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Form **990-EZ**

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

(except black lung benefit trust or private foundation)

OMB No 1545-1150 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

04/01/09 For the 2009 calendar year, or tax year beginning 03/31/10 , and ending Check if applicable Please Name of organization D Employer identification number use IRS CONCERNS OF POLICE SURVIVORS, INC. Address change label or Name change (DELAWARE CHAPTER) 36-4500249 print or Initial return type Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number See P.O. BOX 430 302-739-2460 Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-DOVER DE 19903-0430 Application pending tions 9502 Number • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: N/A If the organization is not H Check ▶ required to attach Schedule 8 (Form 990, 990-EZ, or 990-PF) **X** 501(c) (3) **∢** (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Check Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 6,568 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 458 4 Investment income 4 5a Gross amount from sale of assets other than inventory 200 g 5a Less cost or other basis and sales expenses 5b . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions 10,105 reported on line 1) 6a 747 6b Less direct expenses other than fundraising expenses 1,358 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7b С Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 Other revenue (describe 8 8,384 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 RECEIVED 10 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 3-0S(12 12 Salaries, other compensation, and employee benefits AUG 1 7 2010 Expenses 75 1,050 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 211OGDEN, UT Printing, publications, postage, and shipping 15 15 6,368 Other expenses (describe > SEE STATEMENT 1 16 16 7,629 17 Total expenses. Add lines 10 through 16 17 755 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 64,070 19 end-of-year figure reported on prior year's return) Net 20 Other changes in net assets or fund balances (attach explanation) 20 64,825 21 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II) 64.070 64,825 22 Cash, savings, and investments 22 23 23 Land and buildings 24 24 Other assets (describe > 64,070 64,825 25 Total assets 25 0 26 26 Total liabilities (describe 070 64,825 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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| | RNS OF POLICE SURVIVORS | | 5-4500249 | | | Page 2 |
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| | Program Service Accomplishments | (See the instruc | <u>tions for Part I</u> | <u> </u> | Ex | penses |
| What is the organization's primary e | | | | - | | for section |
| ASSISTANCE PROGRAMS FOR I | | 501(c)(3) and 501(c)(4) | | | | |
| Describe what was achieved in carr manner, describe the services provi | ľ | _ | ons and section | | | |
| each program title | dea, the flamber of persons beliefled, of other | r relevant fillonnation | 101 | | | trusts, optional |
| 28 SEE STATEMENT 2 | | | | + | for others | <u> </u> |
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| 32 Total program service expens |) If this amount includes foreign grants, | check here | • | · | 31a 32 | 6,339 |
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| 2.01.01.01.01.01.0 | rectore, macrose, and ney Employees. Elst | (b) Title and average | (c) Compensation | (d) C | Contributions to | (e) Expense |
| (a) | Name and address | hours per week devoted to position | (If not paid, enter -0-) | | ee benefit plans & dicompensation | account and other allowances |
| ELEANOR ALLIONE | DOVER | PRESIDENT | | 00.0 | | |
| P.O. BOX 430 | DE 19903-0430 | | 0 | | 0 | О |
| ALICE HOEFLINGER | DOVER | VICE-PRES | | | | |
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| DENISE BURNS | DOVER | SECRETARY | | | | |
| P.O. BOX 430 | DE 19903-0430 | | 0 | | 0 | |
| KATHLEEN LIVESEY | DOVER | TREASURER | | | | |
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| Did the organization engage in any activity not previously reported to the IRS? If "Yes," attached a detailed description of each activity. Wes No. 333 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attached a conformed copy of the changes. Were any changes made to the organization or governing documents? If "Yes," attached a conformed copy of the changes. By the organization had received from this series of control of the capacity. By the organization had received from this series of control of the capacity. By the organization had received from this series of the capacity. By the organization had received from this series of the capacity. By the organization had received from this series of the capacity. By the organization had received from this series of the capacity. By the organization the organization of the capacity that received in the most of the pend of the organization | _ | 990-EZ (2009) CONCERNS OF POLICE SURVIVORS, INC. 36-4 | <u>50</u> 0 | 249 | _ Page 3 | 3 |
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| Part VI | Section 501(c)(3) organizations and section 4947(a) | | | | | | | | |
| | 501(c)(3) organizations and section 4947(a)(1) none | xempt charitat | ole trusts must | answer question | ons 46-49 | 9b | | | |
| | and complete the tables for lines 50 and 51 | | | • | | | | | |
| 6 Did the | organization engage in direct or indirect political campaign activities on | behalf of or in opp | osition to | | Yes | No | | | |
| | tes for public office? If "Yes," complete Schedule C, Part I | • • | | | 46 | X | | | |
| 17 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | | | | | | | |
| | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X | | | | | | | | |
| | organization make any transfers to an exempt non-charitable related or | • | soneddio E | | 49a | X | | | |
| | was the related organization a section 527 organization? | gamzation | | | 49b | | | | |
| | te this table for the organization's five highest compensated employees | (other than officer | s directors trustee | a and kou | 430 | | | | |
| | ees) who each received more than \$100,000 of compensation from the | | | | | | | | |
| employe | | (b) Title and average | (c) Compensation | (d) Contributions to | (e) Exper | se. | | | |
| _ | (a) Name and address of each employee paid more than \$100,000 | hours per week devoted to position | (o) companication | employee benefit plans & deferred compensation | account a other allowa | nd | | | |
| NONE | | | | | | | | | |
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| | | | | | | | | | |
| f Total nu | umber of other employees paid over \$100,000 | > | | | | | | | |
| | te this table for the organization's five highest compensated independence of compensation from the organization. If there is none, enter "None" | | each received mor | e than | | | | | |
| (a) | Name and address of each independent contractor paid more than \$100,000 | (b) | Type of service | (c) C | ompensation | | | | |
| NONE | | | | | <u>'</u> | | | | |
| 7.01.2 | | Ì | | } | | | | | |
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| d Total or | umber of other independent contractors each receiving over \$100,000 | <u> </u> | | | | | | | |
| d Total nu | uniber of other independent contractors each receiving over \$100,000 | | | | | | | | |
| | Under penalties of perjury, I declare that I have examined this return, including ac | companying schedule | e and statements, and | I to the best of my kno | wledne | | | | |
| | and belief, it is taue, correct, and complete Declaration of preparer (other than of | | | | | | | | |
| Sign | Lathorn of inden | | 1 8/12 | //0 | | | | | |
| Here | Signature of officer | | Date 0 | . / U | | | | | |
| 11616 | Kathleen //leseu | 7/ | easuror | | | | | | |
| | Type or print name and title | | | | | | | | |
| | | Date | Check if | Preparer's Iden | tifying Number (| See instr) | | | |
| Daid | Preparer's A D D A A C | | self- | · · | | , | | | |
| Paid D | VO AVAILABLE TO THE STATE OF TH | P4 08/1 | 3/10 employed ▶ | | | 11.00 | | | |
| Preparer's | , (6.) 55.5 | CPA | | EIN > 5 | 1-0410 | 1169 | | | |
| Use Only | if self-employed), 1035 LIBERTY RD | | <u></u> | Phone | | | | | |
| | address, and ZIP + 4 WILMINGTON, DE 19804 | -2856 | | | -999-7 | | | | |
| May the IRS | discuss this return with the preparer shown above? See instructions | | | | X Yes | No | | | |
| | | | | Fe | orm 990-E Z | Z (2009) | | | |

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 to Form 990 or Form 990-EZ. ► See separate instructions.

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

OMB No 1545-0047

2009

Open to Public

Name of the organization CONCERNS OF POL

CONCERNS OF POLICE SURVIVORS, INC. (DELAWARE CHAPTER)

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 36-4500249

| 8 X | | | | 170(b)(1)(A)(vi). (Complete Pa | | ontributio | ne mon | abarahın | food o | and arone | | |
|----------|------------------------------|---------------|---------------------------------------|---|---------------------------------------|---|-------------|--|-----------|--|------------------------|----------------------|
| 9 X | | | | 1) more than 33 1/3 % of its su | | | | | | - | | |
| | | | | npt functions—subject to certain | - | | | | | | | |
| | | | | nd unrelated business taxable | | | | irom bu | sinesse | es | | |
| 10 | - | - | | 80, 1975 See section 509(a)(2 exclusively to test for public sa | | | | | | | | |
| 11 | - | - | • | exclusively for the benefit of, to | - | | | lo carry | out the | | | |
| [_] | - | _ | · · | ted organizations described in | = | | | • | | ection | | |
| | • | | | the type of supporting organiza | | | | , , , , | | | | |
| | a Type | | Type II | c Type III–Function | | - | d | | e III–Ot | her | | |
| е [| | | □ '' | janization is not controlled dire | | | | | | | | |
| | | | | and other than one or more p | | | | | | section | | |
| | 509(a)(1) or s | ection 509(| a)(2) | | | | | | | | | |
| f | If the organiz | ation receive | ed a written dete | ermination from the IRS that it i | s a Type I, T | Type II, or | Type III | support | ing | | | |
| | organization, | check this b | юх | | | | | | | | | |
| 9 | Since August | 17, 2006, h | ias the organiza | ition accepted any gift or contri | bution from | any of the | • | | | | | |
| | following per | | | | | | | | | | | |
| | | | | ontrols, either alone or togethe | r with persoi | ns descrit | oed in (ii) |) | | | | res No |
| | • • | | • . | of the supported organization? | | | | | | | 11g(ı) | $-\!\!+\!\!-\!\!\!-$ |
| | • • | | • | bed in (i) above? | | | | | | | 11g(n) | |
| _ | | | • | described in (i) or (ii) above? | | | | | | | [11g(iii)] | |
| <u>h</u> | | | | the supported organization(s) | (ns) le the e | | (4) D.d. | nobb | 1,40 | la tha | ()41) 0==== | |
| | e of supported ganization | (| (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section | in col (i) li | organization sted in your document? | the organ | ou notify nization in of your port? | organizat | ts the tion in coluzed in the S? | (vII) Amour support | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | } | | | | |
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| | | 7 | | | 77 | | 5 , *. | 17.54.54 | - 111 | 13.51 | | |
| Total | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | to the same | | | | | |

| Sche | dule A (Form 990 or 990-EZ) 2009 CON | ICERNS OF | POLICE SU | RVIVORS, | INC. 36 | -4500249 | Page 2 |
|------|---|------------------------|---|------------------------|-----------------------------------|---------------------------------------|---------------------------------------|
| | rt II Support Schedule for O (Complete only if you ch | rganizations D | escribed in S | ections 170(b |)(1)(A)(iv) and | 170(b)(1)(A)(vi) | |
| Sect | tion A. Public Support | | <u> </u> | 0 011 41(1.) | | · · · · · · · · · · · · · · · · · · · | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | (0, 200: | (0) 2000 | (0, 2000 | (1) 10101 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | m + 1 | The real state of the state of | 1 (2.7) | 1 N 18 | (4,1) | |
| | tion B. Total Support | <u> </u> | | 13 | L | · · · · · · · · · · · · · · · · · · · | |
| Cal | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | | | | | | · · · · · · · · · · · · · · · · · · · |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | Bassar II II | (智慧時間) | | 品和保護。而 | |
| 12 | Gross receipts from related activities, etc | (see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | organization's first, | second, third, four | rth, or fifth tax year | as a section 501(| c)(3) | |
| | organization, check this box and stop her | | | | | | |
| Sec | tion C. Computation of Public S | upport Percen | tage | | | | |
| 14 | Public support percentage for 2009 (line 6 | i, column (f) divided | by line 11, columr | ı (f)) | | 14 | % |
| 15 | Public support percentage from 2008 Sch | edule A, Part II, line | : 14 | | | 15 | <u></u> % |
| 16a | 33 1/3 % support test—2009. If the organ | nization did not che | ck the box on line | 13, and line 14 is 3 | 3 1/3 % or more, o | heck this box | |
| | and stop here. The organization qualifies | as a publicly suppo | orted organization | | | | ▶ 📙 |
| b | 33 1/3 % support test—2008. If the organ | nization did not che | ck a box on line 13 | or 16a, and line 1 | 5 is 33 1/3 % or m | ore, check this | _ |
| | box and stop here The organization qual | ifies as a publicly s | upported organizal | tion | | | ▶ [] |
| 17a | 10%-facts-and-circumstances test—206 | 09. If the organizati | on did not check a | box on line 13, 16 | a, or 16b, and line | 14 is 10% or | |
| | more, and if the organization meets the "fa | acts-and-circumstai | nces" test, check th | ns box and stop he | e <mark>re.</mark> Explain in Par | t IV how the | |
| | organization meets the "facts-and-circums | stances" test. The o | rganization qualifie | es as a publicly sup | ported organizatio | n | ▶ 🗌 |
| b | 10%-facts-and-circumstances test—20 | 08. If the organizati | on did not check a | box on line 13, 16 | a, 16b, or 17a, and | l line 15 is 10% or | |
| | more, and if the organization meets the "fa | acts-and-circumstai | nces" test, check th | nis box and stop h | ere. Explain in Par | t IV how the | |
| | organization meets the "facts-and-circums | stances" test. The o | rganization qualifie | es as a publicly sup | ported organizatio | n | ▶ 📙 |
| 18 | Private foundation If the organization did | d not check a box o | n line 13, 16a, 16b | , 17a, or 17b, ched | k this box and see | Instructions | ▶ ∐ |

Page 3

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

| Sec | tion A. Public Support | | | | | | |
|-------------|--|----------------------|----------------------|-----------------------|---------------------|---------------------------------------|--|
| Ca | lendar year (or fiscal year beginning ın) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include | | i | | | | |
| | any "unusual grants ") | 23,102 | 7,796 | 12,157 | 6,385 | 6,568 | 56,008 |
| 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 | 4,016 | 11,066 | 1,357 | 7,318 | 1,358 | 25,115 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | 0 | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 27,118 | 18,862 | 13,514 | 13,703 | 7,926 | 81,123 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | Ì |] | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | , | |
| | amount on line 13 for the year | | 6,066 | | 2,318 | | 8,384 |
| c | Add lines 7a and 7b | | 6,066 | | 2,318 | | 8,384 |
| 8 | Public support (Subtract line 7c from | | | | | | |
| | line 6) | | | | | | 72,739 |
| _ | tion B. Total Support | | · | | | · · · · · · · · · · · · · · · · · · · | |
| Ca | lendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | 27,118 | 18,862 | 13,514 | 13,703 | 7,926 | 81,123 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 221 | 711 | 786 | 850 | 458 | 3,026 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 221 | 711 | 786 | 850 | 458 | 3,026 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | 0 | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | 27,339 | 19,573 | 14,300 | 14,553 | 8,384 | 84,149 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | • | second, third, four | th, or fifth tax year | as a section 501(c | c)(3) | <u> </u> |
| Sec | tion C. Computation of Public Si | upport Percent | age | | | · · · · · · · · · · · · · · · · · · · | |
| 15 | Public support percentage for 2009 (line 8 | , column (f) divided | by line 13, column | ı (f)) | | 15 | 86.44% |
| <u>16</u> _ | Public support percentage from 2008 School | | | | | 16 | 88.10% |
| <u>Sec</u> | tion D. Computation of Investme | | | | | | <u>. </u> |
| 17 | Investment income percentage for 2009 (In | | | column (f)) | | 17 | 4 % |
| 18 | Investment income percentage from 2008 | | | | | 18 | 3 % |
| 19a | 33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this b | ox and stop here | The organization q | ualifies as a public | dy supported organ | nization | ► X |
| b | 33 1/3 % support tests—2008. If the orga | | | | | | _ , |
| | line 18 is not more than 33 1/3 %, check the | | | | | | |
| 20_ | Private foundation. If the organization did | I not check a box or | n line 14, 19a, or 1 | 9b, check this box | and see instruction | ns | > |

Schedule A (Form 990 or 990-EZ) 2009 CONCERNS OF POLICE SURVIVORS, INC. 36-4500249

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

5530 CONCERNS OF POLICE SURVIVORS, INC.
36-4500249 Federal Statements

FYE: 3/31/2010

8/13/2010 11:28 AM

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | Amount | | | |
|----------------------------|----------|--|--|--|
| EXPENSES | \$ | | | |
| OFFICE SUPPLIES & EXPENSES | 176 | | | |
| TRAVEL | 1,672 | | | |
| CONFERENCES & MEETINGS | 1,850 | | | |
| DONATION - NAT'L C.O.P.S. | 1,289 | | | |
| OTHER DONATIONS | 1,005 | | | |
| BANK CHARGES | 143 | | | |
| FLOWERS & CARDS | 233 | | | |
| TOTAL | \$ 6,368 | | | |

5530 CONCERNS OF POLICE SURVIVORS, INC.

Federal Statements

36-4500249 FYE: 3/31/2010

Statement 2 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

PROVIDES FUNDING FOR GRIEF MANAGEMENT SEMINARS AND RETREATS FOR POLICE SURVIVORS. THE DECEDENTS' SPOUSES, CHILDREN, PARENTS AND SIBLINGS CAN OBTAIN ASSISTANCE FROM THE ORGANIZATION. TRAVEL AND LODGING COSTS ARE ALSO PROVIDED.

8/13/2010 11:28 AM