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Form 990

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
CONCERNS OF POLICE SURVIVORS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
P O BOX 3199 SOUTH HIGHWAY 5City or town, state or country, and ZIP + 4
CAMDENTON, MO 65020

F Name and address of principal officer

D Employer identification number

52-1354370

E Telephone number

(573) 346-4911

G Gross receipts \$ 5,514,850

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(a) Is this a group return for affiliates?
 Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► www.nationalcops.org

K Form of organization Corporation Trust Association Other ►

L Year of formation

M State of legal domicile

Part I Summary

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 AFFECTED CO-WORKERS OF 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)

3

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

4

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5

6 Total number of volunteers (estimate if necessary)

6

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

7a

b Net unrelated business taxable income from Form 990-T, line 34

7b

| | | Prior Year | Current Year |
|----|--------------------------------------------------------------------------------------------|------------|--------------|
| 8 | Contributions and grants (Part VIII, line 1h) | 3,148,743 | 3,042,987 |
| 9 | Program service revenue (Part VIII, line 2g) | 50,990 | 43,099 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 71,398 | 15,095 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 149,648 | 375,725 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,420,779 | 3,476,906 |

| | | | |
|-----|-----------------------------------------------------------------------------------|-----------|-----------|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 164,550 | 110,263 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 617,101 | 617,639 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 73,500 | 45,500 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ► 395,242 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,963,111 | 2,036,905 |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,818,262 | 2,810,307 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 602,517 | 666,599 |

| | | Beginning of Current Year | End of Year |
|----|---------------------------------------------------------------------|---------------------------|-------------|
| 20 | Total assets (Part X, line 16) | 5,511,641 | 5,339,960 |
| 21 | Total liabilities (Part X, line 26) | 1,636,439 | 727,494 |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 3,875,202 | 4,612,466 |

Part II Signature Block

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

| | | |
|-----------|---------------------------------------------------------------------------------------------------|--------------------|
| Sign Here | ***** Signature of officer MARY ANN 'MARIAH' HUGHES CEO Type or print name and title | 2012-07-17 Date |
|-----------|---------------------------------------------------------------------------------------------------|--------------------|

| | | | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------|--------------------------------------------------------------|
| Paid Preparer's Use Only | Preparer's signature ► Lynn J Graves CPA Firm's name (or yours if self-employed), address, and ZIP + 4 ► Graves & Associates CPAs LLC 3702 West Truman Blvd Suite 213 Jefferson City, MO 651096156 | Date | Check if self-employed ► <input checked="" type="checkbox"/> | Preparer's taxpayer identification number (see instructions) |
| | | | EIN ► | Phone no ► (573) 893-7700 |

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

PROVIDES RESOURCES TO ASSIST IN THE REBUILDING OF THE LIVES OF SURVIVING FAMILIES AND AFFECTED CO-WORKERS OF 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 800,532 including grants of \$) (Revenue \$)

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 2011, approximately 2,100 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, Adult Children, Spouses, Parents, Sibling, Co-workers, Fiance\Significant Other, and In-laws 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 as them. 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 2011 had 777 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 release, or another life experience has brought the horror of the death back to the forefront of their thoughts.

4b (Code) (Expenses \$ 536,526 including grants of \$) (Revenue \$)

Peer support and survivor benefits and outreach is provided through the 52 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 quarterly newsletter that is mailed to approximately 40,000 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.

4c (Code) (Expenses \$ 333,303 including grants of \$) (Revenue \$)

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. The national C O P S office receives requests for these ribbons from across the country and mails out approximately 600,000 ribbons each year. C O P S also works to educate the public on law enforcement trauma issues through the use of bill boards and PSAs during the year.

4d Other program services (Describe in Schedule O)

(Expenses \$ 575,520 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,245,881

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

| | Yes | No |
|-----|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |
| 4 | | No |
| 5 | | No |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | | No |
| 11a | Yes | |
| 11b | | No |
| 11c | | No |
| 11d | Yes | |
| 11e | Yes | |
| 11f | Yes | |
| 12a | Yes | |
| 12b | | No |
| 13 | | No |
| 14a | | No |
| 14b | | No |
| 15 | | No |
| 16 | | No |
| 17 | Yes | |
| 18 | Yes | |
| 19 | | No |
| 20a | | No |
| 20b | | |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | 23 | | 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 questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | 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 | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | 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) | 28a | | No |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28c | | No |
| c | 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 owner? If "Yes," complete Schedule L, Part IV | 29 | | No |
| 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 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 | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | 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 | 36 | | 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 | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 50 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 12 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes |
| <p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | No |
| 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 or securities account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | No |
| 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? | 6a | Yes |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7a | No |
| 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? | 7b | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | No |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | 0 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | No |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7h | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 8 | No |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 9a | No |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9b | No |
| a | Did the organization make any taxable distributions under section 4966? | 10a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 10b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 11a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 11b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 12a | No |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 12b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 13a | No |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13b | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13c | |
| c | Enter the aggregate amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | No |

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 9 | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | 9 | |
| 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? | 2 | Yes | |
| 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? | 3 | No | |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No | |
| 6 Did the organization have members or stockholders? | 6 | No | |
| 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? | 7a | No | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | No | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 | 9 | No | |

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

| | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | Yes | |
| b 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? | 10b | Yes | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | No | |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b Other officers or key employees of the organization | 15b | Yes | |
| If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 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? | 16a | No | |
| b 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? | 16b | No | |

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request

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. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 MARY ANN HUGHES
 SOUTH HIGHWAY 5
 CAMDEN, MO 65020
 (573) 346-4911

Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VI

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or employee.

Check the box if neither the organization nor any related organization compensated any current or former owner, director, or employee of

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

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 **0**

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

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

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

| | | | (A) | (B) | (C) | (D) |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------|---------------|------------------------------------|----------------------------|-----------------------------------------------------------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a 132,411 | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 282,545 | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e 1,035,722 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 1,592,309 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h Total. Add lines 1a-1f | | 3,042,987 | | | |
| Program Service Revenue | PROGRAM SERVICE FEES | | Business Code | | | |
| | | | 900099 | 43,099 | 43,099 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 43,099 | | | |
| 3 Investment income (including dividends, interest and other similar amounts) | | 84,713 | | | 84,713 | |
| 4 Income from investment of tax-exempt bond proceeds | | 0 | | | | |
| 5 Royalties | | 12,530 | | | 12,530 | |
| 6a Gross rents | (I) Real | (II) Personal | | | | |
| b Less rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) | | | 0 | | | |
| 7a Gross amount from sales of assets other than inventory | (I) Securities | (II) Other | | | | |
| | 1,857,760 | | | | | |
| b Less cost or other basis and sales expenses | 1,924,904 | 2,474 | | | | |
| c Gain or (loss) | -67,144 | -2,474 | | | | |
| d Net gain or (loss) | | | -69,618 | -2,474 | -67,144 | |
| 8a Gross income from fundraising events (not including \$ 282,545 of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| a | 127,779 | | | | | |
| b Less direct expenses | b 110,566 | | | | | |
| c Net income or (loss) from fundraising events | | 17,213 | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | | | | | | |
| a | | | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | 0 | | | | |
| 10a Gross sales of inventory, less returns and allowances . | | | | | | |
| a | 22,836 | | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | 22,836 | | | 22,836 | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a TRAINING | | 900099 | 9,177 | 9,177 | | |
| b SPONSORSHIPS | | | 312,696 | | 312,696 | |
| c MISCELLANEOUS | | | 1,273 | | 1,273 | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 323,146 | | | | |
| 12 Total revenue. See Instructions | | 3,476,906 | 49,802 | | 366,904 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------|----------------------------------------------------|-----------------------------------------|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | 110,263 | 110,263 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 104,095 | 90,282 | 6,714 | 7,099 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 411,338 | 373,607 | 28,390 | 9,341 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 7,915 | 7,323 | 557 | 35 |
| 9 Other employee benefits | 62,775 | 57,794 | 4,386 | 595 |
| 10 Payroll taxes | 31,516 | 28,724 | 2,173 | 619 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 27,571 | 20,525 | 3,327 | 3,719 |
| c Accounting | 53,445 | 48,519 | 3,509 | 1,417 |
| d Lobbying | 0 | | | |
| e Professional fundraising See Part IV, line 17 | 45,500 | | | 45,500 |
| f Investment management fees | 0 | | | |
| g Other | 188,508 | 135,431 | 19,869 | 33,208 |
| 12 Advertising and promotion | 14,665 | 14,601 | 9 | 55 |
| 13 Office expenses | 159,004 | 119,671 | 9,280 | 30,053 |
| 14 Information technology | 5,676 | 4,999 | 374 | 303 |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 18,774 | 14,369 | 1,059 | 3,346 |
| 17 Travel | 869,016 | 736,524 | 1,264 | 131,228 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 1,600 | 1,600 | | |
| 20 Interest | 92 | | 92 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 27,108 | 23,511 | 1,748 | 1,849 |
| 23 Insurance | 17,592 | 16,538 | 433 | 621 |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a PRODUCTION FEES | 118,744 | 37,998 | 37,998 | 42,748 |
| b Printing and Publications | 188,243 | 165,168 | 1,111 | 21,964 |
| c Postage and Shipping | 189,629 | 129,840 | 27,801 | 31,988 |
| d OFFICER MEMORIAL COINS | 63,149 | 63,149 | | |
| e FILE MAINTENANCE | 35,872 | 11,479 | 11,479 | 12,914 |
| f All other expenses | 58,217 | 33,966 | 7,611 | 16,640 |
| 25 Total functional expenses. Add lines 1 through 24f | 2,810,307 | 2,245,881 | 169,184 | 395,242 |
| 26 Joint costs. Check here <input type="checkbox"/> <input checked="" type="checkbox"/> If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 308,912 | 96,706 | 96,459 | 115,747 |

Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|
| Assets | 1 Cash—non-interest-bearing | 60,143 | 1 147,424 |
| | 2 Savings and temporary cash investments | 1,067,662 | 2 1,456,768 |
| | 3 Pledges and grants receivable, net | 1,502,328 | 3 407,149 |
| | 4 Accounts receivable, net | 4 | 0 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 0 |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 0 |
| | 7 Notes and loans receivable, net | 7 | 0 |
| | 8 Inventories for sale or use | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 12,297 | 9 0 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 954,557 | |
| | b Less accumulated depreciation | 10b 215,845 | 10c 738,712 |
| | 11 Investments—publicly traded securities | 554,067 | 11 2,204,137 |
| | 12 Investments—other securities See Part IV, line 11 | 12 | 0 |
| | 13 Investments—program-related See Part IV, line 11 | 13 | 0 |
| | 14 Intangible assets | 14 | 0 |
| | 15 Other assets See Part IV, line 11 | 1,560,614 | 15 385,770 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,511,641 | 16 5,339,960 |
| Liabilities | 17 Accounts payable and accrued expenses | 109,328 | 17 128,380 |
| | 18 Grants payable | 27,081 | 18 10,820 |
| | 19 Deferred revenue | 1,449,421 | 19 413,699 |
| | 20 Tax-exempt bond liabilities | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 50,609 | 25 174,595 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,636,439 | 26 727,494 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 3,519,198 | 27 4,169,263 |
| | 28 Temporarily restricted net assets | 356,004 | 28 443,203 |
| | 29 Permanently restricted net assets | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 | 3,875,202 | 33 4,612,466 |
| | 34 Total liabilities and net assets/fund balances | 5,511,641 | 34 5,339,960 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,476,906 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,810,307 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 666,599 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,875,202 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 70,665 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 4,612,466 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1 Accounting method used to prepare the Form 990 | <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? | <input type="checkbox"/> 2a | No |
| 2b Were the organization's financial statements audited by an independent accountant? | <input type="checkbox"/> 2b | Yes |
| 2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | <input type="checkbox"/> 2c | Yes |
| 2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 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? | <input type="checkbox"/> 3a | Yes |
| 3b 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 | <input type="checkbox"/> 3b | Yes |

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue ServiceName of the organization
CONCERNS OF POLICE SURVIVORS INC

Employer identification number

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 11, check only one box)

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

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

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

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

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

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

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

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An 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)

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

11 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 that describes the type of supporting organization and complete lines 11e through 11h

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------|----|------------------------------------------------------------------------|----|--------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 2,327,675 | 2,491,997 | 2,704,510 | 3,147,843 | 3,042,987 | 13,715,012 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 2,327,675 | 2,491,997 | 2,704,510 | 3,147,843 | 3,042,987 | 13,715,012 |
| 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) | | | | | | 156,884 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 13,558,128 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 2,327,675 | 2,491,997 | 2,704,510 | 3,147,843 | 3,042,987 | 13,715,012 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 95,602 | 38,308 | 31,719 | 59,149 | 84,712 | 309,490 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 43,698 | 63,493 | 58,325 | 61,279 | 54,329 | 281,124 |
| 11 Total support (Add lines 7 through 10) | | | | | | 14,305,626 |
| 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, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 94 770 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 95 810 % |
| 16a 33 1/3% support test—2011. 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  | | |
| b 33 1/3% support test—2010. If the organization did not check the 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  | | |
| 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization  | | |
| b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization  | | |
| 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  | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 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 exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | |
|-----------------------------------------------------------------------------------------|----|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 |

Section D. Computation of Investment Income Percentage

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 |
| 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | |
| b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | |

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

2011

Open to Public
Inspection**SCHEDULE D**
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

CONCERN 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" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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" to 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 pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year |
|----|-----------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ► _____

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

► \$ _____

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

| | |
|-----------------------------------------------------------------------|-------------------------------------------------------------|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> 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 XIV

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | Amount |
|-----------|---------------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|-------------------------------------------------------------------|-------------------------|-----------------------|---------------------------|-----------------------------|----------------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

(i) unrelated organizations Yes No

(ii) related organizations Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|----------------------------------------|-------------------------------------|-----------------------|
| 1a Land | | 350,500 | | | 350,500 |
| b Buildings | | 391,346 | | 102,051 | 289,295 |
| c Leasehold improvements | | 7,531 | | 7,531 | |
| d Equipment | | 75,489 | | 51,873 | 23,616 |
| e Other | | 129,691 | | 54,390 | 75,301 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | | 738,712 |

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) | | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| | | |
| | | |
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| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| (1) Rounding | 4 |
| (2) OFFICER'S ANNUITY | 211,171 |
| (3) DUE FROM OTHER FUNDS | 174,595 |
| | |
| | |
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| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) | 385,770 |

Part X Other Liabilities. See Form 990, Part X, line 25.

| (a) Description of Liability | (b) Amount |
|----------------------------------------------------------------------------|------------|
| Federal Income Taxes | |
| DUE TO OTHER FUNDS | 174,595 |
| | |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) | 174,595 |

2. Fin 48 (ASC 740) Footnote In Part XIV, 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)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|---------------------------------------------------------------------------------|----|-----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 3,476,906 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 2,810,307 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 666,599 |
| 4 | Net unrealized gains (losses) on investments | 4 | 70,665 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 70,665 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 737,264 |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--------------------------------------------------------------------------------------------|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,720,718 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 70,665 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 173,147 |
| e | Add lines 2a through 2d | 2e | 243,812 |
| 3 | Subtract line 2e from line 1 | 3 | 3,476,906 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 3,476,906 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---------------------------------------------------------------------------------------------|----|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,983,454 |
| 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 XIV) | 2d | 173,147 |
| e | Add lines 2a through 2d | 2e | 173,147 |
| 3 | Subtract line 2e from line 1 | 3 | 2,810,307 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 2,810,307 |

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|--------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part X | Part X FIN48 Footnote | The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and application of 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 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 year ended. The Organization files forms 990 in the U.S. federal jurisdiction. The Organization is generally no longer subject to examination by the Internal Revenue Service three years after the forms were filed. |
| Part XIII, Line 2d | Part XIII, Line 2d Other expenses and losses per audited F/S | NONCASH DONATION EXPENSE \$173147 |
| Part XII, Line 2d | Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990 | NONCASH DONATION INCOME \$173147 |

2011

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(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
CONCERNS OF POLICE SURVIVORS INC

Employer identification number

52-1354370

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

| | |
|--------------------------------------------------------------|------------------------------------------------------------------|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and e-mail solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| | | Yes | No | | | |
| RESPONSE DEVELOPMENT COP PRINCE FRE, MD 20678 | MAILING | | No | 298,836 | 45,500 | 253,336 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 298,836 | 45,500 | 253,336 |

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

WV, WI, WA, VA, UT, TX, TN, SC, RI, PA, OR, OK, OH, NY, NM, NJ, NH, ND, NC, NY, MS, MN, MI, ME, MD, MA, KY, KS, IL, GA, FL, DC, CT, CO, CA, AZ, AR, AL, AK

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through col (c)) |
|-----------------|-------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------------------|------------------------------------------------------|
| | | <u>COPS WALK HF</u> (event type) | <u>COPS WALK SW</u> (event type) | <u>1</u> (total number) | |
| Revenue | 1 Gross receipts . . . | 253,622 | 93,723 | 62,979 | 410,324 |
| | 2 Less Charitable contributions . . . | 200,048 | 75,423 | 7,074 | 282,545 |
| | 3 Gross income (line 1 minus line 2) . . . | 53,574 | 18,300 | 55,905 | 127,779 |
| Direct Expenses | 4 Cash prizes . . . | 3,250 | 2,000 | 4,500 | 9,750 |
| | 5 Non-cash prizes . . . | 1,286 | 1,110 | 250 | 2,646 |
| | 6 Rent/facility costs . . . | 17,967 | 15,224 | 3,631 | 36,822 |
| | 7 Food and beverages . . . | 13,268 | 8,234 | 4,401 | 25,903 |
| | 8 Entertainment . . . | | | | |
| | 9 Other direct expenses . . . | 18,929 | 9,784 | 6,732 | 35,445 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) | | | | (110,566) |
| | 11 Net income summary Combine lines 3 and 10 in column (d) | | | | 17,213 |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | () |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) | | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 _____

11 Does the organization operate 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 operated in

| | |
|------------|--|
| 13a | |
| 13b | |

14 Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2011

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Department of the Treasury
Internal Revenue Service

Name of the organization

CONCERNS OF POLICE SURVIVORS INC

Employer identification number

52-1354370

Part I General Information on Grants and Assistance

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| (1) AWARDS, GRANTS, AND SCHOLARSHIPS | 74 | 110,263 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**

| | |
|--------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization CONCERNS OF POLICE SURVIVORS INC | Employer identification number 52-1354370 |
|--------------------------------------------------------------|-----------------------------------------------------|

| Identifier | Return Reference | Explanation |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | PAPER COPIES UPON REQUEST |
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | The process for determining compensation of the organization's Financial Manager is done annually in July by the Chief Executive Officer. An Employee Self Assessment Form is completed by the Financial Manager and an Employee Performance Appraisal is completed by the Chief Executive Officer. The Chief Executive Officer compares the two and discusses accomplishments and performance with the employee and makes a decision directly to the employee. |
| Form 990, Part VI, Line 11 | Form 990, Part VI, Line 11 Form 990 Review Process | A draft of the audit and 990 will be presented to the Audit Committee for their review and possible edits prior to submission to the full Board for acceptance of these documents. Following the Board approval of the audit and 990, the Chief Executive Officer shall sign the documents for submission to Federal and state regulatory agencies as required by announced deadline dates. |
| Form 990, Part VI, Line 2 | Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et | Son in-law of the former Executive Director is under a written agreement/contract as a building maintenance engineer. The agreement is negotiated and settled with the Financial Manager. One Trustee is the surviving spouse of an officer killed in the line of duty and another trustee is the surviving parent of the same officer. |
| Form 990, Part III, Line 4d | Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 Members of COPS 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 COPS provides to survivors and law enforcement agencies, and to 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. COPS has partnered with the Public Safety Officers Benefits (PSOB) Program and trained sworn and retired law enforcement officers to serve as resources to agencies filing a PSOB Death Claim following a line-of-duty death. Currently COPS works with these PSOB Benefits Coordinators to cover every state, reaching out to all agencies experiencing a line-of-duty death. OTHER PROGRAM SERVICES 5 Peer support and survivor benefits and outreach is provided through the 52 COPS 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. COPS also publishes a printed quarterly newsletter that is mailed to approximately 40,000 survivors and law enforcement personnel each quarter. This newsletter provides important information on upcoming COPS 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. OTHER PROGRAM SERVICES 6 Public education and awareness is accomplished in part each year during National Police Week, the calendar week that includes May 15, when COPS 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. The national COPS office receives requests for these ribbons from across the country and mails out approximately 600,000 ribbons each year. COPS also works to educate the public on law enforcement trauma issues through the use of billboards and PSAs during the year. OTHER PROGRAM SERVICES 7 In addition to the COPS Kids/Teens program during the National Police Survivors Conference and the COPS Kids Camp and the Outward Bound programs in July each year, COPS offers financial assistance to dependent-aged children who seek 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. |

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 52-1354370
Name: CONCERNS OF POLICE SURVIVORS INC

Form 990, Special Condition Description:

| Special Condition Description |
|-------------------------------|
|-------------------------------|