Form 990

Return of Organization Exempt From Income Tax

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

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

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

For the 2018 calendar year, or tax year beginning 4/01, 2018, and ending 3/31, 2019

Address:
CONCERNS OF POLICE SURVIVORS, INC.
P.O. BOX 3199, SOUTH HIGHWAY 5
CAMBENTON, MO 65020

Employer Identification number
52-1354370

Phone number
573-346-4911

Form 990

Gross receipts
$6,269,709

Is this a group return for subordinates?
Yes

Are all subordinates included?
Yes

Yes

No

Website
www.nationalcops.org

Group exemption number

Form of organization
Corporation

Year of formation
1984

State of legal domicile

Activities & Governance

1 Briefly describe the organization’s mission or most significant activities:
PROVIDES RESOURCES TO ASSIST IN THE REBUILDING OF THE LIVES OF SURVIVING FAMILIES AND CO-WORKERS AFFECTED BY LAW ENFORCEMENT OFFICERS KILLED IN THE LINE-OF-DUTY AS DETERMINED BY FEDERAL CRITERIA. PROVIDES TRAINING TO LAW ENFORCEMENT AGENCIES ON SURVIVOR ISSUES.

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

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

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a).

6 Total number of volunteers (estimate if necessary).

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

7b Net unrelated business taxable income from Form 990-T, line 38.

Revenue

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

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

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

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

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

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

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

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

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

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

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

19 Revenue less expenses. Subtract line 18 from line 12.

Expenses

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

20 Total assets (Part X, line 16).

21 Total liabilities (Part X, line 26).

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

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer
DIANNE BERNHARD

Date
9-9-19

Executive Director

Paid Preparer Use Only

Type or print name and title
Lynn J. Graves, CPA

Preparer's signature
Lynn J. Graves, CPA

Check if self-employed
P00047081

Phone no.
573-893-7700

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

No

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

TREAS 10/13 08/2018 Form 990 (2018)
**Part III Statement of Program Service Accomplishments**

1. Briefly describe the organization's mission:

   See Schedule O

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

   - Yes [X] No [ ]
   
   If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?

   - Yes [X] No [ ]
   
   If "Yes," describe these changes on Schedule O.

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

   **4a** (Code: ) (Expenses $2,727,629, including grants of $ ) (Revenue $ )
   
   PROGRAMS:
   
   (See Schedule O)

   **4b** (Code: ) (Expenses $1,060,780, including grants of $227,593) (Revenue $ )
   
   PEER SUPPORT & BENEFITS:
   
   (See Schedule O)

   **4c** (Code: ) (Expenses $408,952, including grants of $ ) (Revenue $ )
   
   PUBLIC RELATIONS & OUTREACH:
   
   (See Schedule O)

   **4d** Other program services (Describe in Schedule O.)

   (Expenses $ including grants of $ ) (Revenue $ )

   **4e** Total program service expenses ➔ $4,197,361.
**Part IV Checklist of Required Schedules**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<td>1</td>
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<td>b</td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>X</td>
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</tr>
</tbody>
</table>
Part IV Checklist of Required Schedules (continued)

22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. Yes No

23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Yes No

24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If No, go to line 25a. Yes No

24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Yes No

24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Yes No

24d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Yes No

25a. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. Yes No

25b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. Yes No

26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. Yes No

27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. Yes No

28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Yes No

28a. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Yes No

28b. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Yes No

29. Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M. Yes No

30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Yes No

31. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Yes No

32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Yes No

33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-5? If "Yes," complete Schedule R, Part I. Yes No

34. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. Yes No

35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 or 3. Yes No

35b. b. If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? Yes No

36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. Yes No

37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Yes No

38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Yes No

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Yes No

1c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No

BAA 161016 166016 Form 990 (2018)
### Part V: Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td><strong>Note:</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
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</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>3b If yes, has it filed a Form 990-T for this year? If no, to line 3b, provide an explanation in Schedule O.</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>4b If yes, enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</strong></td>
<td></td>
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</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>5c If yes, to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>6b If yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td>X</td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b If yes, did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>d If yes, indicate the number of Forms 8282 filed during the year.</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td>X</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td>X</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
<td></td>
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<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>7h</td>
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<tr>
<td>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td>8</td>
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<td>9 Sponsoring organizations maintaining donor advised funds.</td>
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<tr>
<td>a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td></td>
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<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12.</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders.</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>b If yes, enter the amount of tax-exempt interest received or accrued during the year.</td>
<td>12b</td>
<td></td>
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<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
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<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> See the instructions for additional information the organization must report on Schedule O.</td>
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<tr>
<td>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.</td>
<td>13b</td>
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<tr>
<td>c Enter the amount of reserves on hand.</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>b If yes, has it filed a Form 720 to report these payments? If no, provide an explanation in Schedule O.</td>
<td>14b</td>
<td></td>
</tr>
<tr>
<td>15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>If yes, see instructions and file Form 4720, Schedule N.</td>
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<tr>
<td>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td>16</td>
<td>X</td>
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</tbody>
</table>
| **If yes,** complete Form 4720, Schedule O.
Part VI: Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

1a The number of voting members of the governing body at the end of the tax year.
1b The number of voting members included in line 1a, above, who are independent.
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
5 Did the organization become aware during the year of a significant diversion of the organization's assets?
6 Did the organization have members or stockholders?
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
8a The governing body.
8b Each committee with authority to act on behalf of the governing body.
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) only) available for public inspection, indicate how you made these available. Check all that apply.

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

DIANNE BERNHARD SOUTH HIGHWAY 5 CAMEDENTON MO 65020 573-346-4911
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

#### Table

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours to related organizations below column line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Brenda Donner</td>
<td>15</td>
<td>Past President</td>
<td>0 X X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(2) Cheryl Schultz</td>
<td>15</td>
<td>President</td>
<td>0 X X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(3) Ashlee Hardy-Byers</td>
<td>15</td>
<td>Trustee</td>
<td>0 X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(4) Hector Dittamo</td>
<td>15</td>
<td>Trustee</td>
<td>0 X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5) Mary Carmikle</td>
<td>15</td>
<td>Trustee</td>
<td>0 X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(6) Emilio Miyares</td>
<td>15</td>
<td>Trustee</td>
<td>0 X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7) Nancy Hetrick</td>
<td>15</td>
<td>Trustee</td>
<td>0 X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8) Joyce Kramer</td>
<td>15</td>
<td>Trustee</td>
<td>0 X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9) Pilar Orellana</td>
<td>15</td>
<td>Trustee</td>
<td>0 X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10) Dana Evans</td>
<td>15</td>
<td>Trustee</td>
<td>0 X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11) Leelyn Stewart</td>
<td>15</td>
<td>Trustee</td>
<td>0 X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(12) Dianne Bernhard</td>
<td>42</td>
<td>Executive Dir.</td>
<td>0 X</td>
<td>133,399</td>
<td>0</td>
</tr>
<tr>
<td>(13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position do not check more than one box, unless person is both an officer and a director/trustee</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(23)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total ............................................................................................................................................. 133,399. 0. 42,410.

c Total from continuation sheets to Part VII, Section A ........................................................................ 0. 0. 0.

d Total (add lines 1b and 1c) ......................................................................................................................... 133,399. 0. 42,410.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If “Yes,” complete Schedule J for such individual. ▶ Yes ▶ No 3 X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If “Yes,” complete Schedule J for such individual. ▶ Yes ▶ No 4 X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If “Yes,” complete Schedule J for such person. ▶ Yes ▶ No 5 X

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0
**Part VIII Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>79,129</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>106,252</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>1,786,218</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1,952,909</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>$ 288,491</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* 3,924,508</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a TRAINING</td>
<td>900099</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b PROGRAM SERVICE FEES</td>
<td>900099</td>
<td>38,500</td>
<td>38,500</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* 157,125</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3 Investment income (including dividends, interest and other similar amounts) * 160,896

4 Income from investment of tax-exempt bond proceeds... 160,896

5 Royalties

6a Gross rents

6b Less: rental expenses

6c Rental income or (loss)

6d Net rental income or (loss)

7a Gross amount from sales of assets other than inventory (1) Securities (2) Other

7b Less: cost or other basis and sales expenses

7c Gain or (loss)

7d Net gain or (loss)

8a Gross income from fundraising events (not including $ 106,252 of contributions reported on line 1c)

8b Less: direct expenses

8c Net income or (loss) from fundraising events

9a Gross income from gaming activities

9b Less: direct expenses

9c Net income or (loss) from gaming activities

10a Gross sales of inventory, less returns and allowances

10b Less: cost of goods sold

10c Net income or (loss) from sales of inventory

Miscellaneous Revenue Business Code

<table>
<thead>
<tr>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a SPONSORSHIPS</td>
<td>1,239,950</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b CAPITAL CAMPAIGN</td>
<td>58,500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c MISCELLANEOUS</td>
<td>5,002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e Total, Add lines 11a-11d</td>
<td>* 1,303,452</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue, See instructions</td>
<td>* 5,685,067</td>
<td>140,981</td>
<td>0</td>
<td>1,619,578</td>
</tr>
<tr>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
<td>(D) Fundraising expenses</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22.</td>
<td>227,593</td>
<td>227,593</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees.</td>
<td>136,550</td>
<td>120,710</td>
<td>12,012</td>
<td>3,828</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under sections 4958(f)(1) and persons described in section 4958(c)(3)(B)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7 Other salaries and wages.</td>
<td>907,110</td>
<td>801,883</td>
<td>79,794</td>
<td>25,433</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).</td>
<td>19,504</td>
<td>17,305</td>
<td>1,722</td>
<td>477</td>
</tr>
<tr>
<td>9 Other employee benefits.</td>
<td>137,591</td>
<td>120,826</td>
<td>12,024</td>
<td>4,741</td>
</tr>
<tr>
<td>10 Payroll taxes.</td>
<td>120,911</td>
<td>103,949</td>
<td>10,345</td>
<td>6,617</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>3,106</td>
<td>3,106</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>14,097</td>
<td>14,097</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td>320,145</td>
<td>283,551</td>
<td>7,936</td>
<td>28,658</td>
</tr>
<tr>
<td>12 Advertising and promotion.</td>
<td>17,985</td>
<td>17,600</td>
<td>10</td>
<td>375</td>
</tr>
<tr>
<td>13 Office expenses.</td>
<td>297,907</td>
<td>231,161</td>
<td>7,708</td>
<td>59,038</td>
</tr>
<tr>
<td>14 Information technology.</td>
<td>61,265</td>
<td>49,980</td>
<td>5,535</td>
<td>5,750</td>
</tr>
<tr>
<td>15 Royalties.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy.</td>
<td>45,379</td>
<td>34,150</td>
<td>3,399</td>
<td>7,830</td>
</tr>
<tr>
<td>17 Travel.</td>
<td>1,433,268</td>
<td>1,354,858</td>
<td>37,346</td>
<td>41,064</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials.</td>
<td>73,330</td>
<td>65,305</td>
<td>7,837</td>
<td>188</td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings.</td>
<td>3,137</td>
<td>3,137</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization.</td>
<td>88,591</td>
<td>72,104</td>
<td>7,176</td>
<td>9,311</td>
</tr>
<tr>
<td>23 Insurance.</td>
<td>18,954</td>
<td>15,427</td>
<td>1,535</td>
<td>1,992</td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>266,851</td>
<td>219,720</td>
<td>18,187</td>
<td>28,944</td>
</tr>
<tr>
<td>a NON-CASH DONATIONS</td>
<td>193,117</td>
<td>177,799</td>
<td>1,279</td>
<td>14,039</td>
</tr>
<tr>
<td>b Printing and Publications</td>
<td>147,545</td>
<td>131,403</td>
<td>2,533</td>
<td>13,609</td>
</tr>
<tr>
<td>c Postage and Shipping</td>
<td>73,199</td>
<td>72,549</td>
<td>650</td>
<td></td>
</tr>
<tr>
<td>d PROGRAM ACTIVITIES</td>
<td>85,984</td>
<td>79,488</td>
<td>14,299</td>
<td>-7,803</td>
</tr>
<tr>
<td>e All other expenses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24a.</td>
<td>4,693,119</td>
<td>4,197,361</td>
<td>251,017</td>
<td>244,741</td>
</tr>
</tbody>
</table>

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).
## Balance Sheet

Check if Schedule D contains a response or note to any line in this Part X. □

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash - non-interest-bearing</td>
<td>141,086</td>
<td>4,810</td>
</tr>
<tr>
<td>2. Savings and temporary cash investments</td>
<td>1,825,988</td>
<td>1,635,852</td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>1,026,161</td>
<td>687,221</td>
</tr>
<tr>
<td>4. Accounts receivable, net</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>6. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td>122,171</td>
<td>175,103</td>
</tr>
<tr>
<td>9. Prepaid expenses and deferred charges</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>10. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>2,725,182</td>
<td>2,725,182</td>
</tr>
<tr>
<td>b. Less: accumulated depreciation</td>
<td>10b 474,534</td>
<td>10c 2,250,648</td>
</tr>
<tr>
<td>11. Investments - publicly traded securities</td>
<td>4,241,809</td>
<td>4,901,446</td>
</tr>
<tr>
<td>12. Investments - other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13. Investments - program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14. Intangible assets</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td>156,488</td>
<td>85,909</td>
</tr>
<tr>
<td>16. Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>9,682,747</td>
<td>9,737,989</td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>131,006</td>
<td>175,336</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td>13,923</td>
<td>4,882</td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td>1,012,158</td>
<td>19</td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>38,244</td>
<td>26,681</td>
</tr>
<tr>
<td>26. Total liabilities. Add lines 17 through 25</td>
<td>1,195,331</td>
<td>206,899</td>
</tr>
</tbody>
</table>

## Liabilities

| Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34. |
| 27. Unrestricted net assets | 8,035,205 | 8,883,003 |
| 28. Temporarily restricted net assets | 28 |
| 29. Permanently restricted net assets | 452,211 | 648,087 |

| Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34. |
| 30. Capital stock or trust principal, or current funds | 30 |
| 31. Paid-in or capital surplus, or land, building, or equipment fund | 31 |
| 32. Retained earnings, endowment, accumulated income, or other funds | 32 |
| 33. Total net assets or fund balances | 8,487,416 | 9,531,090 |

| Net Assets or Fund Balances |
| 34. Total liabilities and net assets/fund balances | 9,682,747 | 9,737,989 |

BAA
### Part XI Reconciliation of Net Assets

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

1. Total revenue (must equal Part VIII, column (A), line 12)                      1  5,685,067.
2. Total expenses (must equal Part IX, column (A), line 25)                      2  4,693,119.
3. Revenue less expenses. Subtract line 2 from line 1                          3  991,948.
4. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4  8,497,416.
5. Net unrealized gains (losses) on investments                                  5  51,726.
6. Donated services and use of facilities                                        6
7. Investment expenses                                                           7
8. Prior period adjustments                                                      8
9. Other changes in net assets or fund balances (explain in Schedule O)          9  0.
10. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10  9,531,090.

### Part XII Financial Statements and Reporting

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

1. Accounting method used to prepare the Form 990: 
   - Cash
   - Accrual
   - Other

   ![Yes/No](Yes/No.png)

   If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a. Were the organization's financial statements compiled or reviewed by an independent accountant?  2a X

   ![Yes/No](Yes/No.png)

   If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
   - Separate basis
   - Consolidated basis
   - Both consolidated and separate basis

2b. Were the organization's financial statements audited by an independent accountant?  2b X

   ![Yes/No](Yes/No.png)

   If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
   - Separate basis
   - Consolidated basis
   - Both consolidated and separate basis

2c. If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X

   ![Yes/No](Yes/No.png)

   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X

   ![Yes/No](Yes/No.png)

   If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

---

BAA

TEEA00113L  08/08/18

Form 990 (2018)
SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

PUBLIC CHARITY STATUS AND PUBLIC SUPPORT

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

> Attach Form 990 or Form 990-EZ.

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

Name of the organization: CONCERNS OF POLICE SURVIVORS, INC. 52-1354370

PART I  REASON FOR PUBLIC CHARITY STATUS (All organizations must complete this part.) See instructions.

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

1   A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2   A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

3   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4   A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.

5   An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6   A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7   An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8   A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9   An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.

10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.  

b  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f  Enter the number of supported organizations ..........................................

g  Provide the following information about the supported organization(s).

1  Name of supported organization

2  EIN

3  Type of organization (described or lines 1-10 above (see instructions))

4  Is the organization listed in your governing document? Yes No

5  Amount of monetary support (see instructions)

6  Amount of other support (see instructions)

(A)

(B)

(C)

(D)

(E)

Total

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

Schedule A (Form 990 or 990-EZ) 2018

TEE4001L 06/07/18
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>3,272,702</td>
<td>3,707,282</td>
<td>3,619,432</td>
<td>4,307,115</td>
<td>4,927,945</td>
<td>19,834,476</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Total, Add lines 1 through 3</td>
<td>3,272,702</td>
<td>3,707,282</td>
<td>3,619,432</td>
<td>4,307,115</td>
<td>4,927,945</td>
<td>19,834,476</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td>78,998</td>
<td>78,998</td>
<td>78,998</td>
<td>78,998</td>
<td>78,998</td>
<td>78,998</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>3,272,702</td>
<td>3,707,282</td>
<td>3,619,432</td>
<td>4,307,115</td>
<td>4,927,945</td>
<td>19,834,476</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>128,377</td>
<td>119,827</td>
<td>101,943</td>
<td>89,701</td>
<td>160,894</td>
<td>600,742</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI). See Part VI</td>
<td>44,800</td>
<td>130,256</td>
<td>47,800</td>
<td>89,701</td>
<td>157,125</td>
<td>469,682</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>20,904,900</td>
<td>20,904,900</td>
<td>20,904,900</td>
<td>20,904,900</td>
<td>20,904,900</td>
<td>20,904,900</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>13 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) organization, check this box and stop here.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2018 (line 5, column (f) divided by line 11, column (f)) | 14 | 94.50% |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 93.92% |
| 16a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | x | 0 |
| 16b 33-1/3% support test—2017. 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. | 0 | 0 |
| 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | 0 | 0 |
| 17b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | 0 | 0 |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | 0 | 0 |

BAA
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any ‘unusual grants.’)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total, Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 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) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2017 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2017 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section A. All Supporting Organizations

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If No, describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If Yes, explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes, answer (b) and (c) below.
   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If Yes, describe in Part VI when and how the organization made the determination.
   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If Yes, explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If Yes and you checked 12a or 12b in Part I, answer (b) and (c) below.
   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If Yes, describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
   c. Did the organization support any foreign supported organization that does not have an IRS determination of status under sections 501(c)(3) and 509(a)(1) or (2)? If Yes, explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EINs of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's governing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the governing document).
   b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's governing document?
   c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If Yes, provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If Yes, complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If Yes, complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If Yes, provide detail in Part VI.
   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If Yes, provide detail in Part VI.
   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If Yes, provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If Yes, answer 10b below.
   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV. Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a Person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  
  Yes No
  
  11a

- b A family member of a person described in (a) above?
  
  Yes No
  
  11b

- c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.
  
  Yes No
  
  11c

### Section B. Type I Supporting Organizations

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

Yes No

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Yes No

### Section C. Type II Supporting Organizations

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

Yes No

### Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

Yes No

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

Yes No

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.

Yes No

### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.

- b The organization is the parent of each of its supported organizations. Complete line 3 below.

- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

  Yes No

  2a

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

  Yes No

  2b

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

  Yes No

  3a

- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

  Yes No

  3b
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
<td>6</td>
</tr>
</tbody>
</table>

7 [ ] Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Section D – Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E – Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2013 .................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2014 .................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2015 .................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2016 .................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2017 .................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2018 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2014 ..........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2015 ..........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2016 ..........</td>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2018 ..........</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BAA
### Part II, Line 10 - Other Income

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SEMINAR/TRAINING FEES</td>
<td>$157,125</td>
<td>$89,701</td>
<td>$47,800</td>
<td>$130,256</td>
<td>$44,800</td>
</tr>
<tr>
<td>Total</td>
<td>$157,125</td>
<td>$89,701</td>
<td>$47,800</td>
<td>$130,256</td>
<td>$44,800</td>
</tr>
</tbody>
</table>
Schedule B
(For 990, 990-EZ, or 990-PF)

Schedule of Contributors

> Attach to Form 990, 990-EZ, or Form 990-PF.
> Go to www.irs.gov/Form990 for the latest information.

CONCERNS OF POLICE SURVIVORS, INC.

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ‘NA’ in column (5) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
### Part I. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Law Enforcement United PO Box 14097 Chesspeake, VA 23320</td>
<td>$582,000</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>2</td>
<td>Motorola Solutions Foundation 1303 E Algonquin RD Schaumburg, IL 60196</td>
<td>$90,000</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>3</td>
<td>FBI National Academy Silent Auction Coordinator Quantico, VA 22135</td>
<td>$99,011</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>4</td>
<td>MCDavid Group Charities, Inc 729 SW Federal Hwy STUART, FL 34994</td>
<td>$100,000</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>5</td>
<td>JUSTIS (Previously JAFLEF) 11821 Parklawn Dr Ste 135 Rockville, MD 20852</td>
<td>$100,000</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>6</td>
<td>Krawl'n For The Fallen 12241 Southbridge Ter Hudson, FL 34669</td>
<td>$106,000</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
</tbody>
</table>
### Part II. Noncash Property

- **Description of noncash property given**
- **FMV (or estimate)**
- **Date received**

<table>
<thead>
<tr>
<th>a) No. from Part I</th>
<th>b) Description of noncash property given</th>
<th>c) FMV (or estimate) (See instructions.)</th>
<th>d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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<tr>
<td>a) No. from Part I</td>
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<td>d) Date received</td>
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</tbody>
</table>
**Part III: Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

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

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Purpose of gift</th>
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<th>Use of gift</th>
<th>Description of how gift is held</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Concerns of Police Survivors, Inc.

Employer Identification Number: 52-1354370

Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [ ] Yes [ ] No

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

Part II: Conservation Easements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):
   - [ ] Preservation of land for public use (e.g., recreation or education)
   - [ ] Preservation of a historically important land area
   - [ ] Preservation of a certified historic structure
   - [ ] Protection of natural habitat
   - [ ] Preservation of open space

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

8 Does each conservation easement reported on line 2c above satisfy the requirements of section 170(h)(4)(B)(I) and section 170(h)(4)(B)(II)? [ ] Yes [ ] No

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

Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to those items:

   (i) Revenue included on Form 990, Part VIII, line 1.
   (ii) Assets included in Form 990, Part X.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to those items:

   a Revenue included on Form 990, Part VIII, line 1.
   b Assets included in Form 990, Part X.
**Schedule D (Form 990) 2018 **
CONCERNS OF POLICE SURVIVORS, INC. 52-1354370  Page 2

**Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Loan or exchange programs
- [ ] Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? Yes [ ] No [ ]

**Part IV. Escrow and Custodial Arrangements. Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

1. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes [ ] No [ ]

2. If ‘Yes,’ explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes [ ] No [ ]

2b. If ‘Yes,’ explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V. Endowment Funds. Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 10.**

1. Beginning of year balance shown on Form 990, Part X, line 10a. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   - [ ] Board designated or quasi-endowment  
   - [ ] Permanent endowment  
   - [ ] Temporarily restricted endowment

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   (i) unrelated organizations  
   (ii) related organizations  

   [ ] Yes [ ] No  

   3a(i)  

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

4. Describe in Part XIII the intended uses of the organization’s endowment funds.

**Part VI. Land, Buildings, and Equipment.**

Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property (investment)</th>
<th>(a) Cost or other basis</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>55,000</td>
<td></td>
<td>55,000</td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td>2,349,438</td>
<td>241,173</td>
<td>2,108,265</td>
<td></td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>7,821</td>
<td>7,821</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>198,330</td>
<td>137,387</td>
<td>60,943</td>
<td>26,440</td>
</tr>
<tr>
<td>Other</td>
<td>114,593</td>
<td>88,153</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,250,648</strong></td>
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</tr>
</tbody>
</table>

BAA Schedule D (Form 990) 2018
**Schedule D (Form 990) 2018**  
**CONCERNs OF POLICE SURVIVORS, INC.**  
52-1354370  
**Page 3**

**Part VII: Investments — Other Securities.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives ........................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests ................................</td>
<td></td>
<td></td>
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<tr>
<td>(3) Other ..................................................................</td>
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<tr>
<td>(4) .........................................................................</td>
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<tr>
<td>(5) .........................................................................</td>
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<td>(6) .........................................................................</td>
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<td>(7) .........................................................................</td>
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<td>(8) .........................................................................</td>
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<td>(9) .........................................................................</td>
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<td>(10) ........................................................................</td>
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<td></td>
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<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (b) line 12.)</strong></td>
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</tbody>
</table>

**Part VIII: Investments — Program Related.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
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<tbody>
<tr>
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<td>(2) ..................................</td>
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<td>(3) ..................................</td>
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<td>(9) ..................................</td>
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<td>(10) .................................</td>
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<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (b) line 13.)</strong></td>
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</table>

**Part IX: Other Assets.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
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<tbody>
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<td>(1) ..............</td>
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<td>(2) ..............</td>
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<td>(10) .............</td>
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<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (b) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Part X: Other Liabilities.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes ......</td>
<td></td>
</tr>
<tr>
<td>(2) LEASE LIABILITY ..........</td>
<td>26,681</td>
</tr>
<tr>
<td>(3) ..................................</td>
<td></td>
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<tr>
<td>(4) ..................................</td>
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<td>(5) ..................................</td>
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<td>(10) .................................</td>
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<tr>
<td>(11) .................................</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (b) line 25.)</strong></td>
<td>26,681</td>
</tr>
</tbody>
</table>

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

**BAA**

**TREA3832L  10/14/09**

**Schedule D (Form 990) 2018**
Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 12a.

1. Total revenue, gains, and other support per audited financial statements................................. 1 5,824,227.
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a. Net unrealized gains (losses) on investments............................................................... 2a 51,726.
   b. Donated services and use of facilities.............................................................................. 2b
   c. Recoveries of prior year grants....................................................................................... 2c
   d. Other (Describe in Part XIII). See Part XIII................................................................. 2d 87,434.
   e. Add lines 2a through 2d. ................................................................................................. 2e 139,160.
3. Subtract line 2e from line 1. ................................................................................................. 3 5,685,067.
4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   a. Investment expenses not included on Form 990, Part VIII, line 7b............................... 4a
   b. Other (Describe in Part XIII).......................................................................................... 4b
   c. Add lines 4a and 4b. ........................................................................................................ 4c
5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)....................... 5 5,685,067.

Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 12a.

1. Total expenses and losses per audited financial statements................................................... 1 4,780,553.
2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a. Donated services and use of facilities.............................................................................. 2a
   b. Prior year adjustments..................................................................................................... 2b
   c. Other losses.................................................................................................................... 2c
   d. Other (Describe in Part XIII). See Part XIII................................................................. 2d 87,434.
   e. Add lines 2a through 2d. ................................................................................................. 2e 87,434.
3. Subtract line 2e from line 1. ................................................................................................. 3 4,693,119.
4. Amounts included on Form 990, Part IX, line 25, but not on line 1:
   a. Investment expenses not included on Form 990, Part VIII, line 7b............................... 4a
   b. Other (Describe in Part XIII).......................................................................................... 4b
   c. Add lines 4a and 4b. ........................................................................................................ 4c
5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)....................... 5 4,693,119.

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

Part X - FIN 48 Footnote
The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and applicable state law. The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the
Part X - FIN 48 Footnote (continued)

technical merits of the position. Examples of tax positions include the tax-exempt
status of the Organization and various positions related to the potential sources of
unrelated business taxable income (UBIT). The Organization was not subject to UBIT
for the years ended.

Schedule D, Part XI, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

FUNDRAISING EXPENSES NETTED WITH INCOME................................................. $ 87,436.
Miscellaneous........................................................................................................... 2.
Total $ 87,434.

Schedule D, Part XII, Line 2d
Other Expenses And Losses Per Audited F/S

FUNDRAISING EXPENSES NETTED WITH INCOME................................................. $ 87,436.
Miscellaneous........................................................................................................... 2.
Total $ 87,434.
**CONCERNS OF POLICE SURVIVORS, INC.**

### Part I: Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply:
   - a. Mail solicitations
   - b. Internet and email solicitations
   - c. Phone solicitations
   - d. In-person solicitations
   - e. Solicitation of non-government grants
   - f. Solicitation of government grants
   - g. Special fundraising events

2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [ ] No

   b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization:

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in column (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
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<tr>
<td>6</td>
<td></td>
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<tr>
<td>7</td>
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<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Total: 0

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing:

   AR AL AR CA CO CT DC FL GA IL KS KY LA MA MD ME MI MN MS NC ND NH NJ NM NV NY OH OK OR PA RI SC TN TX UT VA WA WI WV
### Part II: Fundraising Events

Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>EVENT</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GOLF TOURNAMENT</td>
<td>COPS WALK HF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gross receipts</td>
<td>74,724.</td>
<td>73,301.</td>
<td>99,196.</td>
</tr>
<tr>
<td>2</td>
<td>Less: Contributions</td>
<td>29,228.</td>
<td>52,519.</td>
<td>24,505.</td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td>45,496.</td>
<td>20,782.</td>
<td>74,691.</td>
</tr>
<tr>
<td>4</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Noncash prizes</td>
<td>1,388.</td>
<td>74.</td>
<td>1,322.</td>
</tr>
<tr>
<td>6</td>
<td>Rent/facility costs</td>
<td>1,078.</td>
<td>6,862.</td>
<td>8,399.</td>
</tr>
<tr>
<td>7</td>
<td>Food and beverages</td>
<td>8,499.</td>
<td>6,110.</td>
<td>4,241.</td>
</tr>
<tr>
<td>8</td>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other direct expenses</td>
<td>27,759.</td>
<td>10,462.</td>
<td>11,242.</td>
</tr>
<tr>
<td>10</td>
<td>Direct expense summary, Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III: Gaming

Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7 Direct expense summary, Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:
   a Is the organization licensed to conduct gaming activities in each of these states? [ ] Yes [ ] No
   b If 'No,' explain: 
   
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? [ ] Yes [ ] No
   b If 'Yes,' explain: 
   
BAA
11 Does the organization conduct gaming activities with nonmembers?  
   □ Yes  □ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  
   □ Yes  □ No

13 Indicate the percentage of gaming activity conducted in:
   a) The organization’s facility  
      □ 13a  □ %
   b) An outside facility  
      □ 13b  □ %

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:
   Name ➤  
   Address ➤ 

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  
   □ Yes  □ No

   b) If 'Yes,' enter the amount of gaming revenue received by the organization ➤ $  
       and the amount of gaming revenue retained by the third party ➤ $  

   c) If 'Yes,' enter name and address of the third party:
      Name ➤  
      Address ➤ 

16 Gaming manager information:
   Name ➤  
   Gaming manager compensation ➤ $  
   Description of services provided ➤ 
   □ Director/officer  □ Employee  □ Independent contractor

17 Mandatory distributions:
   a) Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  
      □ Yes  □ No

   b) Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ➤ $  

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes  - No  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>(1)</td>
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<td>(2)</td>
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<td>(3)</td>
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<td>(4)</td>
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<td>(5)</td>
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<td>(6)</td>
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<tr>
<td>(8)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Enter total number of other organizations listed in the line 1 table</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>Part III: Grants and Other Assistance to Domestic Individuals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AWARDS AND SCHOLARSHIPS</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
<td>7.</td>
</tr>
</tbody>
</table>

**Part IV: Supplemental Information**

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

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

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

Name of the organization:
CONCERNS OF POLICE SURVIVORS, INC.
Employer Identification number:
52-1354370

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If ‘No,’ complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- [ ] Compensation committee
- [ ] Independent compensation consultant
- [ ] Form 990 of other organizations
- [ ] Written employment contract
- [ ] Compensation survey or study
- [ ] Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

   a Receive a severance payment or change-of-control payment?
   b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
   c Participate in, or receive payment from, an equity-based compensation arrangement?

   If ‘Yes’ to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

   a The organization?
   b Any related organization?

   If ‘Yes’ on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

   a The organization?
   b Any related organization?

   If ‘Yes’ on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If ‘Yes,’ describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If ‘Yes,’ describe in Part III.

9 If ‘Yes’ on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?
### Part II: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dianne Bernhard</td>
<td>0. 133,399.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>133,399. 0.</td>
</tr>
<tr>
<td>Executive Dir.</td>
<td>0. 0.</td>
<td>0.</td>
<td>18,942.</td>
<td>23,468.</td>
<td>42,410. 0.</td>
</tr>
</tbody>
</table>

**BAA**
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
## SCHEDULE M (Form 990)

**Noncash Contributions**

- Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

### Part I: Types of Property

<table>
<thead>
<tr>
<th></th>
<th>Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art — Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art — Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art — Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities — Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities — Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities — Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities — Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution — Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution — Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate — Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate — Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate — Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other ★</td>
<td>See Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other ★</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other ★</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other ★</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donor Acknowledgment: .......................................................... 29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ................................................................. Yes No

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ................................................. Yes No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ................................................. Yes No

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

---

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

Schedule M (Form 990) 2018
### Supplemental Information

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### Sch M, Part I, Lines 25-28

**Other Non-Cash Contributions**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVERTISING</td>
<td>1</td>
<td>$1,300.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUCTION/RAFFLE</td>
<td>65</td>
<td>38,684.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEVERAGE</td>
<td>8</td>
<td>6,712.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQUIPMENT USE</td>
<td>1</td>
<td>400.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD</td>
<td>7</td>
<td>13,366.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GIFTS</td>
<td>5</td>
<td>203,183.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERVICES</td>
<td>7</td>
<td>6,992.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STOCK</td>
<td>1</td>
<td>9,490.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPPLIES</td>
<td>11</td>
<td>8,364.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 990, Part III, Line 4a - Program Service Accomplishments

PROGRAMS:

Grief Seminars are held throughout the year for all law enforcement survivors across the United States. In May of each year during the National Police Survivors' Conference held in Washington, DC, during National Police Week, survivors can attend a number of different seminars on grief issues. In May of 2018, approximately 4,200 police survivors and affected coworkers registered for C.O.P.S. seminars. Debriefings, one-on-one counseling, family counseling, and crisis intervention sessions were held for the adult survivors. The children participate in their own peer-support group sessions. They work with counselors and trauma specialists to address their individual grief issues.

During the summer and fall of the year, C.O.P.S. provides survivor specific retreats, known as "Hands-On Programs". They are Kids Summer Camp, Teens Outward Bound Experience, Young Adults Camp, Adult Children, Spouses, Parents, Sibling, Co-workers, Co-workers for Couples, Fiancé/Significant Other, and Extended Family Retreats. These retreats are held at rural locations and around the country. The survivors experience self-help challenge activities as well as meeting and networking with peers who have experienced the same type of loss. All of the retreats have licensed mental health professionals that provide group and individual grief counseling for the survivors. The camps/retreats held during the summer and fall of 2018 had 1,097 survivors in attendance.

Survivors return time and time again to C.O.P.S.' programs for support. The first time they attend, they say it is because the event honors their fallen officer. The second time they attend a C.O.P.S. event, they do it for their own mental well-being. After that, they come to provide support to the more newly-bereaved
families. However, survivors have also returned years later when they realize issues with the death have never been emotionally resolved, the perpetrator may be coming up for parole, or another life experience has brought the horror of the death back to the forefront of their thoughts.

Public Safety Agency Assistance is accomplished in a number of different ways. Each year during the winter months C.O.P.S. holds a series of training sessions titled "The Traumas of Law Enforcement". These trainings educate America's law enforcement agencies about appropriate response to officer death and appropriate care for law enforcement families affected by line-of-duty death, disability, post traumatic stress disorder, and police suicide. In the 2018-19 fiscal year, these 3 day trainings were held in Baltimore, MD; Flint, MI; Sandy, UT; Camdenton, MO; Hershey, PA; Riverside, CA; Boise, ID;

C.O.P.S. contracts with leaders in the field of police trauma to conduct the sessions. The resource manual, Powerpoint presentations, and entire training have been highly praised by training participants year after year. In the 24 years that C.O.P.S. has been sponsoring these trainings, 169 sessions have been held.

C.O.P.S. held its 4th annual National Conference on Law Enforcement Wellness & Trauma. This Conference had sessions with topics covering how to navigate the stresses of a law enforcement career, preparing for line-of-duty death, staying centered amidst negativity, police suicide and officer fitness and nutrition. This Conference on Wellness and Trauma was well received with a total of 364 participants from across the country.

C.O.P.S. also produces a semi-annual Rap Sheet newsletter for law enforcement. This newsletter is mailed to over 50,000 law enforcement officers and agencies across the United States. C.O.P.S. provides printed educational materials to law enforcement agencies and officials to help them develop a policy within their departments on handling a line-of-duty death. Some of the educational materials include topics on
support at the hospital, assistance during the wake and funeral, and assistance with
benefits. C.O.P.S. also continued to distribute a QuickSeries Pocket Guide that we
developed for law enforcement. These small booklets are designed to provide quick
reference to law enforcement departments that suffer a line of duty death. These
booklets are distributed upon request from the National Office, through the C.O.P.S.
Chapters and at law enforcement conferences. Members of the C.O.P.S. Board and
staff regularly attend key law enforcement conferences around the country in order
to educate law enforcement personnel and related organizations about the services
C.O.P.S. provides to survivors and law enforcement agencies. C.O.P.S. may also
offer presentations specifically designed to help them prepare to respond to a
line-of-duty death. Attending these conferences also provides important inroads
toward providing services to agencies and ultimately to surviving law enforcement
families and co-workers.

C.O.P.S. has partnered with the Public Safety Officers’ Benefits (PSOB) Program at
the Department of Justice to train sworn and retired law enforcement officers to
serve as resources to agencies filing a PSOB Death Claim following a line-of-duty
death. Currently C.O.P.S. works with these “PSOB Benefits Liaisons” to cover every
state, reaching out to all agencies experiencing a line-of-duty death.

Form 990, Part III, Line 4b - Program Service Accomplishments

PEER SUPPORT & BENEFITS:

Peer support and survivor benefits and outreach is provided through the 55 C.O.P.S.
Chapters in operation across the country. These Chapters are comprised completely
of volunteers who provide an immediate response to survivors when an officer dies in
the line-of-duty. Support meetings and events are offered throughout the year.
C.O.P.S. also publishes a printed newsletter three times a year that is mailed to
approximately 58,000 survivors and law enforcement personnel each quarter. This
newsletter provides important information on upcoming C.O.P.S. events, highlights
chapter and survivor accomplishments, and shares information important to law enforcement survivors. A monthly email newsletter is also sent from our office covering events, hands-on program registration and scholarship information and deadlines, and other information relevant to the lives of law enforcement survivors. Additionally, C.O.P.S. continued to distribute a QuickSeries Pocket Guide that we developed for law enforcement families and co-workers affected by a line-of-duty death. This guide provides information on understanding grief and trauma, coping strategies, and general information on the many benefits available, such as PSOB benefits, and financial, educational, counseling and support programs. These booklets are sent to survivors from the National Office and are made available to all chapters to distribute when they respond to a line-of-duty death.

Financial assistance is provided by Concerns of Police Survivors to survivors of law enforcement officers killed in the line-of-duty who wish to pursue a course of study beyond high school. Surviving children and spouses of law enforcement officers killed in the line-of-duty are eligible for C.O.P.S. scholarships if the survivor is not entitled to a tuition-free education as a state death benefit.

In addition to the C.O.P.S. Kids/Teens program during the National Police Survivors' Conference, the C.O.P.S. Kids Camp, Outward Bound and the Young Adults Camp programs in summer each year, C.O.P.S. also offers financial assistance to dependent-aged children who need psychological counseling to help them cope with the trauma inflicted on them through the sudden, often violent, loss of their parent to the law enforcement profession.

**Form 990, Part III, Line 4c - Program Service Accomplishments**

**PUBLIC RELATIONS & OUTREACH:**

Public education and awareness is accomplished in part each year during National Police Week, the calendar week that includes May 15, when C.O.P.S. promotes blue ribbons tied on car antennas as a reminder to the public that many law enforcement
officers have paid the ultimate price and given their lives in the line-of-duty. It is also to honor those officers who serve and protect our communities every day, putting their lives on the line for us. C.O.P.S. also works to educate the public on law enforcement trauma issues through the use of billboards and PSA’s during the year. On January 9, 2019, C.O.P.S. and partnering organizations in support of law enforcement officers nationwide promoted the 5th annual National Law Enforcement Appreciation Day (L.E.A.D.) Our nation’s citizens were called to action in support of law enforcement. Those citizens who appreciate law enforcement and were discouraged about the negative attention being given to law enforcement were encouraged to take time on January 9, to show their support in various ways. Events were held across the country, including rallies, card-making by school children, food deliveries to law enforcement, and many other. C.O.P.S. continues with its effort to educate the general public about the organization, its goals, and the issues that C.O.P.S. addresses for survivors. Issues such as cop-killer paroles, and the number of officers who die in the line of duty are all information that each and every citizen in this country should know. Additionally, every Christmas holiday season C.O.P.S. continues to promote its “Project Blue Light” campaign, asking citizens, law enforcement families and survivors to shine blue lights in their residence windows to salute the officers who work the streets during the holidays and to remember the families whose officers have been called on to make the supreme sacrifice.

Another form of awareness and outreach is accomplished with the C.O.P.S. brand and logo through merchandise. By having law enforcement officers and survivors wearing items with the C.O.P.S. brand, we have greater name recognition and law enforcement agencies and survivors are more likely to seek our assistance.

New in January of 2019, C.O.P.S. promoted a National Blood Drive held across the nation during the month of January. At least 1,800 pints of blood were collected nationwide.
Form 990, Part III, Line 1 - Organization Mission

Provides resources to assist in the rebuilding of the lives of surviving families and co-workers affected by law enforcement officers killed in the line-of-duty as determined by federal criteria. Provides training to law enforcement agencies on survivor victimization issues and educates the public of the need to support the law enforcement profession and its survivors.

Form 990, Part VI, Line 11b - Form 990 Review Process

A copy of the 990 is submitted to the Board of Directors for review and possible edits. Following Board approval the 990 is filed electronically with Federal regulatory agencies as required by the deadline date.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

A conflict of interest statement is within the confidentiality and nominee pledge that is signed each year by all Board members and Chapter representatives. Copies of those signed forms are held at the National Office. C.O.P.S. reminds Board members about conflicts of interest at least once per year and will actively investigate any information if such a conflict exists.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The process for determining compensation of the organization’s Executive Director is done annually through an Evaluation Committee appointed by the National President each year, normally in July. The results of the committee are reported to the National Board at the National Board Meeting in December/January each year. The committee and the Board meet and review the organization’s Three-Year Development Plan at various times during the year and also discuss the accomplishments made during the rated period year. Through the findings of comparability data and discussion, a decision on compensation is made and reported to the National Board. As a part of the Board’s annual review of compensation for the Executive Director, they enlisted the aid of various resources of non-profit compensation guidelines to
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

research the salary range for this position in other comparable organizations. The results of review of the resources confirmed that the compensation of the C.O.P.S. Executive Director was within the average market rate for an organization of our type and size.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The process for determining compensation of the organization’s Financial Manager is done annually in July by the Executive Director. An Employee Self Assessment Form is completed by the Financial Manager and an Employee Performance Appraisal is completed by the Executive Director. The Executive Director compares the two and discusses accomplishments and performance with the employee and makes a decision directly to the employee.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

PAPER COPIES UPON REQUEST