. Secti	ion 170(b)(1)(A)(ıv).
11 a 🔀	An organization that normally rec 170(b)(1)(A)(vi). (Also complete t			overnmental unit o	r from the genera	al public Section
11 b 🗌	A community trust Section 170(b)(1)(A)(vı) (Also c	complete the Support Sched	lule in Part IV-A)		
12	An organization that normally rec receipts from activities related to of its support from gross investme acquired by the organization after	its charitable, etc	, functions—subject to certain related business taxable inc	n exceptions, and ome (less section	(2) no more tha 511 tax) from bu	in 33 1/3% Isinesses
13	An organization that is not contro		• •	-	•	meets the
	requirements of section 509(a)(3)	/pe II	Type III-Functionally Integr		pe III-Other	
	Provide the following inf	ormation about	the supported organiz	ations. (See pag	e 7 of the inst	ructions.)
Name(s)	(a) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the sup organization the supp organiza governing do	listed in orting tion's	(e) Amount of support
- <u></u> .,				Yes	No	
			······································			
Total .	<u> </u>	· · · · · · ·	۱ ــــــــــــــــــــــــــــــــــــ	· · ·	. ►	
14	An organization organized and or	perated to test for	public safety Section 509(a)	(4). (See page 7 o	f the instructions	.)

Schedule A (Form 990 or 990-EZ) 2006	Association of	Threat Assessment Professionals, Ir	nc.

organization's charitable, etc., purpose

Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975

Net income from unrelated business activities not included in line 18

Tax revenues levied for the organization's benefit and either paid to it or expended on

18

19

20

its behalf

777,695

7,347

- - -

Sche	edule A (Form 990 or 990-EZ) 2006 Association of Threa	at Assessment Pro	fessionals, Inc.	95-443022	24	Page 4
Pa	rt IV-A Support Schedule (Complete only	y if you checked a	box on line 10, 1	11, or 12.) Use	cash method o	of accounting.
Not	e: You may use the worksheet in the instruction	s for converting fro	om the accrual to	the cash meth	od of accountin	g
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants See line 28)	7,489		38,074	100	45,663
16	Membership fees received	45,078	36,870	22,962	45,692	150,602
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the					

277,625

2,688

270,725

1,409

215,557

1,230

13.788

2,020

21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the						
	public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	332,880	309,004	277,823	(61,600	981,307
24	Line 23 minus line 17	55,255	38,279	62,266	47,812		203,612
25	Enter 1% of line 23	3,329	3,090	2,778	616		1
26	Organizations described on lines 10 or 11:	a Enter 2% of a	mount in column	(e), line 24	►	26a	4,072
b	Prepare a list for your records to show the name of a governmental unit or publicly supported organization amount shown in line 26a. Do not file this list with	n) whose total gifts for	or 2002 through 20	005 exceeded the		26b	None
с	Total support for section 509(a)(1) test Enter line 24	- I. column (e)			•	26c	203,612
d	Add: Amounts from column (e) for lines: 18	7,347 19					i
	22	26	b None	—	►	26d	7,347
е	Public support (line 26c minus line 26d total)			—		26e	196,265
f	Public support percentage (line 26e (numerator)	divided by line 26d	(denominator))			26f	96.39%
27	Organizations described on line 12: a For a prepare a list for your records to show the name of, file this list with your return. Enter the sum of suc		eceived in each ye			•	• •
	(2005) (2004)		(2003)		(2002)		

b For any amount inclue	ded in line 17 that was received from	n each person (other than "disquali	fied persons"), prepare a list for yo	our records
to show the name of,	and amount received for each year,	, that was more than the larger of (1) the amount on line 25 for the ye	ar or (2)
\$5,000 (Include in the	e list organizations described in line:	s 5 through 11b, as well as individu	ials.) Do not file this list with you	ur return.
After computing the d	ifference between the amount receiv	ved and the larger amount describe	ed in (1) or (2), enter the sum of the	ese
differences (the exces	ss amounts) for each year:			
(2005)	(2004)	(2003)	(2002)	
(2003)	(2004)	(2003)	(2002)	

С	c Add Amounts from column (e) for lines 15 16					
	17 20 21		▶ [27c		
d	d Add Line 27a total and line 27b total		▶ [27d		
е	e Public support (line 27c total minus line 27d total)	.· ·		27e		
f	f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g			
h	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (deno	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				
o ⁻	Unusual Create: For an organization described in line 10, 11, or 12 that received any unusual	grapte during 200	2 thr	auch 20		

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

	tV Private School Questionnaire (See page 9 of the instructions.)		Pa	age C
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		r — 1	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that			
	makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please descnbe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		-
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
	student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	ĺ		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	<u>33c</u>		
d	Scholarships or other financial assistance?	<u>33d</u>		
е	Educational policies?	33e		
f	Use of facilities?	<u>33f</u>		
9	Athletic programs?	<u>33g</u>		
h	Other extracurricular activities?	<u>33h</u>		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	<u>34a</u>		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Scheo	lule A (Form 990 or 990-EZ) 2006 Asso	ciation of Threat Assessment Professionals, Inc.	95-44	30224	Page 6
Pa	rt VI-A Lobbying Expenditures t	by Electing Public Charities (See page 10 of the	ne instr	ructions)	
	(To be completed ONLY b	y an eligible organization that filed Form 5768)			
Chec	k la if the organization belongs to an	affiliated group. Check 🕨 b 🔲 if you checked "a"	and "lim	ited control" provi	sions apply
		obbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing
	(The term "expenditur	es" means amounts paid or incurred.)		IUIAIS	organizations
36	Total lobbying expenditures to influence public	c opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a leg	islative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and	1 37)	38		
39	Other exempt purpose expenditures		39		
40	Total exempt purpose expenditures (add lines	s 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amou	unt from the following table—			
	If the amount on line 40 is—	The lobbying nontaxable amount is—			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			I
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000 .	\$1,000,000			
42	Grassroots nontaxable amount (enter 25% of	line 41) .	42		
43	Subtract line 42 from line 36 Enter -0- if line	42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line	41 is more than line 38	44		
	Caution: If there is an amount on either line	13 or line 11 you must file Form 1720			1
	Cuditon. If there is an amount on either line	$\tau \circ \circ i i i \circ \tau \tau$, jou inus(iiis i offit $\tau i \ge 0$.	1		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobby	Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	3	(e) Total	
45 Lobbying nontaxable amount							
46 Lobbying ceiling amount (150% of line 45(e))							
47 Total lobbying expenditures							
48 Grassroots nontaxable amount .							
49 Grassroots ceiling amount (150% of line 48(e))							
50 Grassroots lobbying expenditures .							
Part VI-B Lobbying Activity by Nonelectir (For reporting only by organization	-) (See page 13	3 of the in	struct	tions.)	
During the year, did the organization attempt to influence na	•		any	Yes	No	Amoun	
attempt to influence public opinion on a legislative matter or	referendum, unrough tr						

atten	ipitio initidence public opinion on a legislative matter of referendum, through the use of.		
а	Volunteers .	X	
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)	X	
с	Media advertisements	X	
d	Mailings to members, legislators, or the public	X	
e	Publications, or published or broadcast statements	X	
f	Grants to other organizations for lobbying purposes	X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body	X	-
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X	
i	Total lobbying expenditures (Add lines c through h.)		
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.		

	orm 990 or 990-EZ) 2006		Association of Threat Asses	sment Professionals, 95-4430224		P	age
Part VII	Information Re	garding Trans		s and Relationships With Noncha	ritable		
			page 13 of the instructions.	-			
51 Did th				ng with any other organization described in s	ection		
				27, relating to political organization described in s	Secuon		
						Vaa	
) organization to a	a noncharitable exempt organizati	ION OT:	F4 -(1)	Yes	N N
	Cash				51a(i)		
• •	Other assets			•	a(ii)		<u></u> ⊢'
	r transactions:				F (3)		.
.,	•		oncharitable exempt organization		<u>b(i)</u>		┢
	Rental of facilities, eq		ble exempt organization	•••••••	b(ii) b(iii)		┢╌
• •	Reimbursement arrar	• •			b(iv)		┢
	Loans or loan guaran	-			b(v)		t
• • •	-		p or fundraising solicitations		b(vi)		F
			-	·			-
		-	other assets, or paid employees	olumn (b) should always show the fair marke			L
of the	goods, other assets,	or services given	by the reporting organization. If the	he organization received less than fair market goods, other assets, or services received:			
(a)	(b)		(c)	(d)			
Line no	Amount involved	Name of nor	charitable exempt organization	Description of transfers, transactions, and sha	inng arrang	ement	S.
		1		· · · · · · · · · · · · · · · · · · ·			
		1					-
-				· · · · · · · · · · · · · · · · · · ·			
							-
		<u> </u>	· · · · · · · · · · · · · · · · · · ·				
	+	<u> </u>					
		<u> </u>					
<u> </u>							
		ļ		<u></u>			
		ļ					
		<u> </u>					
							1 (
descr		of the Code (othe	ed with, or related to, one or more r than section 501(c)(3)) or in sec		🗌 Yes	X	J
descr	ribed in section 501(c)	of the Code (othe			Yes	X	
descr	ubed in section 501(c) s," complete the follow	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes	X	, ,
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes	X	, ,
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes	X	
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes	X	
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		
descr	ribed in section 501(c) s," complete the follow (a)	of the Code (othe ving schedule	r than section 501(c)(3)) or in sec	ction 527?	Yes		

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Name as shown on return	ID number
Association of Threat Assessment Professionals, Inc	95-4430224

STATEMENT #1 - GRANTS

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Donations and scholarships	10,036
	10,036

	Form 990					OMB No 1545-0047
Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)						2007
		Under section 501(c), 52 (except black lur	7, or 4947(a)(1) of the Interna og benefit trust or private for	al Revenue Code undation)		Open to Public
De	partment of the Treasury ernal Revenue Service(77)					Inspection
		endar year, or tax year beginning	, 2007, and			L
В	Check if applicable		,2001,4		D Employer iden	tification Number
-	X Address change	Please use ASSOCIATION OF THR	EAT ASSESSMENT		95-4430)224
	Name change	or print PROFESSIONALS, INC	•		E Telephone nur	
	Initial return	See 1215 K STREET #229			310-312	2-0212
	Termination	Instruc- tions.	14		F Accounting method:	X Cash Accrual
	Amended return				Other (spe	ecify)
	Application pendin		d 4947(a)(1) nonexempt	H and I are not appli	cable to section 527	
		charitable trusts must attach a cor (Form 990 or 990-EZ).	npleted Schedule A	H (a) Is this a grou		
6	Wab cita: ► WWW	ATAPUSA. ORG		H (b) If 'Yes,' ente		
<u>u</u>				H (C) Are all affilia	ates included? ch a list. See instruct	Yes No
J	Organization typ (check only one)	e ► X 501(c) 3 ◄ (insert r	no) 4947(a)(1) or 527	H (d) Is this a sepa		
ĸ		if the organization is not a 509(a)(3) sup			covered by a group	
n	gross receipts ar	e normally not more than \$25,000. A retu	urn is not required, but if the	I Group Ex	emption Numbe	
	organization cho	oses to file a return, be sure to file a con	nplete return			ation is not required
L			390,734.		-), 990-EZ, or 990-PF).
F	art Reven	ue, Expenses, and Changes in N	et Assets or Fund Bala	nces (See the	e instructions	5.)
-	1 Contributio	ns, gifts, grants, and similar amounts rec	eived.			
	a Contributio	ns to donor advised funds	1	a		
	b Direct publi	ic support (not included on line 1a).	<u>_1</u>	ь		
	c Indirect pul	blic support (not included on line 1a)	. 1	c]	
		nt contributions (grants) (not included on	line 1a) . 1	d		
	e Total (add line 1a through 1d)	s (cash \$ noncash			<u>1e</u>	0.
	2 Program se	ervice revenue including government fees	and contracts (from Part VI	1, line 93)	2	303,753.
	3 Membershi	p dues and assessments .		•••	. 3	23,789.
	4 Interest on	savings and temporary cash investments	s		4	5,314.
	5 Dividends a	and interest from securities		1	5	
	6a Gross rents	5		ba	₹ ^{**} +	
	b Less: renta	•	· · · · · ·	bb		
		income or (loss) Subtract line 6b from lin	ne 6a		6c	
1	7 Other inves	stment income (describe) 7	
	🖞 📔 8a Gross amo	unt from sales of assets other	(A) Securities	(B) Othe	er	
į	than invent	-		3a		
i	- 1	or other basis and sales expenses		3b		
		(attach schedule).		Bc	8d	
		r (loss) Combine line 8c, columns (A) an ents and activities (attach schedule) If an	u (D). av amount is from camine o	heck here ►		
		nue (not including \$	of contributions			
	reported or)a		
		t expenses other than fundraising expenses)b	;	
	1	e or (loss) from special events. Subtract I			9c	
	10 a Gross sale	s of inventory, less returns and allowance	es. 10)a		
	b Less: cost	of goods sold	. [10	Ъ		
	c Gross profit o	r (loss) from sales of inventory (attach schedule) Si	ubtract line 10b from line 10a		. <u>10 c</u>	
	11 Other reve	nue (from Part VII, line 103)			11	57,878.
	12 Total rever	nue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c	Hec, and D		12	390,734.
	E 13 Program se	ervices (from line 44, column (B)) . PF	CEIVED	•	13	286,487.
	14 Manageme	ent and general (from line 44, column	8 2008 001	•	14	23,342.
		g (from line 44, column (D)).			15	
	E 16 Payments	to affiliates (attach schedule)	JU SEE	STATEMENT 1		
_		nses. Add lines 16 and 44, colum (A)	1 11 1		17	341,274.
	A 18 Excess or	(deficit) for the year. Subtract line 17 free	GUEIL		18	49,460.
N		or fund balances at beginning of year (#			19	<u> </u>
NET		nges in net assets or fund balances (attac			20	217 005
	s 21 Net assets	or fund balances at end of year. Combin	ie lines 18, 19, and 20 .	,	21	317,285.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0109L 12/27/07 Form 990 (2007) 19

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Form 990 (2007) ASSOCIATION OF THREAT ASSESSMENT 95-4430224 Page Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required Page

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Page 2

<i>D</i>	for section 501(c)(3) and (4) organ to not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	12	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach sch)					
	(cash \$)					
	If this amount includes foreign grants, check here.	22 a			بو بو	, , .
221	Other grants and allocations (att sch)					
	non-cash \$)					
	If this amount includes foreign grants, check here.	22Ъ				μ΄ (7° μ Ξ΄, , , , , , , ,
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24			and the second sec	
25 a	a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	0.	0.	0.	0.
I	Compensation of former officers, directors, key employees, etc listed in Part V-B	25 b	0.	0.	0.	0.
	c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees.	30			-	· · · · · · · · · · · · · · · · · · ·
31	Accounting fees	31 32				
32 33	Legal fees Supplies	33	3,214.	2,893.	321.	
34	Telephone	34	5,214.	2,055.		
35	Postage and shipping	35	1,547.	1,392.	155.	
36	Occupancy	36	934.	934.		• · · ·
37	Equipment rental and maintenance	37				
38	Printing and publications.	38	2,743.	2,469.	274.	
39	Travel	39	42,602.	42,176.	426.	
40	Conferences, conventions, and meetings	40	1,320.	1,320.		
41 42	Interest Depreciation, depletion, etc (attach schedule).	41 42				· · · · · · · · · · · · · · · · · · ·
43 i	Other expenses not covered above (itemize) <u>SEE STATEMENT 2</u>	43 a	257,469.	235,303.	22,166.	
ļ	b	43b				
	ç	43c				
(d	43 d			· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(e	43e	·····		- · · · · · · · · · · · · · · · · · · ·	
1		43f				
9	9	_43 g	·····			<u> </u>
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	309,829.	286,487.	23,342.	0.
Join	t Costs. Check 🕨 If you are following	SOP	98-2			
	any joint costs from a combined education					► Yes X No
	es, enter (i) the aggregate amount of thes				mount allocated to Pro	-
\$: (iii) the amount a	iocated	d to Management and g	eneral \$: and (iv) ti	ne amount allocated

Form 990 (2007) ASSOCIATION OF THREAT ASSESSMENT

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Page 3

95-4430224

at is the organization's prim organizations must describints served, publications issue tions and 4947(a)(1) nonexe	nary exempt purpose? ► <u>S</u> e their exempt purpose achie ed, etc. Discuss achievements ti empt charitable trusts must a	EE STATEMENT 3 evements in a clear and concise manner. State the hat are not measurable (Section 501(c)(3) and (4) organise also enter the amount of grants and allocations to or	number of an- thers)	Program Service Expense (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a CHAPTER MEETING	S AND ANNUAL THREA	T MANAGEMENT CONFERENCE TO ADDRE	<u>SS</u>	
(Grants and allocations	\$) If this amount includes foreign grants, check here		286,48
b	·			
(Grants and allocations	·) If this amount includes foreign grants, check here	- -	
) It this amount metudes foreign grants, check here		
°				
(Grants and allocations	\$) If this amount includes foreign grants, check here		
d				
				1
(Grants and allocations	\$) If this amount includes foreign grants, check here	- [
e Other program services		, , , , , , , , , , , , , , , , , , , ,		1
(Grants and allocations	\$) If this amount includes foreign grants, check here	►	
	e Expenses (should equal lin	e 44, column (B), Program services)		286,48
				Earm 000 (20

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Form 990 (2007)

Form 990 (2007) ASSOCIATION OF THREAT ASSESSMENT

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Pa	rt IV	Balance Sheets (See the instructions.)				
Not	e: V c	Where required, attached schedules and amounts within olumn should be for end-of-year amounts only.	n the description	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing .		106,704.	45	110,253.
	46	Savings and temporary cash investments		161,121.	46	207,032.
	47 a	Accounts receivable	47 a			
	b	Less: allowance for doubtful accounts .	47b		47 c	
	48 a	Pledges receivable	48a		40.0	
	b	Less: allowance for doubtful accounts .	48 b		48 c	<u></u>
	49	Grants receivable .			49	
	50 a	Receivables from current and former officers, director employees (attach schedule)	rs, trustees, and key		50 a	
	b	Receivables from other disqualified persons (as defin and persons described in section 4958(c)(3)(B) (attac	ed under section 4958(f)(1)) h schedule).		50 b	
ŝ	51 a	Other notes and loans receivable			. ·	
ASSETS		(attach schedule).	51 a			
ś	-	Less: allowance for doubtful accounts	51 b		51 c	
		Inventories for sale or use .			52	
		Prepaid expenses and deferred charges	·		53	
		Investments – publicly-traded securities.	► Cost FMV		54a	
		Investments – other securities (attach sch)	► Cost FMV		54b	
	55 a	Investments – land, buildings, & equipment: basis	55 a			
	b	Less: accumulated depreciation (attach schedule).	55 b		55 c	
	56	Investments – other (attach schedule)			56	
	57 a	Land, buildings, and equipment basis	_57a		ľ I	
	b	Less: accumulated depreciation (attach schedule)	57 b		57 c	
	58	Other assets, including program-related investments				
		(describe •		58		
	59_	Total assets (must equal line 74) Add lines 45 through	gh 58.	267,825.	59	317,285.
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
L	62	Deferred revenue			62	
1 A B	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
Ļ	64 a	Tax-exempt bond liabilities (attach schedule)			64a	
Ť L E		Mortgages and other notes payable (attach schedule)		64b		
Ê	65	Other liabilities (describe ►)		65	
	66	Total liabilities. Add lines 60 through 65	·	0.	66	0.
	Org		nd complete lines 67			
N E T		through 69 and lines 73 and 74				
	67	Unrestricted		267,825.	67	317,285.
へうらいます	68	Temporarily restricted			68	
Ī	69	Permanently restricted			69	
Q R	Org	anizations that do not follow SFAS 117, check here 🕨	and complete lines		8	
		70 through 74				
FUND	70	Capital stock, trust principal, or current funds .		70		
	71	Paid-in or capital surplus, or land, building, and equi		71		
Ĕ	72	Retained earnings, endowment, accumulated income		72		
BALAZCES	73	Total net assets or fund balances. Add lines 67 throu		19		
Ĕ		72. (Column (A) must equal line 19 and column (B) i	nust equal line 21) .	267,825.	73	317,285.
	74	Total liabilities and net assets/fund balances. Add In	nes 66 and 73	267,825.	74	317,285.

Form 990 (2007)

Fo	rm 990 (2007) ASSOCIATION OF THREAT ASSESSMENT		95-4430224	Page 5
P	art IV-A Reconciliation of Revenue per Audited Financial Stateme	nts with Revenue	per Return (See the	?
	instructions.)			
				N / N
а	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3	,	
	4Other (specify).		·	
		b4	·	
	Add lines b1 through b4		b	
С	Subtract line b from line a .			
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2Other (specify):			
		d2	4	
	Add lines d1 and d2		d	
е	Total revenue (Part I, line 12) Add lines c and d		►e	
P	art IV-B Reconciliation of Expenses per Audited Financial Statem	ents with Expense	es per Return	
а	Total expenses and losses per audited financial statements		а	N/A
b	Amounts included on line a but not on Part I, line 17:		<i></i>	
	1 Donated services and use of facilities	b1		
	2Prior year adjustments reported on Part I, line 20	b2		
	3Losses reported on Part I, line 20	b3		
	4Other (specify).			
		☐ b4		
	Add lines b1 through b4 .		b	
с	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d 1		
	2Other (specify)			
		d d 2	,	
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		► e	
<u> </u>				

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
JAMES CAWOOD CPP	PRESIDENT	0.	0.	0.
1215 K STREET, SUITE 229	5.00			
SACRAMENTO, CA 95814				
JEFF DUNN	1ST VP	0.	0.	0.
1215 K STREET, SUITE 229	2.00			
SACRAMENTO, CA 95814				
JOHN SELTZER	2ND VP	0.	0.	0.
1215 K STREET, SUITE 229	2.00			
SACRAMENTO, CA 95814				<u> </u>
BILL COOPER	SECRETARY	0.	0.	0.
1215 K STREET, SUITE 229	2.00			
SACRAMENTO, CA 95814				
TOM BERINGER CPP	TREASURER	0.	0.	0.
1215 K STREET, SUITE 229	2.00			
SACRAMENTO, CA 95814				
CHUCK_TOBIN	SGT. AT ARMS	0.	0.	0.
1215 K STREET, SUITE 229	2.00			
SACRAMENTO, CA 95814				
	TELANOS			

Form 990 (2007) ASSOCIATION OF THREAT ASSESSMENT 95-4430224			Page 6	
Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)				
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings]	
 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' 			x	
If 'Yes,' attach a statement that includes the information described in the instructions d Does the organization have a written conflict of interest policy?	► 75 c		X	

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 Part V-B
 Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

 Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

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(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
<u>NONE</u>				

-Part VI- Other Information (See the instructions.)		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
If 'Yes,' attach a conformed copy of the changes.			
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a		Х
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N	A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		x
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?			x
b If 'Yes,' enter the name of the organization ► <u>N/A</u> and check whether it is exempt or nonexempt.			
81 a Enter direct and indirect political expenditures (See line 81 instructions.) 81 a 0.	· ·		
b Did the organization file Form 1120-POL for this year?	81 b		X
BAA	Form	990 ((2007)

Form 9	90 (2007) ASSOCIATION OF THREAT ASSESSMENT	95-4430224		P	age 7
Part				Yes	No
82 a D s	bid the organization receive donated services or the use of materials, equipment, or facilities ubstantially less than fair rental value?	at no charge or at	82a		x
b li r	f 'Yes,' you may indicate the value of these items here. Do not include this amount as evenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			÷.,
	old the organization comply with the public inspection requirements for returns and exemption		83 a	X	
	old the organization comply with the disclosure requirements relating to quid pro quo contrib	utions?	<u>83</u> b	X	
84 a D	old the organization solicit any contributions or gifts that were not tax deductible?		<u>84a</u>	-	X
n	f 'Yes,' did the organization include with every solicitation an express statement that such consist tax deductible?		84 b	N	
	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	-	85 a	N.	
	old the organization make only in-house lobbying expenditures of \$2,000 or less?	· · ·	85 b	N,	<u>A</u>
li V	f 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the valuer for proxy tax owed for the prior year		ŕ		
c [Dues, assessments, and similar amounts from members	85c N/A			
d S	Section 162(e) lobbying and political expenditures	85 d N/A	•		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	<i>'</i>		}
	axable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
-	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? f section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reaso		85 g	<u>N</u>	'A
d	ues allocable to nondeductible lobbying and political expenditures for the following tax year?		85 h	N.	'A
	501(c)(7) organizations Enter a Initiation fees and capital contributions included on ine 12	86 a N/A		```	۴.,
b (Gross receipts, included on line 12, for public use of club facilities .	86b N/A			
87 5	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b N/A			
c	At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301 7 f 'Yes,' complete Part IX	corporation or partnership, 701-2 and 301.7701-3?	88 a		x
b A s	At any time during the year, did the organization, directly or indirectly, own a controlled entit section 512(b)(13)? If 'Yes,' complete Part XI	y within the meaning of	88 b		x
89 a £	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year u	nder:	÷.,		
s	section 4911 ▶0.; section 4912 ▶0.; section 4	955 ►0.	S .,		
b t	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exce during the year or did it become aware of an excess benefit transaction from a prior year? If	ss benefit transaction 'Yes,' attach a statement	89b		x
	explaining each transaction.		000		
3	Enter: Amount of tax imposed on the organization managers or disqualified persons during t year under sections 4912, 4955, and 4958	▶ 0.	÷		
	Enter. Amount of tax on line 89c, above, reimbursed by the organization	▶0.			<u> </u>
	All organizations At any time during the tax year, was the organization a party to a prohibite	r	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable i	nsurance contract?	89 f		X
0	For supporting organizations and sponsoring organizations maintaining donor advised funds organization, or a fund maintained by a sponsoring organization, have excess business hold	Did the supporting ings at any time during			
90 a l	he year? List the states with which a copy of this return is filed ► <u>CA</u>	· · · [89 g		X
5001					
ьľ	Number of employees employed in the pay period that includes March 12, 2007 See instructions)	1	90 b		0
	, , , , , , , , , , , , , , , , , , ,	mber ► 916-231-213			
ι	.ocated at ► 1215 K STREET, SUITE 2290 SACRAMENTO CA	ZIP + 4 ► _95814		Ver	No
b /	At any time during the calendar year, did the organization have an interest in or a signature	or other authority over a	011	Yes	No X
	inancial account in a foreign country (such as a bank account, securities account, or other f f 'Yes,' enter the name of the foreign country		<u>91b</u>		^
Ê	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts				
BAA			Form	990	(2007)

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Form 990 (2007) ASSOCIATION OF T		SSMENT			95-4430		Page 8
Part VI Other Information (contil							es No X
c At any time during the calendar year,		tion maintai	n an office	outside of the U	nited States?	91 c	
If 'Yes,' enter the name of the foreign co 92 Section 4947(a)(1) nonexempt charita			how of For			<u>N/A</u>	·
and enter the amount of tax-exempt					► 92	N/A	N/A
Part VII Analysis of Income-Proc					J2		N/ A
Fait Vii Analysis of meometrice		business ir			tion 512, 513, or 514		<u> </u>
Note: Enter gross amounts unless						(E)	womet
otherwise indicated	(A) Business code	(B Amo	ant l	(C) Exclusion code	(D) Amount	Related or e function in	
93 Program service revenue:							
a APPLICATION FEES						8	8,900.
b CONFERENCES							,853.
c							
d							
e							
f Medicare/Medicaid payments							
g Fees & contracts from government agencies							
94 Membership dues and assessments	i .					23	3,789.
95 Interest on savings & temporary cash invmnt	s			14	5,314.		
96 Dividends & interest from securities	5						
97 Net rental income or (loss) from real estate.			,		,		
a debt-financed property .							
b not debt-financed property							
98 Net rental income or (loss) from pers prop							
99 Other investment income							
100 Gain or (loss) from sales of assets other than inventory							
101 Net income or (loss) from special events							
102 Gross profit or (loss) from sales of inventory.							
103 Other revenue: a		•			-		}
b GENERAL MEETING							2,076.
c MISCELLANEOUS							3,541.
d REIMBURSEMENT						12	2,261.
e							
104 Subtotal (add columns (B), (D), and (E)) .					5,314.		5,420.
105 Total (add line 104, columns (B), (I			•		▶	390),734.
Note: Line 105 plus line 1e, Part I, should							
Part VIII Relationship of Activitie		_					
Line No. Explain how each activity for w of the organization's exempt p	which income is re	eported in co	olumn (E) o	f Part VII contril	outed importantly to th	e accomplishn	nent
SEE STATEMENT 4							
				1			
Part IX Information Regarding 1	axable Subsi	diaries ar	nd Disrea	arded Entitie	s (See the instruc	tions.)	
(A)	(B)		(C		(D)	(E)	
Name, address, and EIN of corporation		of			Total	End-of-y	/oar
partnership, or disregarded entity	ownership in		Nature of	activities	income	asset	
N/A		8					
		8					
		8					
		8					
Part X Information Regarding	Fransfers Ass	ociated w	ith Perso	nal Benefit C	ontracts (See the	Instruction	s.)
a Did the organization, during the year, receive a	•						X No
b Did the organization, during the year	, pay premiums,	directly or in	ndirectly, on	a personal ben	efit contract?	. Yes	XNo
Note: If 'Yes' to (b), file Form 8870 and	d Form 4720 (see	instruction	s)				

TEEA0108L 12/27/07 Form 990 (2007)

Form	990 (2007) ASSOCIATION OF THREAT ASSESS	SMENT	95-443	0224 Page 9
Par	XI Information Regarding Transfers To an organization is a controlling organization	d From Controlled Er	tities. Complete only if t	he
	organization is a controlling organization	n as denned in section	1 512(0)(15).	Yes No
106	Did the reporting organization make any transfers to a	a controlled entity as define	d in section 512(b)(13) of the (
	'Yes,' complete the schedule below for each controlled	d entity		
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
Ъ				
с				
	Totals			
				Yes No
107	Did the reporting organization receive any transfers fr	om a controlled entity as d	efined in section 512(b)(13) of	the Code? If
<u> </u>	'Yes,' complete the schedule below for each controlled	d entity .	· ···-	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
Ь				
с				
	Totals	ing a marginal constants	anatara an	2.00
108	Did the organization have a binding written contract in annuities described in question 107 above?	n effect on August 17, 2006	, covering the interest, rents, r	oyalties, and X
	Under penalties of perjury, I declare that I have examined this retu true, correct, and complete Declaration of preparer (other than of	urn, including accompanying schedul ficer) is based on all information of v	les and statements, and to the best of my which preparer has any knowledge	knowledge and belief, it is
Plea			1 8-13-	
Sign	Signature of officer	Executive	Director	
	Type or print name and title			
Paid Pre-	Preparer's PATRICIA A. FAITH	Date 8		Preparer's SSN or PTIN (See General Instruction X) P00294123
pare				
Use Only	yours if self. employed), address, and CACEDANENTRO	TE 210		0000424
BAA	ZIP + 4 SACRAMENTO, CA 95825		Phone no 🕨 (S	916) 924-0800 Form 990 (2007

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• •		Organization Exempt U	nder		OMB No 1545 0047	
SCHEDULE A (Form 990 or 990-EZ)	1	Section 501(c)(3)				
	(Except Pr 501(2007			
Department of the Treasury Internal Revenue Service	Supplementary Information — (See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.					
	SSOCIATION OF THR			Employer identification	number	
E	PROFESSIONALS, INC.	•		95-4430224		
		lighest Paid Employees Oth one. If there are none, enter		s, Directors, and	d Trustees	
`	ind address of each	(b) Title and average	(c) Compensation	(d) Contributions	(e) Expense	
emplo	yee paid more an \$50,000	hours per week devoted to position		to employee benefit plans and deferred compensation	account and other allowances	
NONE						
Total number of other over \$50,000	employees paid	•	PEES - 2011		15 72	
Part II - A Com	pensation of the Five H	lighest Paid Independent Co	ontractors for P	rofessional Ser	vices	
(See	instructions. List each	one (whether individuals or	Trms). If there a	re none, enter	None.)	
(a) Name and add	ress of each independent co	ntractor paid more than \$50,000	(b) Туре	of service	(c) Compensation	
NONE			_			
			-		1	
			1			
····						
			-			
Total number of others \$50,000 for profession	al services	(·			
(List	each contractor who pe	lighest Paid Independent Co erformed services other than			individuals or	
tirms	. If there are none, ente	er 'None.' See instructions.)	1			
(a) Name and add	ress of each independent co	ntractor paid more than \$50,000	(b) Туре	of service	(c) Compensation	
			1			
			-			
			-			
			-			
			-			
Total number of other over \$50,000 for other	contractors receiving)			

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

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Schedule A (Form 990 or 990-EZ) 2007 ASSOCIATION OF THREAT ASSESSMENT 95-4	4430224	F	² age 2
Part III Statements About Activities (See instructions.)		Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including any at to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	_ 1		x
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of th lobbying activities	ne		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or w taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or p beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	with any 1		
a Sale, exchange, or leasing of property?	2	<u>a</u>	x
b Lending of money or other extension of credit?	2	b	<u>x</u>
c Furnishing of goods, services, or facilities?	2	<u>с</u>	<u>x</u>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2	<u>d</u>	x
e Transfer of any part of its income or assets?	2	e	x
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)	3	a	x
b Did the organization have a section 403(b) annuity plan for its employees?	. 3	b	x
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3	c	x
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3	d	<u>x</u>
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete 4f and 4g	lines	a	x
b Did the organization make any taxable distributions under section 4966?	4	b N	
c Did the organization make a distribution to a donor, donor advisor, or related person?.	4	c N	I/A
d Enter the total number of donor advised funds owned at the end of the tax year	▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor adviser funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	d ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	▶		0.

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Schedule A (Form 990 or Form 990-EZ) 2007

Schedul	e A (Form 990 or 990-EZ)	2007 AS	SOCIATION OF THE	REAT ASSESSMENT		95-4430)224 Page 3
Part IV	Reason for Non	-Private F	oundation Status (S	ee instructions.)	_		
certify	that the organization is no	ot a private f	oundation because it is: (Please check only ONE ap	plicable box)	
5 [A church, convention of	churches, o	r association of churches.	Section 170(b)(1)(A)(i)			
6	A school. Section 170(b)	(1)(A)(II). (A	Also complete Part V.)				
7 [] A hospital or a cooperati	ive hospital	service organization Sec	tion 170(b)(1)(A)(iii).			
8 [] A federal, state, or local	governmen	t or governmental unit. Se	ection 170(b)(1)(A)(v).			
9	A medical research orga and state ►	nızatıon ope	erated in conjunction with	a hospital. Section 170(b)((1)(A)(11) E	nter the hosp	ital's name, city,
10 🗌	An organization operated (Also complete the Supp	d for the ber port Schedu	nefit of a college or unive le in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Se	ction 170(b)(1)(A)(iv)
11 a 🛛	An organization that nor Section 170(b)(1)(A)(vi)	mally receiv (Also comp	res a substantial part of it plete the Support Schedu	s support from a governme le ın Part IV-A.)	ntal unit or	from the gen	eral public
11 Б 🗌] A community trust. Sect	ion 170(b)(1)(A)(vı). (Also complete t	he Support Schedule in Pa	art IV-A)		
12 [from activities related to	its charitab	le. etc. functions — subject	6 of its support from contrit ct to certain exceptions, an e income (less section 511 o complete the Support Sc	id (2) no mo	ore than 33-1	3% of its support
13 [] An organization that is n	not controlle	d by any disqualified pers	ions (other than foundation bes the type of supporting of	managers)	and otherwis	
		ype II Browide the	Type III-Function	onally Integrated out the supported organiz	Type III		、
	Provide the (a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support	
					Yes	No	
Total			I	L	<u> </u>	▶	0.
14	An organization organize	ed and oper	ated to test for public saf	ety Section 509(a)(4). (Set	e instruction	ns.)	
BAA	<u> </u>						n 990 or 990-EZ) 200

Schedule A (Form 990 or 990-EZ) 2007

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Schedule A (Form 990 or 990-EZ) 2007 ASSOCIATION OF THREAT ASSESSMENT

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95-4430224

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Page 4

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	41,645.	7,489.		38,0	74.	87,208.
16		25,535.	45,078.	36,870.	22,9		130,445.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	271,689.	277,625.	270,725.	215,5	57.	1,035,596.
18	amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired						
19	by the organzation after June 30, 1975 Net income from unrelated business	4,264.	2,688.	1,409.	1,2	30.	<u>9,591.</u> 0.
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
22	Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets.						0.
23	Total of lines 15 through 22	343,133.	332,880.	309,004.	277,8	23.	1,262,840.
24		71,444.	55,255.	38,279.	62,2		227,244.
25	Enter 1% of line 23	3,431.	3,329.	3,090.	2,7		
26	Organizations described on line		er 2% of amount in c			26 a	4,545.
E	Prepare a list for your records to show the supported organization) whose total gifts i return. Enter the total of all these excess	for 2003 through 2006 excee	ributed by each person (oth ded the amount shown in I	er than a governmental uni ine 26a. Do not file this lis	t with your	26 b	
	Total support for section 509(a)(-	26 c	227,244.
C	Add. Amounts from column (e) fo	or lines: 18 22	9,591.	19 26 b	-	26 d	9,591.
	Public support (line 26c minus lir			200		26 e	217,653.
	Public support percentage (line		led by line 26c (deno	minator))		26 f	95.78 %
27	Organizations described on line For amounts included in lines 15 name of, and total amounts rece such amounts for each year. (2006)	12: N/A , 16, and 17 that were ived in each year from	e received from a 'dis n, each 'disqualified p	qualified person,' pre person.' Do not file th	is list with your	returr	ords to show the n. Enter the sum of
	For any amount included in line to show the name of, and amoun \$5,000 (Include in the list organi After computing the difference be differences (the excess amounts)	It received for each ye izations described in l etween the amount re) for each year:	ear, that was more th lines 5 through 11b, a ceived and the larger	an the larger of (1) the swell as individuals as well as individuals amount described in	Do not file this (1) or (2), enter	e 25 f list w the si	or the year or (2) vith your return. um of these
_		(2005)	(2004)		_ (2003)		
C	. Auu. Amounts from column (e) to 17	20 priines: 15	·	21	I	27.0	
	(2006) Add: Amounts from column (e) fo 17 Add ⁻ Line 27a total	2 V	nd line 27b total		ŀ	27 d	<u> </u>
-						27 6	
f	Total support for section 509(a)(2)	2) test. Enter amount	from line 23, column	(e) ► 27 f	F		<u>-</u>
	Public support percentage (line				. ►	27 g	<u> </u>
h	Investment income percentage (line 18, column (e) (n	umerator) divided by	line 27f (denominate		27 h	8
28	Unusual Grants: For an organiza list for your records to show, for nature of the grant. Do not file th	each vear, the name	of the contributor, the	e date and amount of	ants during 2003 the grant, and a	3 throu brief	ugh 2006, prepare a description of the

Sche	edule A (Form 990 or 990-EZ) 2007 ASSOCIATION OF THREAT ASSESSMENT 95-	-4430224	P	age 5
	t V Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/2		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byla other governing instrument, or in a resolution of its governing body?	aws, . 29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its broc catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	chures,		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media du the period of solicitation for students, or during the registration period if it has no solicitation program, in a wa makes the policy known to all parts of the general community it serves?	ring by that 31		
	If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement)			
			,	
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32:	3	
I	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32	.	
(c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32		
	with student admissions, programs, and scholarships?		-	
			•	
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement	nt) ՝		
33	Does the organization discriminate by race in any way with respect to:			
1	a Students' rights or privileges?	33	a	
I	b Admissions policies?	33	<u> </u>	
•	c Employment of faculty or administrative staff?	33		
	d Scholarships or other financial assistance?	33	<u>d</u>	
	e Educational policies?	33		
1	f Use of facilities?	33	r 	
ļ	g Athletic programs?	33	┛	
I	h Other extracurricular activities?	. 33	h	
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statem	ent.)		
		2,		
		• = = =		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34	a	
I	b Has the organization's right to such aid ever been revoked or suspended? . If you answered 'Yes' to either 34a or b, please explain using an attached statement.	. <u>34</u>	ь	
35	sections 4 01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		
BAA	TEEA0404L 12/27/07 Schedule	A (Form 990 or	990-EZ) 2007

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	edule A (Form 990 or 990					95-4430	224 Page 6
Par	t VI-A Lobbying Ex (To be complete	penditures by Ele ed ONLY by an eligible	cting Public Charit organization that filed	ties (See instru Form 5768)	ictions)		N/A
Cheo	ck > a if the organiz	ation belongs to an af	filiated group. Check	▶ b If you	u checke	ed 'a' and 'limited contr	
	L	imits on Lobbying		ed)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditu	ures to influence public	opinion (grassroots lot	obying)	36		
37	Total lobbying expenditu	ures to influence a legi	slative body (direct lobb	bying)	37		
38	Total lobbying expenditu	ures (add lines 36 and	37) .		38		
3 9	Other exempt purpose e	•			39		
40	Total exempt purpose e				40		
41 42 43 44	Lobbying nontaxable an If the amount on line 40 Not over \$500,000 Over \$500,000 but not over \$1, Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$ Over \$17,000,000 Grassroots nontaxable a Subtract line 42 from lin Subtract line 41 from lin Caution: If there is an a (Some organ	is - The 20% 20% 000,000 \$100 \$1,500,000 \$175 \$17,000,000 \$225 \$1,00 \$1,00 amount (enter 25% of I \$1,00 he 36. Enter -0- if line 4 \$100 amount on either line 4 \$100 4-Year \$255 12,000 \$100	41 42 43 44 50.)	(h) all of the five columns	below		
			Lobbying Expen	ditures During	4 -Year A	Averaging Period	
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005		(d) 2004	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))	· · · ·			Ati		
47	Total lobbying expenditures						
48	Grassroots non- taxable amount						
49	Grassroots ceiling amount (150% of line 48(e))		· · · · · ·	्रिया है। इ.स. इ.स. इ.स.		· . ·	

50	Grassro expend	oots lobb y ing itures						
Par	Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions)							
Duri	ng the ye	ar, did the organ	nization attempt to influ	uence national, state or	local legislation, includ	ling any		

N	/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	Yes	No	Amount
a Volunteers			· · · · ·
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			· · · · · · · · · · · · · · · · · · ·
c Media advertisements .			
d Mailings to members, legislators, or the public .			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .			
i Total lobbying expenditures (add lines c through h.)	<u>.</u> -	_	
If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 ASSOCIATION OF THREAT ASSESSMENT

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions) Part VII

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of.		Yes	No
(i)Cash	51 a (i)		X
(ii)Other assets	a (ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	. b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii)Rental of facilities, equipment, or other assets	b (iii)	X
(iv)Reimbursement arrangements	b (iv	>	X
(v)Loans or loan guarantees	b (v)		X
(vi)Performance of services or membership or fundraising solicitations	. b (vi)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	C		X

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization if the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A	· · · · · · · · · · · · · · · · · · ·		
		·····	
			and a subman
		· · · · · · · · · · · · · · · · · · ·	

52 a is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► Yes X No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		
	· · · · · · · · · · · · · · · · · · ·	

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Schedule A (Form 990 or 990-EZ) 2007

Page 7

2007 CLIENT ATAP	PAGE 1 95-4430224				
8/08/08			· · · · · · · · · · · · · · · · · · ·		09 58AM
FORM 990, PART I, LINE 16 PAYMENTS TO AFFILIATES					
NAME_AND_ADDRE	<u>ss</u>	F	URPOSE OF PAY	MENT	AMOUNT
CHAPTERS VARIOUS '					\$ 31,445.
				TOTAL	\$31,445.
STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES AUDIO VISUAL BANK SERVICE CHARGES CATERING COIN PURCHASE DUES AND CONTRIBUTIONS GENERAL/BOARD MEETINGS INSURANCE KEYNOTE SPEAKER LICENSES AND PERMITS MANAGEMENT FEES MEALS AND ENTERTAINMENT MISC PROGRAM COSTS OFFICE EXPENSE PARTICIPANT GIFTS PO BOX RENTAL POLO SHIRT PURCHASES PROFESSIONAL SERVICES SCHOLARSHIP EXPENSE STAFF SERVICES WEBSITE	TOTAL	(A) TOTAL 2,795. 20,237. 6,514. 132,617. 3,621. 3,754. 3,119. 2,102. 2,259. 1,443. 13,500. 2,210. 4,089. 187. 22,031. 188. 443. 4,259. 4,362. 27,110. 629. \$257,469.	(B) PROGRAM SERVICES 2,795. 20,237. 6,212. 132,617. 3,621. 3,754. 2,807. 1,892. 2,259. 1,368. 2,210. 4,089. 187. 22,031. 20. 443. 4,362. 24,399. \$ 235,303.	(C) MANAGEMENT & GENERAL 302. 312. 210. 75. 13,500. 168. 4,259. 2,711. 629. \$ 22,166.	

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STATEMENT 3 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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PROTECT VICTIMS OF HARASSMENT AND THREAT SITUATIONS.

2007

FEDERAL STATEMENTS ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS, INC.

CLIENT ATAP

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95-4430224

PAGE 2

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09.58AM

8/08/08

STATEMENT 4 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #

EXPLANATION OF ACTIVITIES

93 (A) ALLOWS FOR BACKGROUND CHECKS OF PROSPECTIVE MEMBERS.

- 93 (B) CONFERENCES AND MEETINGS TO ADDRESS ISSUES SURROUNDING STALKING AND THREAT SITUATIONS.
- 94 GIVES ACCESS TO MEMBERS OF THE PUBLIC WITH AN INTEREST IN STALKING AND THREAT SITUATIONS.
- 103 OTHER REVENUES ARE ALSO USED TO ADDRESS ISSUES SURROUNDING STALKING AND THREAT SITUATIONS.

			<i>.</i>		· .
Form 8868 (Rev April 2007) Application for Extension of Time To File an Exempt Organization Return					OMB No 1545-1709
Department of the Internal Revenue	e Treasury Service		File a separate application for each return File a separate application for each return File a separate application	urn.	
• If you are	e filing for an	Automatic 3-Month	Extension, complete only Part I and check th	nis box	► X
-	•	•	matic) 3-Month Extension, complete only Pa		
			dy been granted an automatic 3-month exten		iled Form 8868
Partil	Automatic	3-Month Extens	ion of Time. Only submit original (no	copies needed).	
	corporations re		0 T and requesting an automatic 6-month extensio		complete Part
All other corp income tax r	oorations (incl eturns	udıng 1120-C filers)	, partnerships, REMICS, and trusts must use	Form 7004 to request	an extension of time to file
returns noted (1) you want consolidated	t below (6 mo the additional Form 990-T.	nths for section 501 (not automatic) 3-r Instead, you must s	ectronically file Form 8868 if you want a 3-mo (c) corporations required to file Form 990-T). nonth extension or (2) you file Forms 990-BL, ubmit the fully completed and signed page 2 efile and click on e-file for Charities & Nonpro	However, you cannot , 6069, or 8870, group (Part II) of Form 8868	file Form 8868 electronically if returns, or a composite or
	Name of Exempt	Organization			Employer identification number
Type or print	Associat	ion of Threa	t Assessment		
•	Professi	onals, Inc.			95-4430224
File by the due date for			If a P.O box, see instructions		
filing your return See instructions		treet #229	e For a foreign address, see instructions		·····
			e For a loreign address, see instructions		
Check type o		to, CA 95814	e application for each return):		
X Form 990			Form 990-T (corporation)	Form 472	0
Form 990		-	Form 990-T (section 401(a) or 408(a) trust)		
Form 990		-	Form 990-T (trust other than above)	Form 606	
Form 990)-PF	F	Form 1041-A	Form 887	0
Telephone If the orga If this is f check this the exten	No. ►_916- anization does or a Group Re s box ► sion will cover	231-2131 not have an office turn, enter the orga If it is for part of th	FAX No. ► or place of business in the United States, che inization's four digit Group Exemption Numbe be group, check this box ► and attach a	r (GEN) If list with the names an	nd EINs of all members
until _	8/15	, 20 <u>08</u> , to file	s for a section 501(c) corporation required to the exempt organization return for the organiz		nsion of time
		he organization's re			
	tax year begin		, 20, and ending	20	
2 If this ta	ax year is for I	ess than 12 months	, check reason [.]	inal return	hange in accounting period
3 a If this ap nonrefu	pplication is fo ndable credits	or Form 990-BL, 990 See instructions	D-PF, 990-T, 4720, or 6069, enter the tentative	e tax, less any	3a\$0.
b If this ap made. It	pplication is fo nclude any pri	or Form 990-PF or 9 or year overpaymen	90-T, enter any refundable credits and estima It allowed as a credit		3b\$0.
See inst	tructions .	<u> </u>	a. Include your payment with this form, or, if by using EFTPS (Electronic Federal Tax Paym		3c \$ 0.
Caution. If yo payment instr	u are going to uctions	make an electroni	c fund withdrawal with this Form 8868, see Fo	orm 8453-EO and Forr	n 8879-EO for
BAA For Priv	acy Act and F	aperwork Reduction	on Act Notice, see instructions.		Form 8868 (Rev 4-2007

2008

			1
Form	990)-E	Z

Short Form

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the grammatic form year may use this form

Open to Public Inspection

Dej Inte	partment of the Treasury ernal Revenue Service	year may use this form The organization may have to use a copy of this return to satisfy state reporting requ	urements	Open to Public Inspection
A	For the 2008 calend	dar year, or tax year beginning , 2008, and ending		· · · · · · · · · · · · · · · · · · ·
B	Check if applicable	C		r identification number
۲ ۲	Pleas			
⊨	Address change use label			430224
⊨	= print	or FROFESSIONAL	E Telephon	ie number
	Initial return type.	LOIO IL OILLII (OBSO	(916) 231-2146
⊨	= Spec			······································
⊨	tions			Exemption
	Application pending		Numbe	
	 Section 501(must 		counting method: [her (specify) ►	X Cash Accrual
		H Che		organization is not
I	-		uired to attach Sch D-EZ, or 990-PF)	edule B (Form 990,
Ţ	Organization type (chec			
ĸ		organization is not a section 509(a)(3) supporting organization and its gross re		y not more than
	\$25,000 A return is	not required, but if the organization chooses to file a return, be sure to file a	complete return.	
L	Add lines 5b, 6b, an instead of Form 990	nd 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 9	90 ► s	\$ 307,954.
Þ		e, Expenses, and Changes in Net Assets or Fund Balances (Se		
Ľ				1
		gifts, grants, and similar amounts received		070 017
		ice revenue including government fees and contracts.	2	272,017.
-	· · ·	lues and assessments	3	<mark>35,695.</mark>
2009	4 Investment in	come.	4	242.
20	5a Gross amoun	t from sale of assets other than inventory 5a		
ຜູ	b Less: cost or	other basis and sales expenses 5b		
	c Gain or (loss) fro	m sale of assets other than inventory (Subtract in 5b from in 5a) (att sch)	. 50	
JUN 2 mczmcmz	6 Special events an	d activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
	a Gross revent	of contributions		
ے آ	reported-on-li			
	b Loco: direct o	xpenses other than yundraising expenses 6b		
SCANNED		s) ion special symptotic and activities (Subtract line 6b from line 6a)		_
Z,			60	
5		f inventory, less returns and allowances 7a		
න	b Less: cost of			-
Ś	c Gloss profit of	(loss) from sales of inventory (Subtract line 7b from line 7a)	70	
	8 Other revenue (d	escribe ►) 8	
	9 Total revenue	e (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	▶ 9	307,954.
	10 Grants and si	milar amounts paid (attach schedule)	10	
		to or for members	11	
EX		r compensation, and employee benefits	12	
P		ees and other payments to independent contractors.	13	60,283.
				00,285.
N S E	14 Occupancy, re	ent, utilities, and maintenance	14	1 070
s	The Finning, publ	cations, postage, and shipping	15	1,079.
		tescribe SEE STATEMENT 1) 16	248,670.
		es (add lines 10 through 16)	▶ 17	310,032.
	18 Excess or (de	ficit) for the year (Subtract line 17 from line 9)	18	-2,078.
	s 19 Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree wit	h end-of-vear	
N E T	s 19 Net assets or figure reporte	d on prior year's return)	19	317,285.
T !	20 Other change	s in net assets or fund balances (attach explanation)	20	
:		fund balances at end of year. Combine lines 18 through 20	▶ 21	315,207.
P		Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file F		
<u> </u>			eginning of year	(B) End of year
3	2 Cash. savings. an		317,285. 22	
-	····, ····			
2			23	
2	•	cribe •)	24	
2			317,285.25	
2			0.26	
_2		d balances (line 27 of column (B) must agree with line 21)	317,285.27	315,207.
BA	A For Privacy Act a	nd Paperwork Reduction Act Notice, see the instructions for Form 990.		Form 990-EZ (2008)

						30224 Page 2
Par	t III Statement of Program Se	ons.)		Expenses		
Desc desc	is the organization's primary exempt purpose? SE sribe what was achieved in carrying out the ribe the services provided, the number of rear title services provided.	E STATEMENT 2 ne organization's exempt purp f persons benefited, or other	ooses. In a clear and co relevant information for	ncise manner, each	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional
	ram title CHAPTER MEETING AND ANNUA THE MAJOR ISSUES SURROUND			thers.)		
29	(Grants \$) If th	ns amount includes foreign gr	rants, check here	▶	28 a	259,786.
30	(Grants \$) If th	nis amount includes foreign gi	ants, check here	►	29a	
31	Other program services (attach schedule	-			30 a	
		is amount includes foreign gr	rants, check here	▶	31 a	
	Total program service expenses (add lu				32	259,786.
Par	t IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contribution: employee benefit pla deferred compens	ins and	
	IS_CAWOOD L5_K_STREET, SUITE 2290	PRESIDENT	0.		0.	0.
	CRAMENTO, CA 95814	.				
JEF	FF DUNN	FIRST VP	0.		0.	0.
121	15 K STREET, SUITE 2290	2.00				
-	CRAMENTO, CA 95814					
121	IN SELTZER 15 K STREET, SUITE 2290 CRAMENTO, CA 95814	SECOND VP 2.00	0.		0.	0.
PAU 121	JL_BRISTOW	TREASURER 2.00			0.	0.
	CRAMENTO, CA 95814 LL COOPER	SECRETARY	0.		0.	0.
121	15 K STREET, SUITE 2290 CRAMENTO, CA 95814	2.00			•••	
	JCK_TOBIN	SGT AT ARMS			0.	0.
	L5 K_STREET, SUITE 2290 CRAMENTO, CA 95814	2.00				
121	CGORY BOLES 5 K STREET, SUITE 2290 CRAMENTO, CA 95814	PAST PRESIDENT 2.00			0.	0.
CA1 121	THERINE SMITH 15 K STREET, SUITE 2290 CRAMENTO, CA 95814	EXECUTIVE DIREC 8.00	0.		0.	0.
			<u></u>			

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Form 990-EZ (200	8) ASSOCIATION	OF	THREAT	ASSESSMENT

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes,' attach a detailed description of each activity' Yes No 34 Were any changes made to the organization engage in any activity not previously reported to the IRS? If "Yes,' attach a conformed copy of the changes 34 X 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, altich a conformed copy of the changes 34 X 36 If the organization have unrelated business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, altich a tax requirements? 35a X 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 35a X 37a 0 36 X 37a ther amount ophicual egenditures, direct or indirect, as described in the instructions 37a 0 37b X 38a Did the organization file Form 1120-POL for this year? 37b 37b X 39 501(c)(7) organizations. Enter: althit state motion of the period covered by this return? 38a X althe organization file Form 1120-POL for public use of club facilities 39b N/A 39b X 39	Pa	t V Other Information (Note the statement requirement in General Instruction V.)			
t each activity 33 X 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If Yes,' attach a conformed copy of the changes 34 X 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T, but not reported on Form 990-T, for this year? 35 X 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 37b X 38 a Did the organization borrow from, or make any loans to any officer, director, trustee, or key employee or were any such loans made in a pror year and still unpaid at the start of the period covered by this return? 37b X 39 S01(c)(7) organizations. Enter: 38a N/A 39a N/A 39 S01(c)(7) organizations. Enter: 0., section 4915 ± 0. 39a N/A 39 a S01(c)(3) and (4) organizations. Enter amount of tax imposed on the organization from a prior year? 0, section 4955 ± 0. 0 0 0		•		Yes	No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a) Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? b) If Yes,' has it filed a tax return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions a any such loans made in a prior year and still unpaid at the start of the period covered by this return? a linitiation fees and capital contributions included on line 9 b 501(c)(7) organizations. Enter: a linitiation fees and capital contributions included on line 9 b 501(c)(3) and (4) organizations Did the organization diright become aware of an excess benefit transaction from a prior year? b Foot (c)(3) and (4) organizations. Did the organization managers or disqualified persons during the year or did it become aware of an excess benefit transaction from a prior year? c Enter amount of tax imposed on organization managers or disqualified persons during the year or did it become aware of an excess benefit transaction from a prior year? c Enter amount of tax imposed on organization aparty to a prohibited tax sterify the year sheller transaction? (f) Yes; complete Form 886-T d b X 	ູ 33 ເ		33		х
attach a statement explaining your reason for not reporting the income on Form 990-T. a a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? 35a b If 'Yes,' has it field a tax return on Form 990-T for this year? 36 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 36 17 Yes,' has it field a tax return on Form 990-T for this year? 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 137a b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A 39 501(c)(7) organizations. Enter: 38b N/A a Initiation fees and capital contributions included on line 9 33b N/A b Gross receipts, included on line 9, for public use of club facilities 33b N/A 40a 501(c)(3) and (4) organizations Did the organization engage in any section 4955 b 0. 0. b 501(c)(3) and (4) organizations Did the organization from a prior year? 40b X c Enter amount of	34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		Х
proxy tax requirements? 35a b If 'Yes,' has it filed a tax return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 16' Yes,' complete applicable parts of Schedule N 37a Enter amount of political expenditures, director indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a Did the organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a 40a 501(c)(3) organizations. Enter: a load (4) organizations Did the organization engage in any section 4955 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? if 'Yes,' complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year or did it become aware of an excess benefit transaction from a prior year? if 'Yes,' complete Schedule L, Part I c Enter amount of tax on line 40c reimbursed by the organization year under sections 4912, 4955, and 4958 d Enter amount of tax nine 40c reimbursed by the	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 36 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37a 0. 37b X 38a Did the organization file Form 1120-POL for this year? 37b X 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a X b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A 38b N/A 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A 39a N/A 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 *	proxy tax requirements?				х
If 'Yes,' complete applicable parts of Schedule N 36 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37a b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a X b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A 38b N/A 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4912 ► 0., section 4955 ► 0. b 501(c)(3) organizations. Enter amount of tax imposed on the organization from a prior year? 0., section 4955 ► 0. b 501(c)(3) and (4) organizations Did the organization from a prior year? 0., section 4955 ► 0. 0. c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. 0. e Enter amount of tax inposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a X b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A 38b N/A 39 501(c)(7) organizations. Enter: 38a N/A 39a N/A a Initiation fees and capital contributions included on line 9 39a N/A 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under year under sections 4912, 4955, and 4958 0. 40b X c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax 40e X	36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38 a X b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A 38 b N/A 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39 a N/A N/A b Gross receipts, included on line 9, for public use of club facilities 39 b N/A N/A 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year under sections 4912, Part 1 40 b X c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. 0. d Enter amount of tax on line 40c reimbursed by the organization . 0. 0. 0. e All organizations At any time during the tax year, was the organization a party to a prohibited tax 0. . 40 e X	37	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►		b Did the organization file Form 1120-POL for this year?	37b		X
amount involved 38 b N/A 39 501(c)(7) organizations. Enter: 39a N/A a Initiation fees and capital contributions included on line 9 39a N/A b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 > 0., section 4912 > 0., section 4955 > 0. b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? 40b X c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 0. 40e X	38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
a Initiation fees and capital contributions included on line 9 39 a N/A b Gross receipts, included on line 9, for public use of club facilities 39 b N/A 40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? 0. 40 b X c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. 0. d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 0. 0. 0.					
b Gross receipts, included on line 9, for public use of club facilities 40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶	39				
40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? 0. 40 b X c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. 0. d Enter amount of tax on line 40c reimbursed by the organization 0. 0. 0. 40 b X e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 0. 40 e X					
section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? 0. 40b X c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. 0. d Enter amount of tax on line 40c reimbursed by the organization 0. 0. 0. 0. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X					
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I 40b X c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. 0. d Enter amount of tax on line 40c reimbursed by the organization 0. 0. 0. 0. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X	40				
year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T					
year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X		year or did it become aware of an excess benefit transaction from a prior year?	40 b		x
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	1	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	I	d Enter amount of tax on line 40c reimbursed by the organization			
41 List the states with which a copy of this return is filed CA		e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
	41	List the states with which a copy of this return is filed 🕨			

42 a The books are in care of ► <u>SMITH_MOORE</u> & <u>ASSOCIATES</u> Telephone no. ► (916)	_231	-213	31
Located at ► 1215 K STREET, SUITE 2290 SACRAMENTO CA ZIP + 4 ► 95814			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
If 'Yes,' enter the name of the foreign country:			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of a Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X

If 'Yes,' enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>x</u> _
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х

►

▶ 43

N/A

N<u>/A</u>

95-4430224

Page 3

Forn	n 990-EZ (2008) ASSOCIATION OF THREAT ASSESSMENT 95-44302	24	F	age 4
Pa	rt VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer que and complete the tables for lines 50 and 51. SEE STA			9
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates		Yes	No
ł	for public office? If 'Yes,' complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		Х
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		Х
4 9 a	a Did the organization make any transfers to an exempt non-charitable related organization?	4 9a		X
1	b If 'Yes,' was the related organization(s) a section 527 organization? .	49 b		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees)	/ees) w	ho ea	ch

received more than \$100,000 of compensation	from the organization	s organization if there is none, enter inone					
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances			
NONE							
Total number of other employees paid over \$100,000							

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

	(a) Name and address of each independent contractor paid more than \$100,000	(h) Type of service	(c) Compensation
NONE				
Total num	ber of other independent contractors receiving over \$100,000	•		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying s true, correct, and complete Declaration of preparer (other than officer) is based on all information of perparent of the standard s	chedules and statemer on of which preparer h	nts, and to the best of my k as any knowledge $5 - 12 - 09$	nowledge and belief, it is
Here	Signature of officer CATHERINE SMITH	E	Date XECUTIVE DIRE	C
Paid Pre- parer's Use Only	Type or print name and title Preparer's Signature Duu L. Lu	Date 3-N-04	Check If self- employed	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self. employed), address, and ZIP + 4 SACRAMENTO, CA 95821-2663	• · · · · · · · · · · · ·	EIN Phone no P (91	<u>68-0202491</u> L6) 488-8360
May the IF	RS discuss this return with the preparer shown above? See instructions		·····	►X Yes No
BAA				Form 990-EZ (2008)

		l								1	OMB No	1545-00	47
SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support To be completed by all section 501 (c)(3) organizations and section 4947(a)(1)									2008				
•			i o de completed	nonexempt char	itable tru	ations a ists.	na secu	on 494.	/(a)(1)	ſ	Open	to Publ	lic
Departmen Internal Re	it of the Treasury		► Attach to	Form 990 or Form 990-E	Z. ► Se	e separa	ate instr	uctions	i.			ection	
Name of the organization ASSOCIATION OF THREAT ASSESSMENT										tion number			
PROFESSIONAL 95-443022 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instruct												_	
Part I								part.)	(see	Instruc	tions)		
	-	-		use it is: (Please check o	-	-							
	-			ociation of churches des		section	n 170(b)	(1)(A)(i)					
	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3		•	•	e organization described		•		•••			,		
4	-			ed in conjunction with a h	nospital	describe	d in sec	tion 17	U(b)(1)(/	4)(111) Er	nter the ho	spital's	5
5	name, city, a An organizat 170/by1yAy	on op		of a college or universit	y owned	or oper	ated by	a gover	nmenta	l unit de	scribed in	sectio	n
6 [• •	•	governmental unit descri	ibed in s	ection 1	70(Б)(1)	(A)(v).					
7 🗙	An organizat	on tha		substantial part of its si					t or fror	n the gei	neral publi	c desc	rıbed
8	A community	trust	described in section	1 70(b)(1)(A)(vi). (Comple	te Part I	1)							
9													
10	An organizat	ion or	ganized and operated	exclusively to test for pi	ublic safe	ety. See	sectior	i 509(a)	(4) . (se	e instruc	tions)		
11	more publicly	/ supp	orted organizations (exclusively for the bene described in section 509(zation and complete line c Type II	a)(1) or	section rough 1	509(a)(2 1h	2) See	of, or ca section	rry out ti 509(a)(3 d	he purpose I). Check Type III-	the boy	< that
e	By checking than foundat 509(a)(2).	this bo on ma	ox, I certify that the o anagers and other that	rganization is not control in one or more publicly s	led direct	tly or in d organi	directly zations	by one describe	or more ed in se	e disqual ction 509	ified pers 9(a)(1) or s	ons oth section	ner
f	check this bo	x		termination from the IRS			•	2.1			-	on,	
g	Since Augus	17, 2	006, has the organization	ation accepted any gift o	or contrib	ution fro	om any	of the fo	ollowing	persons	5?		
	(i) a perso below,	n who the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribed	d ın (ıı)	and (III)	11 g (i)	Yes	No
	(ii) a family	/ mem	ber of a person des	cribed in (i) above?							11 g (ii)		
	(iii) a 35%	contro	lled entity of a persoi	n described in (i) or (ii) a	bove?						11 g (iii		
h	Provide the f	ollowi	ng information about	the organizations the org	anizatio	n suppo	rts						
	(i) Name of Support Organization	ed	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col i in your rning nent?		ization in (i) of	organizat	Is the tion in col zed in the S ?	(viı) Amou	(vii) Amount of Support	
					Yes	No	Yes	No	Yes	No			
					1.00								<u>. </u>
							_						
											<u></u>		
											<u> </u>		
-										[
Total					.l				L				

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

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Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008 ASSOCIATION OF THREAT ASSESSMENT

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.)

Section A. Public Support Calendar year (or fiscal year (b) 2005 (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 🕨 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') 36,870 52,567 23,789 35,695 216,101. 67,180 Tax revenues levied for the 2 organization's benefit and either paid to it or expended 0. on its behalf 3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge. 0. 36,870 52,567 67,180 23,789 35,695 216,101 4 Total. Add lines 1-3 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 0. shown on line 11, column (f) Public support. Subtract line 5 6 216,101. from line 4 Section B. Total Support Calendar year (or fiscal year (e) 2008 (d) 2007 (a) 2004 (b) 2005 (c) 2006 (f) Total beginning in) • 35,695 36,870 52,567 67,180 23,789 216,101. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 242 13,917. 2,688 4,264 5,314 1,409 similar sources 9 Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income. Do not include 10 gain or loss form the sale of capital assets (Explain in 0. Part IV) Total support. Add lines 7 through 10 11 230,018. 12 1, 440,879. Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 > organization, check this box and stop here Section C. Computation of Public Support Percentage 94.0% 14 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 15 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 95.8% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box • X and stop here. The organization qualifies as a publicly supported organization **b 33-1/3 support test – 2007.** 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 17 a 10%-facts-and-circumstances test – 2008. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ | | b 10%-facts-and-circumstances test - 2007. 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 IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions -18 Schedule A (Form 990 or 990-EZ) 2008 BAA

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95-4430224

Page

Schedule A (Form 990 or 990-EZ) 2008 ASSOCIATION OF THREAT ASSESSMENT

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A Public Support

Sec	uon A. Public Support							
Calen	idar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
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							
7a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons							
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
С	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
9	Amounts from line 6		••					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV)							
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organization stop here	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 5	601(c)(³⁾
Sec	tion C. Computation of Pul		ercentage					
	Public support percentage for 20			ie 13, column (f)).			15	%
	Public support percentage from 2	•					16	%
	tion D. Computation of Inv				· · ·			
	Investment income percentage for				mn (f))		17	%
	Investment income percentage fi				·	h h	18	<u>%</u>
	33-1/3 support tests – 2008. If the c more than 33-1/3%, check this b	proanization did not	check the box on I	ine 14, and line 15	is more than 33-1/3 iblicly supported o	L %, and line 1 organization		
b	33-1/3 support tests – 2007. If the set of the set	he organization di	d not check a box	on line 14 or 19a	a, and line 16 is n	nore than 33	3-1/3% zation	, and line 18
20	Private foundation. If the organiz		-					►∏

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Schedule /	<mark>A</mark> (Form 990 or 99	0-EZ) 2008	ASSOCIATIO	N OF THR	EAT ASSESS	SMENT	95-4430224	Page 4
Part IV	Supplementa	I Informa	tion. Complete	this part to	provide the	explanation requ	ured by Part II, line nation. (see instruction	10;
<u></u>	Part II, line I		; or Part III, line	e 12. Provid	te any other	additional inform	lation. (see instruction	ons)
·								

2008

CLIENT A02005

FEDERAL STATEMENTS

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONAL

95-4430224

STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES			
BACKGROUND CHECKS BANK SERVICE CHARGES BOARD REIMBURSEMENT CONFERENCES, CONVENTIONS, AND MEETINGS INFORMATION TECHNOLOGY INSURANCE MATERIALS MEETING EXPENSES MISCELLANEOUS OFFICE EXPENSES TELEPHONE TRAVEL	· · ·	\$ TOTAL <u>\$</u>	65. 5,588. 240. 224,209. 6,064. 8,080. 947. 1,182. 291. 1,346. 131. 527. 248,670.

STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO SHARE AND FACILITATE THE EXPERIENCES AND TECHNIQUES OF PROFESSIONALS IN THE FIELD OF THREAT ASSESSMENT AND/OR THREAT MANAGEMENT ON ORDER TO PROTECT VICTIMS OF STALKING, HARASSMENT AND/OR THREAT SITUATIONS.

STATEMENT 3 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?
NO

				Short Form		ļ	OMB No 1545-1150
	For	m 990-E2		Return of Organization Exempt From Income Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b de b)(13) must	file Form	2009
	Depa Jater	artment of the Treasury nal Revenue Service		 All other organizations with gross receipts less than \$500,000 and total assets less than \$1.250,000 at may use this form The organization may have to use a copy of this return to satisfy state reporting requirem 		the year	Open to Public Inspection
	P A	For the 2009 cal	endar	year, or tax year beginning, 2009, and ending			
		Check if applicable		C	D	Employer	dentification number
		Address change	Please use IRS abel or	ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS, INC.	i.	95-44	30224
		Telephone	number				
	P	rermination	ype See Specific	1215 K STREET #2290 SACRAMENTO, CA 95814		(916)	231-2146
Ċ		Amended return	nstruc- ions.				xemption
2.0	y Y M					Number	
Contra ao	NJARK	Section 50 mu	11(c)(3) st atta	organizations and 4947(a)(1) nonexempt charitable trusts G Account ch a completed Schedule A (Form 990 or 990-EZ).	(specify)		Cash Accrual
R n m	0STN			H Check	• X	If the or	ganization is not
					ed to atta Z, or 990	ach Sche	dule B (Form 990,
				nly one) – X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527 990-E. anization is not a section 509(a)(3) supporting organization and its gross rece			not more than
		\$25,000 A Form	990-EZ	or Form 990 return is not required, but if the organization chooses to file a return, b	e sure to	file a co	mplete return
				b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990			
		Instead of Form		z Expenses, and Changes in Net Assets or Fund Balances (See	the upp	► Ş	264,880.
	ra			ts, grants, and similar amounts received			
		1		revenue including government fees and contracts		2	212,190.
		3 Membersh	ip due:	s and assessments		3	<mark>52,690.</mark>
		4 Investmen				4	
				orm sale of assets other than inventory 5a er basis and sales expenses 5b		_	
	R			le of assets other than inventory (Subtract In 5b from In 5a)		5c	
	£ M ∧ m Σ			tivities (complete applicable parts of Schedule G) If any amount is from gaming, check here			······································
	NU	a Gross reve	nue (r	ot including \$ of contributions			
	Ĕ	reported or					
				nses other than fundraising expenses 6b			
				rom special events and activities (Subtract line 6b from line 6a) ventory, less returns and allowances 7a		<u>6c</u>	
		b Less cost					
				oss) from sales of inventory (Subtract line 7b from line 7a)		7c	
		8 Other revenue)	8	
				dd lines 1, 2, 3, 4, 5c. 6c, 7c, and 8 RECEIVED		▶ 9	264,880.
				ar amounts paid (attach schedule)	2	10	
	E X P			or for members ompensation, and employee benefits MAY 2 V 2010	ξ[12	
	PE			and other payments to independent contractors	2	13	50,620.
	S			utilities, and maintenance	-	14	
	s				」 (15	2,046.
				Ibe SEE STATEMENT 1 Add lines 10 through 16)	► <u>16</u>	<u>251,896.</u> 304,562.
) for the year (Subtract line 17 from line 9)		18	-39,682.
Û	A N S		•	d balances at beginning of year (from line 27, column (A)) (must agree with e	nd-of-ve		
2010	N S E S T E	figure repo	rted or	n prior year's return)		19	315,207.
N	S		-	net assets or fund balances (attach explanation)		20	275 525
5	Pa			d balances at end of year Combine lines 18 through 20 neets. If Total assets on line 25, column (B) are \$1,250,000 or more, file For	m 990 in	► 21	275,525.
JUL		<u>Dalan</u>		(See the instructions for Part II) (A) Begi			(B) End of year
		Cash, savings,	and in		315,20		275,525.
Ω	23		-			23	
R	24 25	(-	lescrib		315,20	24	275,525.
CANNED	25 26		(desr		515,20	0.25	275,525.
Ö	27				315,20		275,525.
r.	BAA			Paperwork Reduction Act Notice, see separate instructions.			Form 990-EZ (2009).
				TEEA0803L 01/30/10			

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TEEA0803L	01/30/10

9)20 (20

Form 990-EZ (2009) ASSOCIATION OF	THREAT ASSESSMENT		95	-443	30224 Page 2
Part III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose? SE Describe what was achieved in carrying out th describe the services provided, the number of	E STATEMENT 2 ne organization's exempt purp f persons benefited, or other	oses. In a clear and co relevant information for	ncise manner, each	(Reg 501(0 organ 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
Program title					
					040.000
	nis amount includes foreign gr	ants, check here	•	28 a	243,807.
29				4	
				-	
(Grants \$) If th		ants check here		29a	
20			l		
]	
7				20-	
(Grants \$) If th 31 Other program services (attach schedule	nis amount includes foreign gr	ants, check here	-	30 a	· · ·
	us amount includes foreign gi	ants, check here	►	31 a	
32 Total program service expenses (add li			•		243,807.
Part IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not cor	npens	ated (See the instrs)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution: employee benefit pla deferred compens	ins and	(e) Expense account and other allowances
RACHEL SOLOV	PRESIDENT	0.		0.	0.
1215 K STREET, SUITE 2290	5.00				
SACRAMENTO, CA 95814 DEBBIE HOLLAN	VICE PRESIDENT	0.		0.	0.
1215 K STREET, SUITE 2290	VICE PRESIDENT	•••		0.	0.
SACRAMENTO, CA 95814	2.00				
JEFF DUNN	VICE PRESIDENT	0.		0.	0.
1215 K STREET, SUITE 2290	2.00			0.	
SACRAMENTO, CA 95814					
PAUL BRISTOW	TREASURER	0.		0.	0.
1215 K_STREET, SUITE 2290	2.00				
SACRAMENTO, CA 95814					
JEFF GENTRY	SECRETARY	0.		0.	0.
<u>1215 K_STREET, SUITE 2290</u> SACRAMENTO, CA 95814	2.00				
CATHERINE SMITH	EXECUTIVE DIREC	0.		0.	0.
1215 K_STREET, SUITE 2290] 8.00				
SACRAMENTO, CA 95814		~			
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Form	1 990-EZ (2009) ASSOCIATION OF THREAT ASSESSMENT		95-4430224			age 3		
Par	t V Other Information (Note the statement requirements in the instrs for	Part V.)	SEE STA	TEME	NT	4		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attac	h a detailed	description of	33		x		
24	each activity	mod copy of	the changes	34		X		
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a confor		Г	34		<u> </u>		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), attach a statement explaining why the organization did not report the income on Form 990-T	but not reporte	d on Form 990-T,					
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subjiceporting, and proxy tax requirements?	ect to section	n 6033(e) notice,	35 a		х		
t	If 'Yes,' has it filed a tax return on Form 990-T for this year?			35 b				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N	of net asset	s during the	36		x		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.					
ł	Did the organization file Form 1120-POL for this year?			37Ь		X		
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the period covered by	employee o y this return	r were	38 a		X		
ł	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A	4 >				
3 9	Section 501(c)(7) organizations Enter							
a	Initiation fees and capital contributions included on line 9	39 a	N/A					
ł	Gross receipts, included on line 9, for public use of club facilities.	39 b	N/A					
40 a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the	e year under						
	section 4911 ► 0., section 4912 ► 0., section 495	5 ►	0.					
I	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 44 transaction during the year or is it aware that it engaged in an excess benefit transaction wi prior year, and that the transaction has not been reported on any of the organization's prior 'Yes,' complete Schedule L, Part I	th a disquali	fied person in a	40 Б		x		
0	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	• ►	0.	۲. ۲.	* **			
G	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	▶	0.	1 1 1 1	stee mit .			
e	Ali organizations At any time during the tax year, was the organization a party to a prohibit shelter transaction? If 'Yes,' complete Form 8886-T	ed tax		40 e		X		
41	List the states with which a copy of this return is filed CA	-4-						
42 a	The organization's books are in care of ► SMITH MOORE & ASSOCIATES Located at ► 1215 K_STREET, SUITE 2290 SACRAMENTO CA		ne no ►_(916)_ P+4►_95814_	231	<u>-214</u>	6		
I	At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other the lf 'Yes,' enter the name of the foreign country	or other aut financial acc	hority over a ount)?	42b	Yes	No X		
c	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Fi c At any time during the calendar year, did the organization maintain an office outside of the If 'Yes,' enter the name of the foreign country		its.	42 c	5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	X		

 43
 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year
 ► 43

44	organization n 990-EZ	naıntaın any	dono	r advise	ed funds? If	'Yes,'	Form 990	must be completed instead	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44

► 🗌 N/A

Yes No

N/A

Х

Form 990-EZ (2009) ASSOCIATION OF THREAT ASSESSMENT

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates		Yes	No
-+0	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48		Х
49 a	a Did the organization make any transfers to an exempt non-charitable related organization?	49a		Х
t	If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
	· <u> </u>	

d Total number of other independent contractors each receiving over \$100,000

	Under penalties of perjury, I declare that I have examined this return, including accompanying true, correct, and complete Declaration of preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of than officer) is based on	schedules and statements, ation of which preparer has a	, and to the best of my knowledge and belief, it is any knowledge	
Sign Here	Signature of officer	C	<u>5-17-/0</u>	
	CATHERINE SMITH Type or print name and title	EXE	ECUTIVE DIRECTOR	
Paid Pre-	Preparer's Dur R. C	Date	Check if Self- employed > N/A	nber
parer's Use Only	Firm's name (or yours if self- employed), address, and ZIP + 4 STE 288 SACRAMENTO, CA 95825		EIN N/A Phone no (916) 273-4808	
May the IR	S discuss this return with the preparer shown above? See instructions		►X Yes	No
BAA			Form 990-EZ (2	2009)

Page 4

95-4430224

									OMB No 1545-0047
SCHEDULE A (Form 990 or 990-EZ)		Charity Status			•••				2009
	Complete if the organ	nization is a section 501 nonexempt char	(c)(3) org	anizatio	on or a s	ection	4947(a)((1)	• · • • · · ·
Department of the Treasury Internal Revenue Service	► Attach to	Form 990 or Form 990-E			ate instru	uctions			Open to Public Inspection
	SSOCIATION OF THE				_			rıdentificatı	
	ROFESSIONALS, INC			<u>-</u> -				430224	
	r Public Charity Statu						See	nstructi	ons
ř.	a private foundation becau	•			•				
	vention of churches or ass			section	11/0(b)(1)(A)(I)	•		
	ribed in section 170(b)(1)			170/					
	cooperative hospital servic earch organization operate	5		•			0/6/11/	VIII) En	ter the besoutal's
	• • •	a in conjunction with a r	iospital t	lescribe	u in sec	uon m			ter the hospitals
name, city, ar 5 An organization 170(b)(1)(A)(1)	on operated for the benefit). (Complete Part II)	of a college or universit	y owned	or oper	ated by	a gover	nmenta	l unit des	scribed in section
7 X An organizatio	te, or local government or on that normally receives a 0(b)(1)(A)(vi). (Complete F	substantial part of its s	ubed in s upport fro	ection 1 om a go	70(b)(1) overnmer	(A)(v). ntal uni	t or fron	n the ger	eral public described
8 A community	trust described in section	170(b)(1)(A)(vi). (Comple	ete Part I	l)					
from activities	n that normally receives (1) related to its exempt function come and unrelated busine See section 509(a)(2). (0	ns – subject to certain exc ess taxable income (less	eptions, a	and (2) r	io more t	han 33-	1/3 % of	its suppo	ort from gross
	on organized and operated		ublic safe	ety See	section	509(a)	(4).		
more publicly	on organized and operated supported organizations type of supporting organi	described in section 509 zation and complete line	(a)(1) or es 11e thi	section rough 1	509(a)(2 1h	2) See			
a]Type I	b Type II		ll — Fund					d 🚺	Type III- Other
e By checking than foundation 509(a)(2)	his box, I certify that the o on managers and other that	rganization is not contro an one or more publicly s	lled direct supported	tly or in d organi	directly zations of	by one describe	or more ed in se	e disquali ction 509	fied persons other (a)(1) or section
	ation received a written de	termination from the IRS	5 that is a	a Type	, Type II	or Typ	e III sup	porting c	organization,
g Since August	17, 2006, has the organization	ation accepted any gift of	or contrib	oution fr	om any o	of the f	ollowing	persons	[
(i) a persor below, ti	n who directly or indirectly he governing body of the s	controls, either alone or supported organization?	together	with pe	ersons de	escribe	d in (ii)	and (III)	Yes No 11g(i)
(ii) a famıly	member of a person des	cribed in (i) above?							11 g (ii)
(iii) a 35% c	ontrolled entity of a perso	n described in (i) or (ii) a	above?						11 g (iii)
h Provide the fo	llowing information about	the supported organizati	ons		·				
(I) Name of Supporte Organization	d (II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(i) listed gove	Is the tion in col d in your erning	(v) Did y the organ col (your su	ization in	organizat	Is the tion in col ized in the S ?	(vii) Amount of Support
			Yes	Mo No	Yes	No	Yes	No	
		· · · · · - · · - · · · - · · ·							
								├	
								<u> </u>	
Total									
Total RAA For Brivery Act and F	Paperwork Reduction Act Notice	see the Instructions for Ear		0-F7	I		Schedule		n 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 ASSOCIATION OF THREAT ASSESSMENT 95-4430224 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.) Section A. Public Support

•

<u> </u>	and All able Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	52,567.	67,180.	23,789.	35,695.	54,915.	234,146.	
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.	
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.	
4	Total. Add lines 1-through 3	52,567.	67,180.	23,789.	35,695.	54,915.	234,146.	
	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)						0.	
	Public support. Subtract line 5 from line 4						234,146.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning ın) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	52,567.	67,180.	23,789.	35,695.	54,915.	234,146.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	2,688.	4,264.	5,314.	242.		12,508.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.	
11	Total support. Add lines 7 through 10						246,654.	
12	Gross receipts from related activ	vities, etc (see ins	structions)			_12	0.	
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, d	or fifth tax year as	s a section 501(c))(3) ► □	
	tion C. Computation of Pu							
	Public support percentage for 20			e 11, column (f)		14	94.9%	
15	Public support percentage from	2008 Schedule A,	Part II, line 14			15	94.0%	
16a	16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
ł	b 33-1/3 support test – 2008. 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							
	7a 10%-facts-and-circumstances test – 2009 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization real organization.							
	0 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organi	meets the 'facts-a d-circumstances'	ind-circumstances test The organiz	s' test, check this tation qualifies as	box and stop her a publicly suppo	e. Explain in Par rted organization	t IV how the ►	
BAA			on a box on line,	10, 100, 100, 178			90 or 990-EZ) 2009	

Page 2

Schedule A (Form 990 or 990-EZ) 2009 ASSOCIATION OF THREAT ASSESSMENT

95-4430224

Page 3

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I)
Section	A Public Support

Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line				· Mr.		
	7c from line 6)				× \$		
Sec	tion B. Total Support	· ···· ·					
Cale	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						·····
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						· · · · · · · · · · · · · · · · · · ·
с 11	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV)						
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth,	or fifth tax year as	a section 501(c)(³⁾
Sec	tion C. Computation of Pul		ercentage	· · · ·			I
	Public support percentage for 20			a 13 column (ft)		15	%
	Public support percentage for 20	-	=			16	%
	tion D. Computation of Inv						/0
						17	%
	Investment income percentage for	-		-	mn (1))	18	<u>%</u> %
	Investment income percentage fit 33-1/3 support tests – 2009. If the c	organization did not	check the box on l	ne 14, and line 15	is more than 33-1/3	%, and line 17 is not	
b	more than 33-1/3%, check this b 33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	he organization di	d not check a box	on line 14 or 19	a, and line 16 is m	ore than 33-1/3%.	and line 18
20	Private foundation. If the organi		-	-		-	▶

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Schedule /	A (Form 990 d	or 990-EZ) 200	9 ASSOCIA	TION OF T	HREAT ASS	SESSMENT	95-4430224	Page 4
Part IV	Suppleme	ental Inform	ation. Comp	lete this par	t to provide	the explanation	s required by Part II, In Information. See instr	ine 10;
		ie 1/a or 1/	b; and Part I	11, 11ne 12. F	rovide any	other additional	Information. See Instr	
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							- 	
-								
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						~		

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2009

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FEDERAL STATEMENTS

ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS, INC.

95-4430224

PAGE 1

STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		
BANK CHARGES BOARD EXPENSE REIMBURSEMENTS CHAPTER EXPENSE CONFERENCES, CONVENTIONS, AND MEETINGS INFORMATION TECHNOLOGY INSURANCE MEMBERSHIP EXPENSES MISCELLANEOUS EXPENSES OFFICE EXPENSES STORAGE TAXES TELEPHONE EXPENSES TRAVEL AND MEETING	\$ TOTAL <u>\$</u>	5,178. 3,119. 34,147. 183,465. 10,125. 745. 347. 841. 240. 45. 35. 839. 12,770. 251,896.

STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO SHARE AND FACILITATE THE EXPERIENCES AND TECHNIQUES OF PROFESSIONALS IN THE FIELD OF THREAT ASSESSMENT AND/OR THREAT MANAGEMENT IN ORDER TO PROTECT VICTIMS OF STALKING, HARASSMENT AND/OR THREAT SITUATIONS.

STATEMENT 3 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HELD ANNUAL THREAT ASSESSMENT AND MANAGEMENT CONFERENCE ADDRESSING MAJOR ISSUES SURROUNDING THREAT, STALKING, AND HARASSMENT SITUATIONS; AND, HELD OTHER MEETINGS AND SEMINARS ADDRESSING CURRENT ISSUES WITHIN THE THREAT ASSESSMENT AND MANAGEMENT PROFESSION.

STATEMENT 4 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
 INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
 NO
 (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
 INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?
 NO

Association Of Threat Assessment Professionals Inc

Sacramento, CA• Tax-exempt since March 2000• EIN: 95-4430224

Type of Nonprofit

Designated as a 501(c)3

Category: Public Safety, Disaster Preparedness and Relief / Professional Societies, Associations (NTEE)

Donations to this organization are tax deductible.



Source: Form 990 tax filings from 2011 to 2021

Tax Filings by Year

Form 990 is an information return that most organizations claiming federal tax-exempt status must file yearly with the IRS. Show more

Dec. 2021	Revenue	\$671,484		990 Filed on Sept. 22,	2022
	Expenses	Net Income	Net Assets	Primary tax return activities, finance	for a nonprofit's s, and governance
	\$398,263	\$273,221	\$1,119,848	View Filing	Schedules ▼

XML

Key Employees and			
Officers	Base	Related	Other
Patrick Cooper (Director)	\$0	\$0	\$0
Dave Okada (President)	\$0	\$0	\$C
Russell Palarea (Director)	\$0	\$0	\$C

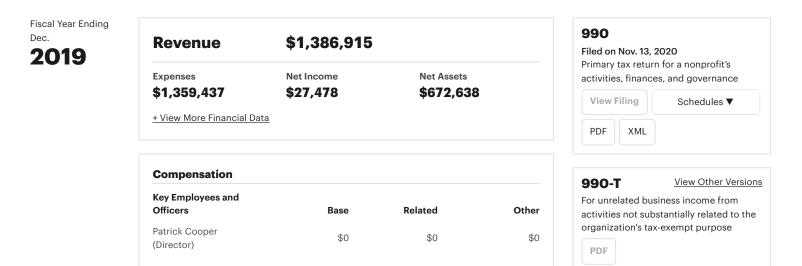
Fiscal Year Ending Dec.



Expenses \$763,814	Net Income \$176,938	Net Assets \$847,917	,
+ View More Financial Data	<i>\\</i>		
Compensation			
Key Employees and Officers	Base	Related	Other
Patrick Cooper (Director)	\$0	\$0	\$0
Dave Okada (Vice President)	\$0	\$0	\$0
Russell Palarea (President)	\$0	\$0	\$0

990	
	2021 in for a nonprofit's es, and governance
View Filing	Schedules ▼

XML



Key Employees and Officers	Base	Related	Other
Dave Okada (Vice President)	\$0	\$0	\$0
Russell Palarea (President)	\$0	\$0	\$0
+ View more people			

Fiscal Year Ending Dec. 2018

Russell Palarea

+ View more people

(President)

Revenue	\$1,393,439			990 Filed on Oct. 28, 2019
Expenses \$1,288,219 + View More Financial Da	Net Income \$105,220	Net Assets \$645,15 9	9	Primary tax return for a no activities, finances, and go View Filing Scho PDF XML
Compensation Key Employees and				990-T
Officers	Base	Related	Other	For unrelated business inc activities not substantially
Patrick Cooper (Director)	\$0	\$0	\$0	organization's tax-exempt
Dave Okada (Vice President)	\$0	\$0	\$0	

\$0

990	
Filed on Oct. 28, 2 Primary tax return activities, finance	
View Filing	Schedules ▼
PDF XML	

come from y related to the ot purpose

Fiscal Year Ending Dec. 2017

Revenue	\$860,160		
Expenses \$889,555 + View More Financial Data	Net Income - \$29,395	Net Assets \$539,93	9
Compensation	-		
Key Employees and Officers	Base	Related	Other
Chuck Tobin (Past President)	\$0	\$0	\$0
Patrick Cooper (Director)	\$0	\$0	\$0
Dave Okada (First Vice President)	\$0	\$0	\$0

\$0

\$0

Filed on Nov. 15, 2018

Primary tax return for a nonprofit's activities, finances, and governance

View Filing Schedules **V**

PDF XML + View more people

Fiscal Year Ending Dec. 2016

Revenue\$838,188ExpensesNet Income\$832,854\$5,334+ View More Financial Data

Compensation			
Key Employees and Officers	Base	Related	Other
Chuck Tobin (President)	\$0	\$0	\$0
Patrick Prince (1 St Vice President)	\$0	\$0	\$0
Fred Cruser (Director)	\$0	\$0	\$0
+ View more people			

990

Filed on July 11, 2017 Primary tax return for a nonprofit's

ł	activities	s, finances	, and governance
	View F	iling	Schedules ▼
	PDF	XML	

Fiscal Year Ending Dec.

Revenue	\$746,254			990 Filed on May 13, 2	016
Expenses \$672,321	Net Income \$73,933	Net Assets \$579,158		Primary tax return activities, finance View Filing	
+ View More Financial Data	<u>l</u>			PDF XML	Schedules
Compensation					
Key Employees and Officers	Base	Related	Other		
	Base \$0	Related \$0	Other \$0		
Officers					

Fiscal Year Ending Dec. 2014

Revenue

\$611,867

990 Filed on Sept. 30, 2015 Association Of Threat Assessment Professionals Inc - Nonprofit Explorer - ProPublica

Expenses	Net Income	Net Assets
\$588,384	\$23,483	\$505,225

+ View More Financial Data

Compensation			
Key Employees and Officers	Base	Related	Other
Chuck Tobin (President)	\$0	\$0	\$C
Patrick Prince (1 St Vice President)	\$0	\$0	\$0
Andre Simons (2 Nd Vice President)	\$0	\$0	\$0
+ View more people			

Primary tax return for a nonprofit's activities, finances, and governance View Filing Schedules **V**

PDF XML

	990
ssets	Filed on Sept. 29, 2014 Primary tax return for a nonprofit's activities, finances, and governance
,742	View Filing Schedules ▼
	PDF XML

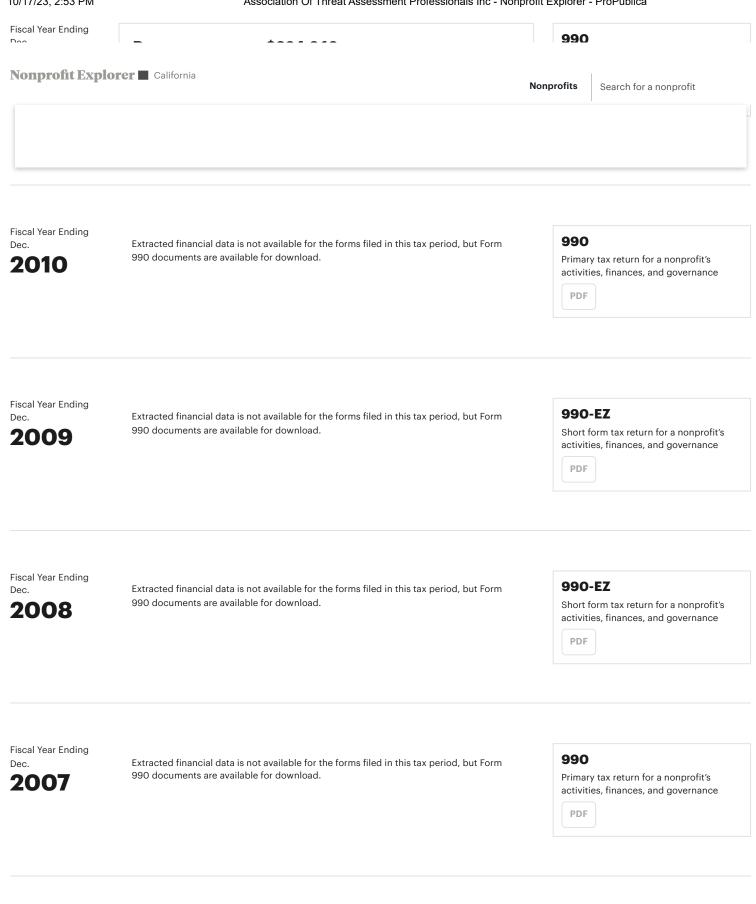
Fiscal Year Ending Dec. 2013

Revenue	\$579,138			990 Filed on Sept.
Expenses	Net Income	Net Assets		Primary tax re activities, fina
\$477,111	\$102,027	\$481,742	2	View Filing
+ View More Financial Data				PDF XN
Compensation				
Key Employees and Officers	Base	Related	Other	
Chuck Tobin (President)	\$0	\$0	\$0	
Patrick Prince (1 St Vice Pre)	\$0	\$0	\$0	
Andre Simons (2 Nd Vice Pre)	\$0	\$0	\$0	
+ View more people				

Fiscal Year Endin Dec. 2012

g	Revenue	\$439,228		990 Primary tax return for a nonprofit's
	Expenses \$390,420	Net Income \$48,808	Net Assets \$379,715	activities, finances, and governance
	+ View More Financial I	Data		

10/17/23, 2:53 PM



Fiscal Year Ending Dec.

2006

Extracted financial data is not available for the forms filed in this tax period, but Form 990 documents are available for download.

990

Primary tax return for a nonprofit's activities, finances, and governance

PDF

Fiscal Year Ending Dec. 2005

Extracted financial data is not available for the forms filed in this tax period, but Form 990 documents are available for download.

990

PDF

Primary tax return for a nonprofit's activities, finances, and governance

Fiscal Year Ending Dec. 2004

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990

Primary tax return for a nonprofit's activities, finances, and governance

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Fiscal Year Ending Dec.

Extracted financial data is not available for the forms filed in this tax period, but Form 990 documents are available for download.

990

PDF

Primary tax return for a nonprofit's activities, finances, and governance

Fiscal Year Ending Dec.

Extracted financial data is not available for the forms filed in this tax period, but Form 990 documents are available for download.

990

PDF

Primary tax return for a nonprofit's activities, finances, and governance

Fiscal Year Ending Dec.

Extracted financial data is not available for the forms filed in this tax period, but Form 990 documents are available for download.

990-EZ

Short form tax return for a nonprofit's activities, finances, and governance

PDF

About This Data

Nonprofit Explorer includes summary data for nonprofit tax returns and full Form 990 documents, in both PDF and digital formats.

The summary data contains information processed by the IRS during the 2012-2019 calendar years; this generally consists of filings for the 2011-2018 fiscal years, but may include older records. This data release includes only a subset of what can be found in the full Form 990s.

In addition to the raw summary data, we link to PDFs and digital copies of full Form 990 documents wherever possible. This consists of separate releases by the IRS of Form 990 documents processed by the agency, which we update regularly.

We also link to copies of audits nonprofit organizations that spent \$750,000 or more in Federal grant money in a single fiscal year since 2016. These audits are copied from the Federal Audit Clearinghouse.

Which Organizations Are Here?	\checkmark
Types of Nonprofits	\checkmark
Get the Data	\checkmark
ΑΡΙ	\checkmark

By <u>Andrea Suozzo</u>, <u>Alec Glassford</u> and <u>Ash Ngu</u>, ProPublica, and <u>Brandon Roberts</u>, Special to ProPublica. Design by Jeff Frankl. Additional development by Ken Schwencke, Mike Tigas, and Sisi Wei.

E-file viewer adapted from <u>IRS e-File Viewer</u> by Ben Getson. Code for scraping audit documents adapated from <u>Govwiki</u>. Updated September 14, 2023

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How to Join ATAP

Membership in this corporation is limited to individuals who, by the nature of their compensated employment: conduct threat assessments or violence risk assessments; design or participate in threat management plans; participate on threat assessment/management teams; conduct investigations of threat/violence risk cases; provide support services to victims of threat/violence risk cases; provide legal services or legal counsel related to the prosecution of instigators of threat/violence risk cases, or represent individuals/entities who are the victims of threats/violence risk cases; provide mental health or behavioral science expertise related to threat/violence risk cases; or conduct and publish scientific research involving threat assessments or violence risk assessments. Additional specific requirements for membership may be established by the A-BOD in its sole discretion from time to time.

Membership Requirements:

Applicants are required to be sponsored by a member in good standing. Members are required to attend at least one (1) membership meeting of their local Chapter or any other affiliated Chapter during the calendar year (Jan. thru Dec.). Virtual attendance of at least two (2) chapter meetings of any chapter or attendance at the National Threat Management Conference or the Winter Conference will satisfy the chapter meeting requirement for that calendar year. The attendance requirement will be waived for any member joining after April 1 for that calendar year. There is a one-time, non-refundable fee of \$90.00 for processing new applications, and non-refundable annual dues of \$125.00.

Chapter Area Breakdown



CPI Inflation Calculator

\$ 125.00

in June 🗸 2023 🗸

has the same buying power as

\$83.13

in June 🖍 2006 🗸

Calculate



ASIS International

ASIS International, headquartered in Alexandria, Virginia, is a professional organization for security professionals.^[1] It issues certifications, standards, and guidelines for the security profession.

Founded in 1955 as the **American Society for Industrial Security** (ASIS), the organization officially changed its name in 2002 to ASIS International to reflect its international expansion, which includes 37,000 members and 200 local chapters worldwide at that time.^[2] The name "American Society for Industrial Security" no longer exists except in historical legal documents.

As of 2018, educational and networking events hosted by ASIS are referred to as the "Global Security Exchange (GSX).^{[3][4]}

Certification programs

ASIS administers four professional certification programs - "Certified Protection Professional (http s://www.asisonline.org/certification/certified-protection-professional-cpp/)" (CPP), "Professional Certified Investigator (https://www.asisonline.org/certification/professional-certified-investigator-pc i/)" (PCI), "Physical Security Professional (https://www.asisonline.org/certification/physical-security -professional/)" (PSP) and the "Associate Protection Professional (https://www.asisonline.org/certific ation/associate-protection-professional-app/)" (APP) designation.

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External links

Official website of ASIS International (https://www.asisonline.org)

Retrieved from "https://en.wikipedia.org/w/index.php?title=ASIS_International&oldid=1131875382"



Argosy University

Argosy University was a system of for-profit colleges owned by Dream Center Education Holdings (DCEH), LLC and Education Management Corporation.

On February 27, 2019, the US Department of Education stated that they were cutting off federal funding to Argosy University. According to Inside Higher Education, "The Education Department said that the roughly 8,800 students enrolled at Argosy campuses could seek to transfer their credits elsewhere or apply for loan cancellation in the event their campus shuts down."[2]

All Argosy campuses were <u>officially closed</u> on March 8, 2019.^{[3][4][5][6]}

Argosy University							
ARG	OSY UNIVERSITY.						
Туре	For-profit						
Established	2001–2019						
Chancellor	Cynthia Baum						
Students	17,600 ^[1]						
Location	United States						
Website	argosy.edu (http://argosy.edu)						

History

Origins

The origins of Argosy University trace to three separate institutions: the American School of Professional Psychology, the Medical Institute of Minnesota, and the University of Sarasota.^{[7][8]} In the late 1970s, Michael Markovitz founded the Illinois School of Professional Psychology, which later changed its name to the American School of Professional Psychology. In 1976, Markovitz became the founding chairman of Argosy Education Group,^{[9][10]} which acquired the University of Sarasota in 1992. The University of Sarasota was a business and education-focused school and was founded in 1969.^{[11][12]} Six years later Argosy Education Group acquired the health profession training school the Medical Institute of Minnesota, which was established in 1961.^{[7][13]}

Education Management Corporation (2001–2017)

In July 2001, Argosy Education Group was acquired by Education Management Corporation.^{[14][15]} Two months later, Argosy Education Group brought together the American School of Professional Psychology, the Medical Institute of Minnesota, and the University of Sarasota under the Argosy University name.^{[7][8]}

Students of the Argosy University in Dallas filed a Texas lawsuit in 2009 alleging they believed university recruiters inaccurately informed students that the school would soon receive accreditation from the American Psychological Association (APA). The school had not completed accreditation process by the time the students graduated. At the time of the lawsuit, Argosy University Dallas had not applied for APA accreditation. According to a response from Argosy University's parent company, EDMC, accreditation with the APA is not required for clinical psychology <u>licensure</u> in many jurisdictions, including Texas.^[16] Argosy officials rejected charges of fraud, noting that pursuit of APA accreditation for the Dallas campus was still underway.^{[17][18]} As of 2013, Argosy University in Dallas did not offer any degrees in clinical psychology, and was not listed as part of the university's College of Clinical Psychology.^{[19][20]} In December 2013, EDMC agreed to pay about \$3.3 million as part of the lawsuit. The settlement did not require EDMC to admit liability.^[21]

In May 2010, the PBS program *Frontline* aired a program about for-profit universities called "College, Inc." which featured Argosy University among others.^[18] Later that year, Argosy University was one of 15 schools named in a Government Accountability Office report. The report stated that recruiters at the school were found to have "made deceptive or otherwise questionable statements" when speaking with undercover applicants.^{[16][22]} The GAO later revised its report, with Senator <u>Mike Enzi</u> (R-Wyoming) saying the changes made "undermine many of the allegations" in the original report but the head of the GAO maintained that "Nothing changed with the overall message of the report, and nothing changed with any of our findings."^[23]

In 2011, Argosy University was investigated by the Florida Attorney General following eight consumer complaints. The school cooperated in the investigation.^[24]

In 2012, the law school Western State University College of Law, which was founded in 1966 and originally acquired by Argosy in 2000, was renamed <u>Western State College of Law at Argosy</u> University. $\frac{[25][26]}{2}$

In December 2013, <u>EDMC</u> agreed to pay \$3.3 million in restitution and fines to settle charges with the Colorado Attorney General that Argosy University had engaged in deceptive marketing practices. The Colorado Attorney General alleged that Argosy University led students to believe that the school was working to get its Ed.D. in Counseling Psychology degrees accredited by the American Psychological Association and that graduates would be eligible to be licensed psychologists in Colorado, when that did not appear to be true. The settlement did not require EDMC to admit liability.^{[27][28]} Argosy University changed the Ed.D. in Counseling psychology curricula in order to meet psychology licensing standards.

In May 2015, EDMC was planning on closing in The Art Institute of California, Silicon Valley, a branch campus of Argosy University.^[29] In November 2015, Argosy's parent company agreed to forgive more than \$100 million of student loan debt to settle claims it violated consumer protection laws.^[30]

In 2016, Argosy, Seattle stopped taking new students.^[31]

Collapse and closure (2017–2019)

In March 2017, Education Management Corporation reported that they intended to sell the Argosy schools to the <u>Dream Center</u>, a Los Angeles-based <u>Pentecostal</u> organization.^{[32][33]} The sale faced scrutiny by regulators.^[34] The transaction closed in November 2017; EDMC said it would remain in operation to wind down the approximately fifty schools that had stopped accepting new students.^[35]

In 2019, <u>USA Today</u> reported that Argosy University campuses were under receivership and their accreditation was at risk. $\underline{[36]}$ DCEH's court-appointed receiver, Marc Dottore, has written to the <u>US</u> Department of Education that Studio Enterprise, a company designated to service former and current

DCEH schools, "is taking service fees from the deal without providing any services, draining badlyneeded cash from the operation." <u>[37]</u> <u>*The Washington Post*</u> reported that "being kicked out of the federal student-aid programs, known as Title IV, would sound the death knell for Argosy." <u>[38]</u>

On February 7, 2019, Dottore asked the Department of Education for \$13 million in federal student aid funds to pay stipends to students at Argosy University in Southern California.^[39]

The *Arizona Republic* and Inside Higher Education reported that Argosy University failed to distribute more than \$9 million in financial aid to its students, and "it's unclear where the money is."^[40] The Washington Post subsequently reported that the "... U.S. Education Department cut off federal student loan and grant funds last week after learning Argosy used \$13 million owed to students to cover payroll and other expenses."^[41]

By mid-February, the WASC Senior College and University Commission (WSCUC), "students should be aware of the possibility that Argosy in Hawaii could abruptly close prior to the completion of their program."^[42]

All campuses officially closed doors on March 8, 2019.

At that time of the closure, many higher education institutions scrambled to support Argosy University's students to help them complete the degree programs they had started at Argosy, including <u>Concordia University Texas</u>,^[43] Ashford University, <u>Indiana Wesleyan University</u>, <u>DeVry University</u>, <u>Bethel University</u>,^[44] <u>Walden University</u>,^[45] and <u>American InterContinental</u> University,^[46] among others.^[47]

Following campus closings, Argosy teachers and staff said that they had not received their final paychecks.^[48]

In 2022, Argosy University was one of 153 institutions included in student loan cancellation due to alleged fraud. The class action was brought by a group of more than 200,000 student borrowers, assisted by the Project on Predatory Student Lending, part of the Legal Services Center of Harvard Law School. A settlement was approved in August 2022, stating that the schools on the list were included "substantial misconduct by the listed schools, whether credibly alleged or in some instances proven." [49][50] In April 2023, the Supreme Court rejected a challenge to the settlement and allowed to proceed the debt cancellation due to alleged fraud. [51]

Former campuses

- Online
- Phoenix
- Pittsburgh
- Art Institute of Hollywood
- Art Institute Inland Empire (San Bernardino, CA)
- Art Institute Santa Monica
- Los Angeles
- Orange County (Irvine, CA)
- Art Institute of Orange County (Santa Ana)
- Art Institute of San Diego
- San Francisco Bay Area (Alameda, CA)

- Western State College of Law at Argosy University (Irvine, CA)
- Tampa
- Atlanta
- Chicago
- New York
- Twin Cities (Eagan, MN)
- Dallas
- Salt Lake City
- Denver
- Northern Virginia (Arlington, VA)
- Seattle
- Honolulu
- Sarasota

Accreditation and rankings

Argosy University was first accredited by the <u>Higher Learning Commission</u> in 1981 and then the <u>WASC Senior College and University Commission</u> in 2011 with its most recent review in 2018 at which time the school was placed on "show cause" status. [52]

Student outcomes

According to the College Scorecard in 2018, Argosy online's graduation rate was six percent. [53]

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Features

Goldman Schools Students on Debt

By John Hechinger August 05, 2010

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Carrianne Howard dreamed of designing video games, so she enrolled in a program at the Art Institute of Fort Lauderdale, a for-profit college part-owned by Goldman Sachs (GS). Her bachelor's degree in game art and design cost \$70,000 in tuition and fees. After she graduated in December 2007, she found

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a job that paid \$12 an hour recruiting employees for video game companies. She lost that job a year later when her department was shuttered.

These days, Howard, 26, makes her living in a way that doesn't require a college diploma: by stripping at the Lido Cabaret, a topless club in Cocoa Beach, Fla. "I didn't know what else to do," she says. "I've got a worthless degree. It's like I didn't attend school at all."

Like many investors, Goldman, owner of 38 percent of the Art Institute's parent, Education Management Corp. (EDMC), was drawn to for-profit colleges by their rapid growth and soaring stock prices. Now Goldman, which recently agreed to pay \$550 million to settle U.S. civil-fraud charges related to the subprime mortgage meltdown, is invested in an industry under attack from Congress, the Obama Administration, and dissatisfied students. This week the Senate held a hearing featuring a Government Accountability Office undercover probe that found recruiters at EDMC's Argosy University in Chicago and 14 other for-profit colleges misled investigators posing as potential students about the cost and quality of their programs. Near their peak in April, Goldman's shares in EDMC were worth \$1.39 billion. Since then they've fallen by 42 percent, to about \$800 million.

A proposed government crackdown could have a disproportionate effect on EDMC. The U.S. Education Dept. could restrict taxpayer-funded grants and loans to for-profit colleges like EDMC that offer \$50,000 associate's and \$100,000 bachelor's degrees in such low-paying fields as cooking, art, and design.

Until recently the education business looked like a bonanza for Goldman. Pittsburgh-based EDMC, the second-largest U.S. chain of for-profit colleges after Apollo Group's (APOL) University of Phoenix, has 136,000 students—more than three times as many as the University of Michigan. Its annual revenue doubled over the last five years, to \$2.4 billion. Goldman and two other firms bought EDMC in 2006 and took it public in 2009. Along the way they shared at least \$70 million in advisory, management, and other fees, according to securities filings. Goldman also became EDMC's biggest stockholder.

Government grants and loans to students, combined with booming enrollment, have made for-profit colleges a rewarding investment. Federal aid to forprofit colleges jumped to \$26.5 billion in 2009 from \$4.6 billion in 2000, according to the Education Dept. EDMC currently receives almost 82 percent of its revenue from federal financial aid programs.

On July 23, the Obama Administration proposed restricting—and in extreme cases, cutting off entirely—programs whose graduates end up with the highest debts relative to their salaries and have the most trouble repaying their student loans. EDMC will be affected more than most other for-profit companies because of its focus on "passion" fields, such as art and cooking, rather than more practical accounting or business degrees, says Jeffrey M. Silber, an analyst with BMO Capital Markets in New York. Cooking, fashion, and arts jobs tend to have low starting salaries: A beginning cook, for example, earns an average of \$18,000 a year, according to U.S. Bureau of Labor Statistics data, while a two-year culinary degree can cost \$40,000 to \$50,000. EDMC spokeswoman Jacquelyn P. Muller says Art Institute students tend to earn more, with those holding culinary degrees starting at \$28,000.

EDMC also faces complaints from its own graduates and employees. A lawsuit filed in Texas state court by 18 students alleges they were misled about the accreditation status of their program, diminishing their degrees' value and leaving them with debts they can't repay. In another suit a former admissions officer claims the company engaged in high-pressure sales tactics, paying staff to sign up students. In July, dozens of faculty who tried, unsuccessfully, to form a union at one Art Institute campus complained that unqualified students were being let into their classes.

Goldman spokeswoman Andrea Raphael said in a statement that the company invested in EDMC "because of its leading position in the private highereducation space, its successful track record, and its demonstrated commitment to its students." She referred other questions to EDMC, which said that the student complaints don't reflect the quality of EDMC's academic programs or the success of its graduates. EDMC says it takes seriously any alleged shortcomings uncovered by the GAO. Declining to discuss individual students, EDMC denies the allegations in the lawsuits.

"The vast majority of our students" are "satisfied with their experience and go on to successful careers after graduation," Muller said in a statement. She also said EDMC's chain of institutes has illustrious alumni, including tennis star Venus Williams, who graduated with a fashion design degree from Fort Lauderdale in December 2007, on the same day as Howard; Logan Neitzel, a 2005 graduate of the Art Institute of Seattle and a 2009 contestant on television's *Project Runway*; and Carol Guzy, a 1980 graduate from Fort Lauderdale who is now a Pulitzer Prize-winning photographer at *The Washington Post.*

Over the last two years, Muller says, students have found work at companies such as Electronic Arts (<u>ERTS</u>), Neiman Marcus, and Sony (<u>SNE</u>). The company cites students such as David Suppe, who graduated in 2005 from the Art Institute of Las Vegas and now works as a chef at the MGM Resorts International's Excalibur Hotel. "I got so much out of my education," says Suppe, 41. "I never would have advanced in this career without it."

As evidence that EDMC's students are succeeding, Muller notes that the company's latest government student-loan default rate—which measures loans that go bust in the first two years students owe money—is 7.5 percent, vs. an average of almost 12 percent at all for-profit schools. EDMC's rate is twice that of four-year nonprofit universities—though many graduates of traditional schools find themselves with heavy debts and low-paying jobs as well.

Like some of its students, EDMC has substantial debt. In 2006, Goldman Sachs, Providence Equity Partners, and Leeds Equity Partners borrowed \$2 billion when the group purchased the company for \$3.4 billion, taking it private in a leveraged buyout. Goldman, which made the investment through GS Capital Partners, a private-equity fund that uses money from Goldman and outside clients, took EDMC public again last October. The company has reduced its debt to \$1.53 billion.

The debt from the acquisition changed the culture of EDMC, according to Robert T. McDowell, who retired as EDMC's chief financial officer shortly after the buyout. Before the acquisition, McDowell says he and other executives resisted calls from Wall Street analysts to pursue growth opportunities that could undermine academic quality. "You take on that amount of private-equity debt, you need to earn high rates of return for these investors," says McDowell, who worked at the company for 18 years. "I was worried that the quality of the experience for employees and students was going to deteriorate."

Muller says the borrowing hasn't hurt employees, faculty, students, or programs. EDMC has invested more than \$1 billion in campus buildings, technology, and other capital projects over the last 10 years—more than half over the last four years, she says.

At the New England Institute of Art in Brookline, Mass., administrators show off classes averaging 16 students using new computers and the latest software in the animation program. The school has a \$500,000 sound studio, a 14,000-volume library, and a student-run art gallery.

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In its promotional materials, EDMC highlights graduates such as Jonathan Lukason, who received his bachelor's in audio and media technology in 2008 from New England and has worked as a freelance audio engineer for NBC (GE) and ESPN (DIS). In an interview, Lukason calls the institute's program "the best one around." Still, Lukason complains, he earned \$25,000 in his first year out of school, and he is struggling with \$55,000 in student loans. "At this rate, I'll be dead before I pay it off," he says.

To sell students on degrees, EDMC de-emphasized their costs and offered sales incentives to employees for signing up prospects, says Brian Buchanan, a former admissions officer whose lawsuit against EDMC was unsealed in May. Top producers won spots in the "President Club," which entitled them to trips to foreign beach resorts, gift cards, and iPods, according to Buchanan's suit, which was filed in 2007 in U.S. District Court in Pittsburgh. Buchanan, a former waiter, worked as an admissions representative for EDMC's South University online from December 2005 until May 2007.

In an interview, Buchanan said EDMC gave admissions staff a matrix showing them how much money they would make for each enrollment. Generally, each student was worth \$800, he said. To recruit students, EDMC told employees to use the "bring the pain" sales tactic, according to his lawsuit. For example, a single mother would be told, "How are you going to explain to your children that you cannot buy them the things they need because you couldn't be bothered to finish your education?" the complaint says. Buchanan's case is a whistle-blower suit that seeks to recover damages on behalf of the federal government with the plaintiff keeping a share. In a Securities & Exchange Commission filing, EDMC said the claims are "without merit."

In July, instructors at the Art Institute of Seattle raised questions about EDMC when they tried to join the American Federation of Teachers. The union lost in a 48 to 64 vote. Instructors objected to high-pressure marketing to students to take out loans they couldn't afford, says Sandra Schroeder, president of the AFT in Washington State. The institute encourages faculty to give passing grades to students who aren't making progress, she says, so the school can keep collecting federal aid money. EDMC administrators take the allegations seriously and "respect and promote the principles of academic freedom without fear of repercussion or interference," Muller says.

Students also object to EDMC practices. Argosy University in Dallas falsely told applicants to the clinical psychology doctoral program that the institution would get accredited by the American Psychological Assn., 18 former students claim in a lawsuit filed in Dallas County District Court last year. Stephanie Capalbo, one plaintiff, moved from suburban New York City to go to the Texas university. In an interview, Capalbo, who got her doctorate in 2008, says officials told her the school was in the process of getting accreditation, which it still hasn't achieved. Capalbo says she now owes about \$130,000 in government loans for Argosy tuition and fees and another \$150,000 in private loans for living expenses. Her payments are \$1,500 a month, draining the \$60,000 the 29-year-old makes each year working for a nonprofit that evaluates children for foster care in New York. Many employers turned her down for higher-paying jobs because she lacks a degree with APA accreditation, she says. "I love being a psychologist, but I have a family," she says. "I'll be working the rest of my life to pay off these student loans. It's an unbearable debt."

EDMC spokeswoman Muller says the allegations in the lawsuit against Argosy are "unfounded" and that APA accreditation isn't required for graduates to become licensed as clinical psychologists in most jurisdictions, including Texas. Argosy hasn't submitted an application to the APA and continues to prepare for the accreditation process, which takes time because of the data required, Muller says. She adds that colleges can't control the amount of debt that a student takes on.

Carrianne Howard, the Florida student, didn't borrow for her education. Instead her parents paid roughly \$70,000 in tuition bills. Her mother, an airline data analyst, and her father, a computer engineer, sold their California home and moved to Virginia after her father lost his job and her mother retired. They used money from the sale to pay for tuition, and her parents are now struggling financially, Howard and her mother say.

Howard grew up in Valencia, Calif., a suburb of Los Angeles, and became drawn to video gaming during high school. One afternoon in 2004, an Art Institute ad popped up on her PC. "I was as excited as can be," she says. "I thought it was a dream come true." She and her mother toured the Fort Lauderdale campus, a bright, modern three-story building flanked by reflecting pools and palm trees. Her tour guide "just made it sound really exciting and a lot of fun, like I was going to make hundreds of thousands of dollars," Howard says. EDMC schools train representatives to make "no promise, implication, or guarantee" about employment, Muller says.

A couple of years into her studies, Howard says she grew disenchanted. Some classes consisted largely of playing video games, she says. She wanted to drop out but her mother insisted she finish because the family had spent so much already. She graduated in December 2007; in March 2009 she lost her first job, at GameRecruiter, a Fort Lauderdale-based gaming industry employment agency where she was making \$12 an hour. Marc Mencher, GameRecruiter's president and CEO, says she was let go only because he closed down her entire department, and calls her "an exceptional performer."

She may be struggling to find work in part because of inadequate preparation from the Art Institute's gaming department, Mencher says. "It's a weak program because it's understaffed," says Mencher, who serves on the Art Institute's national advisory board for gaming programs. "I personally feel the students aren't getting their money's worth." After *Bloomberg Businessweek* asked EDMC for comment, Mencher sent a follow-up e-mail, saying that although the Art Institute is "not perfect and they have issues like any organization," it is "an excellent program built on input from respected industry professionals along with local employers." It has an "outstanding placement" record for graduates, he said.

Howard applied for dozens of jobs, not only in gaming but also in grocery stores and nursing homes, mostly for minimum wage, she says. In October 2009, Howard turned to adult entertainment by doing paid Web chats. In March she started dancing at Lido Cabaret, earning \$400 to \$1,000 a week, she says.

She now hopes to save enough to go back to college and get a business degree. As she considers returning to school, Howard also helps run an anti-Art Institute website, where she has collected more than 70 names in a petition to send to the U.S. Education Dept.

The private, nonprofit Florida Institute of Technology, where Howard would like to enroll, won't accept any of her credits from EDMC, according to spokeswoman Karen Rhine, because the Art Institute doesn't have the kind of accreditation the traditional college requires. In its school catalog and other documents, the Art Institute "does not imply or guarantee" that credits will transfer to other universities, says EDMC's Muller.

At 1 a.m. on a recent weeknight, Howard finished a shift at Lido. "This is what I do," she says. "When I'm in here, I try not to think about the Art Institute."

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Hechinger is a reporter for Bloomberg News.

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Northcentral University

Coordinates: 33.64123°N 111.8931°W

Northcentral University was a private <u>online</u> university with its headquarters in <u>San Diego</u>, <u>California</u>. It was established in 1996 and is <u>classified^[5]</u> among "D/PU: Doctoral/Professional Universities"; it offers <u>bachelor's</u>, <u>master's</u>, specialist, and <u>doctoral degrees</u>. NCU was acquired by the <u>National University</u> System in 2019.^[6]

In 2022 Northcentral University merged into National University, with Northcentral academic programs continuing as National programs.^[7]

History

Northcentral University was founded in 1996 by Donald Hecht as a private for-profit university. [8]

In 1978, Hecht had established <u>California Southern University</u>, formerly known as Southern <u>California University</u> for Professional Studies (SCUPS).^[9]

In 2003 the university received regional accreditation from The Higher Learning Commission.^[10] Four years later, the institution moved its headquarters to Prescott, Arizona. In that same year, the school received <u>ACBSP</u> accreditation. Shortly thereafter, on October 8, 2008, Northcentral announced the university was being purchased by Rockbridge Growth Equity, LLC.^[11]

In 2011 the US Department of Education determined Northcentral was one of 75 US institutions failing its 2009-2010 financial responsibility test (a measure of the institution's financial solvency), and would be required to post a letter of credit in order for students to receive federal financial aid.^[12] Northcentral also failed its 2010–2011, 2011-2012 and 2012-2013 financial responsibility tests, scoring zero for 2010–2011 on a scale of -1 to 3, lower than the 0.2 it earned the prior term; 0.2 for 2011–2012; and 0.2 again for 2012–2013.^[13] In 2015 the US Department of Education placed Northcentral on "HCM-Cash Monitoring 1" status because of its financial issues.^[14]

Northcentral University Motto Unus Ad Unum Doctrina Per Experientiam Motto One-to-One in English Education By Experience Type Private online university Established 1996 Parent National University institution System Chancellor Michael R. Cunningham, PhD David Harpool^[1] President John LaNear^[2] Provost 10,093^[3] Students Location (Administrative & Legal) San Diego, CA^[4] / (Service Center) Scottsdale, Arizona, United States Burgundy & Gold Colors Mascot Roadrunner

Website

In 2019, the National University System (California) acquired Northcentral University, in effect, converting Northcentral University into a non-profit institution.^[6]

Academics

Northcentral University consists of six schools:

- School of Law (Degrees offered: JD, BA, Undergraduate Certificate in Paralegal Studies)
- School of Business (Degrees offered: BBA, MBA, MSOL, MSA, DPA, DBA, PhD; Post-Baccalaureate and Post-Master's certifications in Business)
- School of Technology (Degrees offered: MS and PhD)
- School of Education (Degrees offered: MAT, MEd, MS-ID, EdS, EdD, EdD-ID, PhD, PhD-ID; Post-Baccalaureate and Post-Master's certifications in Education)
- School of Health Sciences (Degrees offered: MHA, DHA, MSN, DNP)
- School of Social and Behavioral Sciences (Department of Psychology Degrees offered: BA, MA, MS and PhD in psychology; Post-Baccalaureate and Post-Master's certifications. Department of Marriage and Family Sciences – Degrees offered: MA, DMFT and PhD in Marriage and Family Therapy; Post-Baccalaureate and Post-Master's certifications

Accreditation and certifications

Northcentral is accredited by the Western Association of Schools and Colleges; the institution was previously accredited by the <u>Higher Learning Commission</u>. The university's business school is accredited by the <u>Accreditation Council for Business Schools and Programs</u> (ACBSP). The university's master's and PhD programs in Marriage & Family Therapy are accredited by the <u>American</u> Association for Marriage and Family Therapy.^[15]

Northcentral University is also recognized as a Registered Education Provider (REP) at the Global Provider Enrollment Level by Project Management Institute and offers project management degrees at the bachelor, master, and doctoral levels.^[16]

The JFK School of Law at NCU was placed on probation by The State Bar of California, through its Committee of Bar Examiners, due to reporting a five-year cumulative bar exam pass rate (MPR) of 39.7 percent for 2020, when a minimum of 40 percent is required under Rule 4.160(N); the law school raised its MPR to 41.9 percent as of July 1, 2021, and its probation was lifted.^[17]

Rankings

Ranked 148th out of 205 on U.S. News Best Online Programs ranking for its Bachelors Programs among National Universities in 2013 "U.S. News Best College Rankings".^[18]

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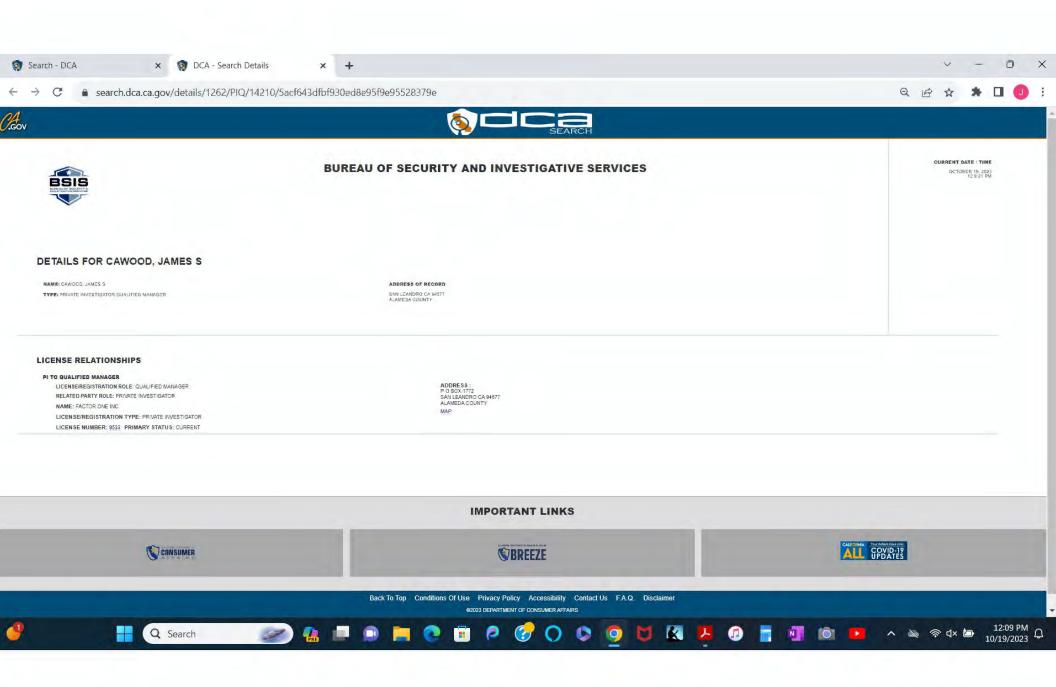
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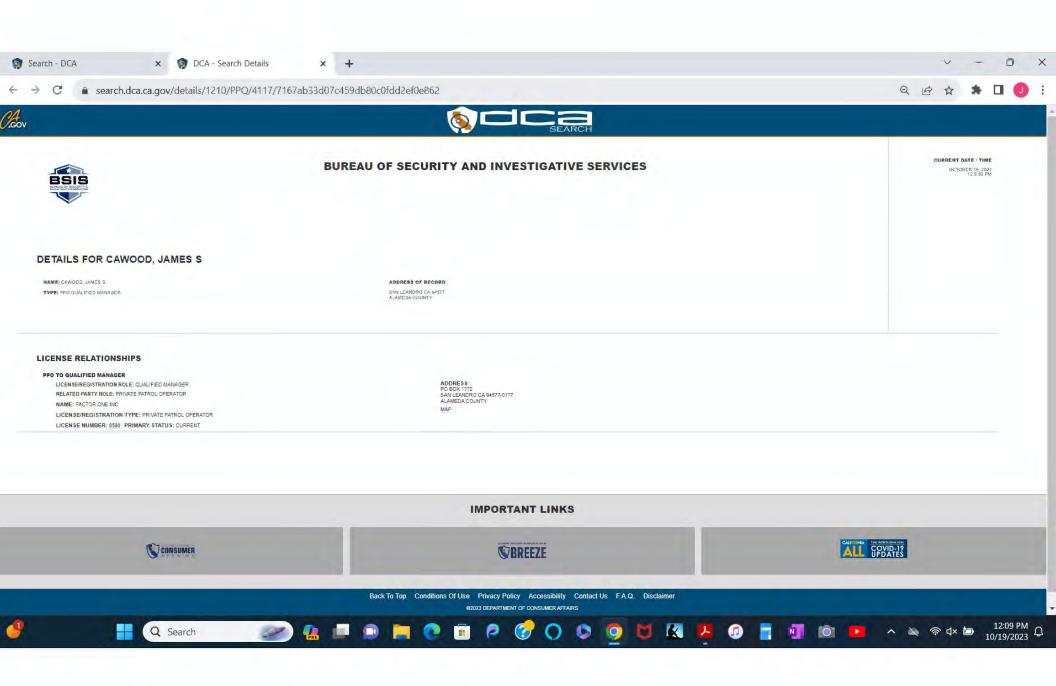
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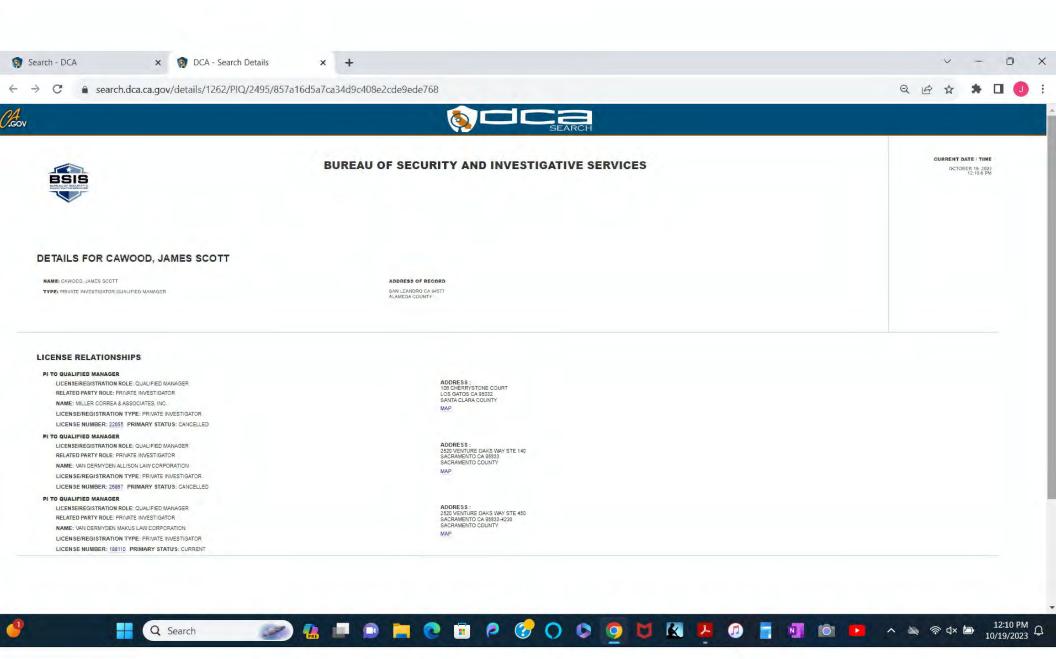
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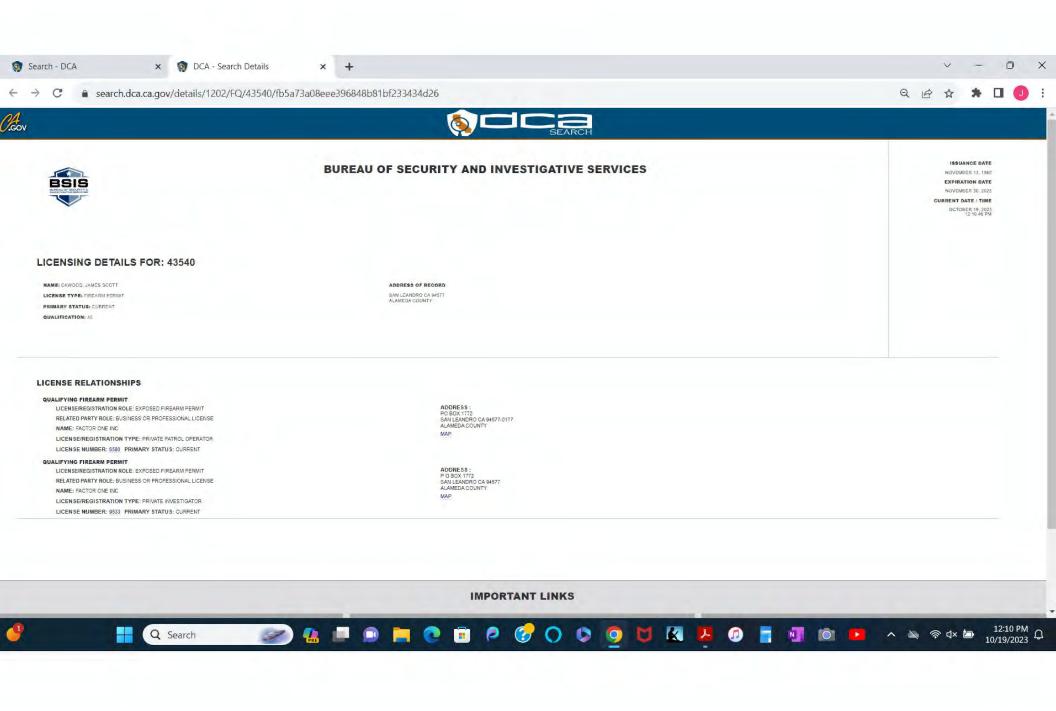
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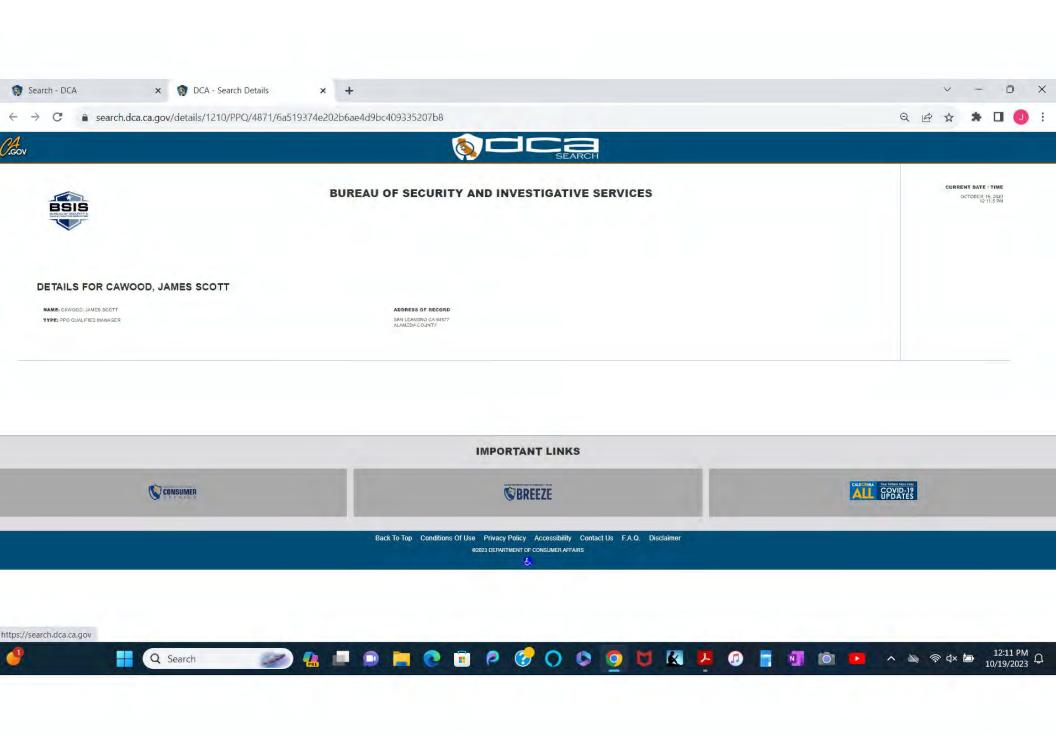
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LAWS/REGS

Text Size - Small Medium Large LICENSURE AS A PSYCHOLOGIST - FREQUENTLY ASKED QUESTIONS (FAQs) PSYCHOLOGY LICENSURE REQUIREMENTS 1. What are the requirements for initial licensure as a psychologist? Answer: The following are the necessary requirements for licensure as a psychologist: Possess a qualifying doctoral degree [Business and Professions Code (BPC) § 2914(b)] Complete a total of 3,000 hours of supervised professional experience, 1,500 of which must be accrued post-doctorally [Title 16, California Code of Regulations (CCR) § 1387 Complete six specific types of pre-licensure coursework [CCR §§ 1382, 1382.3, 1382.4, & 1382.5; BPC §§ 2915.5 & 2915.4] Pass both the Examination for Professional Practice in Psychology (EPPP) and the California Psychology Laws and Ethics Examination (CPLEE) [CCR § 1388] Submit fingerprints to Department of Justice (DOJ) and United States Federal Bureau of Investigation (FBI) for a criminal history background check [BPC § 144] 2. What are the steps in the psychology licensure process? Answer: If you have never been licensed at the doctoral level in California, a U.S. territory or Canadian province, there are 3 steps in the licensure process that you will need to follow: Step 1: Take and pass the EPPP. To obtain eligibility, submit an Application for Licensure as a Psychologist with the fee and verification of 1) a minimum of 1.500 hours of qualifying pre- or post-doctoral supervised professional experience and 2) an earned qualifying doctoral degree. Step 2: Take and pass the CPLEE. After passing the EPPP, submit the CPLEE request form with verification of a total of 3,000 hours of qualifying supervised professional experience (If you have already been approved with 1,500 hours of supervised professional experience in Step 1, submit 1,500 hours of qualifying post-doctoral supervised professional experience.). Step 3: Request Initial Licensure. After passing the CPLEE, submit your request for initial licensure with the fee and any outstanding items for your application The Request for Initial Licensure form will be provided to you at the examination site after passing the CPLEE Note: Prelicensure coursework and fingerprint requirements must be completed prior to licensure. The Board recommends submitting verification for all prelicensure coursework in Step 1 and submitting your fingerprints after you have passed the CPLEE, before Step 3. See the step-by-step guide for In-State Applicants on the Board's website for the application form and the specific submission instructions for each of the necessary documents Alternatively, if you 1) have obtained EPPP eligibility from another jurisdiction outside of California, or 2) have passed the EPPP (whether or not you are currently licensed at the doctoral level in another state, Canadian province, or U.S. territory), see the step-by-step guide for Out-of-State Applicants and specific submission instructions for the necessary documents to support your application. APPLICATION 1. Can I submit my application through the DCA BreEZe Online Services? Answer: Yes. You can apply and pay the fee online through DCA BreEze Online Services if this is your first application for licensure. See Online Application Instructions for more information. If you have applied previously and your application expired, submit a reapplication with fee by mail. 2. How do I apply to take the EPPP? Answer: Submit an Application for Licensure as a Psychologist with fee or apply and pay the fee on DCA BreEze Online Services if this is your first application for licensure. In-State Applicants and Out-of-State Applicants may find specific submission instructions and a list of the documents necessary for applying to take the EPPP on the Board's website. EDUCATION REQUIREMENTS 1. What are the degree requirements for licensure? Answer: Possess an earned doctoral degree from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education. The doctoral degree can be in any of the following: Psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology. Education with the field of specialization in counseling psychology, educational psychology, or school psychology. A field of specialization designed to prepare graduates for the professional practice of psychology. [Business and Professions Code (BPC) § 2914(b)] 2. How do I find out if an educational institution is accredited by a regionally accrediting agency recognized by the United States Department of Education? Answer: You can find out by searching the accreditation database provided by the by the U.S. Department of Education's Office of Postsecondary Education (OPE) 3. Which are the regional accrediting agencies? Answer: The regional accrediting agencies are as follows: Higher Learning Commission (HLC) Middle States Commission on Higher Education (MSCHE) New England Commission of Higher Education (NECHE) Northwest Commission on Colleges and Universities (NWCCU) Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

WASC Senior College and University Commission (WSCUC)

4. I have a doctoral degree from outside the United States or Canada. Will my doctoral degree qualify for licensure?

Frequently Asked Questions (FAQs) - California Board of Psychology

Answer: It may. The doctoral degree must be evaluated by a foreign credential evaluation service that is a member of the <u>National Association of Credential</u> <u>Evaluation Services (NACES)</u>, or by the <u>National Register of Health Services Psychologists (NRHSPF)</u>. The member of the NACES or the NRHSP is required to submit the evaluation to the board directly and include in the evaluation all of the following:

A transcript in English, or translated into English by the credential evaluation service, of the degree used to qualify for licensure.

An indication that the degree used to qualify for licensure is verified using primary sources.

A determination that the degree is equivalent to a degree that qualifies for licensure pursuant to BPC §2914(b)(5).

SUPERVISED PROFESSIONAL EXPERIENCE

1. What are the requirements for supervised professional experience?

Answer: A total of 3,000 hours of qualifying supervised professional experience (SPE), 1,500 of which must be accrued post-doctorally. [CCR § 1387]

2. When can I begin to accrue supervised professional experience?

Answer: For pre-doctoral supervised professional experience (SPE), you may begin to accrue the hours after completion of 48 semester/trimester or 72 quarter units of graduate coursework in psychology not including thesis, internship, or dissertation.

For post-doctoral SPE, you may begin to accrue the hours as early as on the date you have met all the requirements for the doctoral degree. This date will need to be certified by the Registrar or Dean of the educational institution, or by the Director of Training of the doctoral program. [CCR § 1387]

3. Are there time limitations in the accrual of supervised professional experience?

Answer: Yes. You must complete all pre-doctoral supervised professional experience (SPE) within a 30-consecutive month period prior to the date the qualifying doctoral degree is awarded and all post-doctoral SPE within a 30-consecutive month period after you have obtained a qualifying doctoral degree or have met all requirements for the doctoral degree.

If you are only applying post-doctoral SPE towards licensure, then you must complete all post-doctoral SPE in a 60-consecutive month period any time after you have obtained a qualifying doctoral degree or have met all requirements for the doctoral degree.

The 30- or 60-consecutive month time limitation begins on the first day you begin to accrue SPE.

See CCR §§ <u>1387</u>, <u>1387.1</u>, <u>1387.2</u>, & <u>1387.5</u> for specific and related requirements.

4. Where can I obtain supervised professional experience?

Answer: You may obtain supervised professional experience in any of the following pathways:

As a graduate student or psychology intern enrolled in a doctoral program leading to one of the degrees listed in BPC § 2914(b) [BPC § 2911]

In a formal internship placement overseen by, or formal post-doctoral placement approved by the American Psychological Association (APA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), or the California Psychology Internship Council (CAPIC) IBPC \$ 29111

In any exempt settings [BPC § 2910]

By obtaining a waiver issued by the Department of Health Care Services [Welfare and Institutions Code § 5751.2]

With a Registered Psychological Associate Registration [BPC § 2913 & Title 16, Article 5.1 of the CCR]

See the chart in the addendum of the Board's <u>Legislative Advisory: SB 801 (Archuleta) – Healing Arts</u> about the exemption status for registration requirements and submission of proof of registration for each pathway.

5. I have accrued some experience under supervision outside the U.S. or Canada, would the Board accept this as supervised professional experience towards licensure?

Answer: No. It would be accepted only if the country in which you accrued the experience outside the U.S. or Canada also regulates the profession of psychology pursuant to the same requirements as set forth in section 2914 of the BPC, that is, the other country also requires a psychology license applicant to possess the same qualifying doctoral degree, take and pass the EPPP and CPLEE, complete 3,000 hours of supervised professional experience, complete 6 prelicensure coursework, and submit fingerprints. All supervised professional experience must also comply with the supervision requirements pursuant to CCR § 1387.

EXAMINATIONS

1. What are the exams that I must take?

Answer: Take and pass both the Examination for Professional Practice in Psychology (EPPP) and the California Psychology Laws and Ethics Examination (CPLEE).

For more information about examinations, review the Examinations section of the Board's website.

2. If I have taken the Examination for Professional Practice in Psychology (EPPP) in the past in another state, U.S. territory, or Canadian province, how do I have my scores reported to California?

Answer: Request an EPPP Score Transfer from the Association of State and Provincial Psychology Boards (ASPPB) to be sent directly to the Board.

3. What is the California Psychology Laws and Ethics Examination (CPLEE)?

Answer: Each CPLEE will consist of 75 scored and 25 non-scored questions for a total of 100 questions, all multiple-choice, in laws and ethics.

Candidates have 2.5 hours to complete the examination. Exam questions are developed using the current versions of the California Board of Psychology's Laws and Regulations and the APA Ethical Principles of Psychologists and Code of Conduct.

For more information, review the <u>CPLEE Candidate Information Bulletin</u> and the <u>CPLEE – California Psychology Law and Ethics Exam section</u> on the Board's website.

PRE-LICENSURE COURSEWORK

Which coursework must be completed prior to licensure?

Answer: Coursework in.

- 1. Human Sexuality A minimum of ten (10) contact hours [BPC § 25 & CCR § 1382],
- Alcohol/Chemical Dependency Detection and Treatment A minimum of fifteen (15) contact hours from a degree-granting educational institution or in an extension course offered by an approved/accredited institution [BPC § 2914(e) & CCR § 1382.3],
- 3. Child Abuse Assessment and Reporting A minimum of seven (7) contact hours [BPC § 28 & CCR § 1382.4],
- 4. Spousal or Partner Abuse Assessment, Detection, and Intervention Strategies If you began graduate training before December 31, 2003, a minimum of two (2) contact hours. If you began graduate training on or after January 1, 2004, a minimum of fifteen (15) contact hours [BPC § 2914(f) & CCR § 1382.5],
- 5. Aging and Long-Term Care [BPC § 2915.5], and
- 6. Suicide Risk Assessment and Intervention [BPC § 2915.4]

FINGERPRINTS

1. What is the Board's fingerprint process?

Answer: Applicants must bring a completed a "Request for Live Scan Service" form with them to a Live Scan site. A complete list of the Live Scan sites can be found on the DOJ Applicant Live Scan website.

Review the *Fingerprint Procedures* on the Board's website for more information.

Applicants must submit a new set of fingerprints for any application

Fingerprints previously submitted for a Psychological Associate Registration application cannot be used again for a Psychologist License application.

2. What if I live outside of California?

Answer: Submit a request for "hard cards" at <u>boplicensing@dca.ca.gov</u>. The Board will mail the hard cards to you along with instructions.

Applicants can only use Live Scan at sites within California.

OUT-OF-STATE APPLICANTS

1. How do I apply for a California license as a psychologist if any of the following apply:

I have been licensed in another state or Canadian province or U.S. territory for more than two years, or

- I have a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB), or
- I hold a credential as a Health Service Provider from the National Register of Health Services Providers in Psychology, or
- I am certified by the American Board of Professional Psychology (ABPP).

Answer: Submit an <u>Application for Licensure as a Psychologist</u> (by mail or online), a CPLEE Request form (by mail), and the necessary fees and documents to the Board.

Refer to the step-by-step guide for <u>Out-of-State Applicants</u> Category C for application forms and specific submission instructions for the necessary documents to support your application.

2. If I am a psychologist licensed in another state or province, can I practice in California prior to obtaining a CA license?

Answer: Yes, on a limited basis, if you have submitted your application.

BPC § 2946(b) allows a psychologist licensed in another state, territory, or province who has applied to the Board for a license in this state to perform activities and services of a psychological nature without a valid California license for a period not to exceed 180 calendar days from the time of submitting their application or from the commencement of residency in this state, whichever occurs first.

CONTINUING EDUCATION

1. How many hours of continuing education do I need to accrue in order to renew my license?

Answer: For every 2-year renewal period a total of 36 hours of Continuing Professional Development (CPD) is required. CPD means certain learning activities approved in four different categories:

- 1. Professional activities
- 2. Academic activities
- 3. Sponsored continuing education coursework
- 4. Board certification from the American Board of Professional Psychology

With the exception of 100% ABPP Board Certification, a licensee shall accrue hours during each renewal period from at least two (2) of the four (4) CPD activity categories.

Please refer to the Continuing Education Requirements on the Board's website for more information. [BPC § 2915]

2. Do I have to take any specific courses to meet the board's continuing education requirements?

Answer: Psychologists renewing their license must take a minimum of four (4) hours of training in the subject of laws and ethics as they apply to the practice of Psychology. This requirement can be met using any combination of CPD categories. The 4 hours are considered part of the 36-hour CPD requirement. [CCR § 1397.61.1.(b)]

Licensees must complete a minimum of 4 hours in the subject of laws and ethics as they apply to the practice of Psychology. **Cultural Diversity** pertains to differences in age, race, culture, ethnicity, nationality, immigration status, gender identity, sexual orientation, socioeconomic status, religion/spirituality, and physical ability. **Social Justice** pertains to the historical, social, and political inequities in the treatment of people from non-dominant groups, while addressing the various injustices and different types of oppression that contribute to individual, family and community psychological concerns. The 4 hours are considered part of the 36-hour CPD requirement. [CCR § 1397.61.1.(c)]

MISCELLANEOUS

1. Does the public have access to a licensed psychologist's home address?

Answer: Only if you designate it as your address of record.

The Board of Psychology is required to provide an address of record (AOR) for all licensed psychologists. If the psychologist has chosen to use his or her home address as their address of record, this is the address that will be given to anyone who calls to verify their license. Therefore, if you do not want your home address disclosed, you may obtain and use an alternate address such as a business address of record for a license. Therefore, if your AOR is a PO. Box or mail drop location, you must provide a physical address (business or residential) as the confidential address. [BPC § 27 and CCR § 1380.5]

2. Are psychologists required by law to post in their offices some sort of sign or notice about consumer complaints.

Answer: Yes. BPC § 2936 requires such a notice. The law states, "To facilitate consumers in receiving appropriate psychological services, all licensees and registrants shall be required to post, in a conspicuous location in their principal psychological business office, a notice which reads as follows:

NOTICE TO CONSUMERS: The Department of Consumer Affairs receives questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact this you may contact the board by email at <u>bopmail@dca.ca.gov</u>, on the Internet at <u>www.psychology.ca.gov</u>, by calling 1-866-503-3221, or by writing to the following address:

Board of Psychology 1625 North Market Boulevard, Suite N-215

Sacramento, California 95834

Last Updated: September 22, 2022

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