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GOVERNMENT COPY

Ellsworth & Stout, Cpas 7881 W. Charleston Blvd, Suite 155 Las Vegas, Nevada 89117 (702) 871-2727

April 24, 2018

Police Wives of America 9030 W Sahara Ave Ste 175 Las Vegas, NV 89117

Police Wives of America:

Enclosed is the organization's 2017 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

December 31, 2017

Prepared for	Police Wives of America 9030 W Sahara Ave Ste 175 Las Vegas, NV 89117
Prepared by	
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

, 2017, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

81-3848350

Emplo

20

POLICE WIVES OF AMERICA

Name and title of officer DEBORAH COSTELLO PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2017, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here b X b Total revenue, if any (Form 990-EZ, line 9)	2b	81,802.
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize ELLSWORTH & STOUT, CPAS	to enter my PIN 11111
ERO firm name	Enter five numbers, but do not enter all zeros
	ed return. If I have indicated within this return that a copy of the return he IRS Fed/State program, I also authorize the aforementioned ERO to
	on the organization's tax year 2017 electronically filed return. If I have h a state agency(ies) regulating charities as part of the IRS Fed/State n.
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	88352811111 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2 confirm that I am submitting this return in accordance with the requirements of <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date 04/24/18
ERO Must Retain This For Do Not Submit This Form to the IR	

Form 990-FEZ Return of Organization Exempt From Income Tax Under section 901(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) In Do not enter social security numbers on this form as it may be made public.		00		Short Form		_		OMB No. 1545-1150	0
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d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 88,901. b Less: cost of goods sold SEE SCHEDULE O c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 50,609. 8 Other revenue (describe in Schedule 0) SEE SCHEDULE O 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 81,802. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 36,278. 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 C, 995. 16 Other expenses (describe in Schedule 0) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 38,232. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0.00.			-			_			
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 81, 802. 10 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 36, 278. 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 2,9955. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 4,297. 17 Total expenses. Add lines 10 through 16 17 43,570. 18 38,232. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 0. 0 0 0 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0		-	Gross profit or	(loss) from sales of inventory (Subtract line /b from line /a)		····· -		50,00	2.
10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 36,278. 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 2,9955. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 4,297. 17 Total expenses. Add lines 10 through 16 17 43,570. 18 38,232. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 0. 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 0.			Total revenue			····· -		81 80	$\frac{3}{2}$
11 Benefits paid to or for members 11 36,278. 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 2,995. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 4,297. 17 Total expenses. Add lines 10 through 16 17 43,570. 18 38,232. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 0. 0								01,00	<u>4 •</u>
12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 2,995. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 4,297. 17 Total expenses. Add lines 10 through 16 17 433,570. 18 38,232. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 0. 20 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 0. 0.								36.27	8.
13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 2,995. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 4,297. 17 Total expenses. Add lines 10 through 16 17 43,570. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 38,232. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0.	s		Salaries other	compensation and employee benefits		····· -		50,27	
15 2,333. 15 2,333. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 4,297. 17 Total expenses. Add lines 10 through 16 17 43,570. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 38,232. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0)	Ise		Professional fe	es and other navments to independent contractors		····· -			
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16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 4,297. 17 Total expenses. Add lines 10 through 16 17 43,570. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 38,232. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0.	Ě		Printing, public	ations, postage, and shipping				2,99	5.
17Total expenses. Add lines 10 through 161743,570.18Excess or (deficit) for the year (Subtract line 17 from line 9)1838,232.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)190.20Other changes in net assets or fund balances (explain in Schedule 0)2000.				s (describe in Schedule 0) SEE SC	HEDULE O	····· ⊢		4,29	7.
18Excess or (deficit) for the year (Subtract line 17 from line 9)1838,232.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)190.20Other changes in net assets or fund balances (explain in Schedule 0)200.								43,57	0.
Image: ProblemImage:	s	18					18	38,23	2.
	set	19							
	As		(must agree wi	th end-of-year figure reported on prior year's return)			19		0.
	Net	20					20		0.
	_	21	Net assets or f	und balances at end of year. Combine lines 18 through 20			21	38,23	2.

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

Form **990-EZ** (2017)

Forn	1 990-EZ (2017) POLICE WIVES OF AMERICA		8	81-	38483	50	Page 2
Pa	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to resp	oond to any questio	n in this Part II			<u></u>	X
			(A) Beginning of year		(B) E	nd of year	
22	Cash, savings, and investments		0	• 22		31,0	093.
23	Land and buildings			23			
24	Other assets (describe in Schedule 0) SEE SCHEDULE O		0	• 24			139.
25	Total assets		0	• 25		38,2	232.
26	Total liabilities (describe in Schedule 0)		0	• 26			0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		0	• 27		38,2	232.
Pa	art III Statement of Program Service Accomplishmer	nts (see the instruct	ions for Part III)		E)	kpenses	
	Check if the organization used Schedule O to resp	oond to any questio	n in this Part III	X	(Required 501(c)(3)	for section	n .)(4)
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE O				organizatio		
Desc	ribe the organization's program service accomplishments for each of its three largest program s	services, as measured by expens	es. In a clear and concise		others.)		
	ner, describe the services provided, the number of persons benefited, and other relevant information						
	POLICE WIVES OF AMERICA IS A NONPRO						
	HOLDING FUNDRAISING EVENTS TO BENEF	IT FIRST RES	PONDERS IN				
	LAS VEGAS AND SURROUNDING AREAS.						
	(Grants \$) If this amount includes foreign g	rants, check here			28a	1,0	001.
29							
	(Grants \$) If this amount includes foreign g	rants, check here			29a		
30							
	(Grants \$) If this amount includes foreign g	rants, check here			30a		
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign g				31a		
32	Total program service expenses (add lines 28a through 31a)			►	32	1,0	001.
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one	even if not compensated - s	see the	instructions f	or Part IV)	
	Check if the organization used Schedule O to resp	oond to any questio	n in this Part IV				
		(b) Average hours			alth benefits, ributions to	(e) Esti	mated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	empl	oyee benefit and deferred	amount o	
		position	(if not paid, enter -0-)		pensation	compen	Isation
	BORAH COSTELLO						
PR	ESIDENT	10.00	0.		0.		0.
	LANA COLE						
	CRETARY	10.00	0.		0.		0.
	ISTY PELLETIER						
	RECTOR	10.00	0.		0.		0.
	RI GRIMM						
TR	EASURER	10.00	0.		0.		0.
			1 1				
			1				
			•			<u> </u>	_

Form	1 990-EZ (2017) POLICE WIVES OF AMERICA 81-3848	350	ſ	Page 3
Pa	Irt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th		
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	: V	X
-			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions \mathbf{P} 37a 0 .			
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization 0 .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 702-38			
	Located at ▶ 9030 W SAHARA AVE STE 175, LAS VEGAS, NV ZIP+4 ▶ 8	911	7	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country: 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country: 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Page 3

									Yes	No
46		rganization engage, directly or indirectly, in pol complete Schedule C, Part I						46		x
Pa		Section 501(c)(3) organizations						40		1
		All section 501(c)(3) organizations must a	-	49b and 52, an	nd comple	te the tables for line	es 50 and 51			
		Check if the organization used Schedule	O to respond to any	question in this	s Part VI		<u></u>		_	
47	Didahaa	versionation oppose in labbuing activities or bou	a a position FO1(h) plant	ian in affact duri			a Cale O Davit		Yes	No X
47 48		rganization engage in lobbying activities or hav ganization a school as described in section 170							_	X
		rganization make any transfers to an exempt no							_	x
		vas the related organization a section 527 organ)	
50	Complete	e this table for the organization's five highest co	mpensated employees	(other than office					received	more
	than \$10	0,000 of compensation from the organization. I	f there is none, enter "N		hauna	(1)	(d)	- 61-	(a) Eatim	atad
		(a) Name and title of each employee		(b) Average per week dev		(C) Reportable compensation (Forms	(d) Health ben contributions employee ber	to	(e) Estim mount of	
		NON	E	positio		W-2/1099-MISC)	plans, and defe	erred	compens	
			_							
f					▶					
51		e this table for the organization's five highest co		t contractors wh	o each rece	eived more than \$100	,000 of compe	nsation	from th	е
		tion. If there is none, enter "None." NON			(h	Tupo of convice			nonostio	
	(a) 1	Name and business address of each independer			(0) Type of service		c) 00111	pensatio	11
d	Total nun	nber of other independent contractors each rec	eiving over \$100,000	·····		🕨	•			
52		rganization complete Schedule A? Note: All sec							_	_
		d Schedule A					>	X		<u>No</u>
	•	s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other tha						ledge a	ind belie	, it is
uue,		nu complete. Declaration of preparer (other that	II OIIICEI) IS DASEU OII AI	I IIIIUI IIIaliUII UI V	which prepa	arer nas any knowleuj	je.			
Sig	n 🕨	Signature of officer					Date			
Hei	re	DEBORAH COSTELLO, P	RESIDENT							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Pai	d					self- emplo	yed			
	parer	Eirm's name								
Use	Only	Firm's name Firm's address				Firm's EIN				
						Phone no	•			
May	the IRS di	I scuss this return with the preparer shown abov	e? See instructions						Yes	No
iviay	ano into ul	souss and rotarn with the proparer showil abov					🖊		.03	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)	
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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.

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

	2017
	Open to Public Inspection
r	identification number

OMB No. 1545-0047

L

Name of the	organization
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Nam	e of t	the organization							identification number
_			CE WIVES O						1-3848350
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions	S.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	on 170(b)([.]	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz						(iii). Enter	the hospital's name.
-		city, and state:		, ,				. ,	, ,
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a d	overnmentalı	unit descrit	bed in
Ū		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	. ,	montal unit described in a	soction 1	70(6)(1)(1)	(m)		
7								ha aanaral	public described in
'		An organization that norma		antial part of its support i	rom a gov	ernmenta		ne general	public described in
-		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	the colleg	e or
		university:							
10	Χ	An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	ind gross receipts from
		activities related to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	e (less section 511 tax) fro	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclus	sively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3).	Check the box in
		lines 12a through 12d that							
а		Type I. A supporting orga							<i>i</i> aivina
		the supported organization		-	• •			••••••	
		organization. You must o							
b		Type II. A supporting org			tion with it	ts sunnart	ed organizatio	n(s) hy ha	wina
~		control or management o							
		organization(s). You mus			and perso			ige the sup	poned
~		Type III functionally inte			in connoc	tion with	and functions	lly intograt	od with
С								ny megrat	eu with,
		its supported organizatio							
d		J Type III non-functionally		• •				-	
		that is not functionally int			•		-	d an attent	iveness
		requirement (see instruct	,	•					
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or	• •						
f	Ente	er the number of supported o	organizations						_
g		vide the following information		· · ·		<u></u>			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your govern	inization listed	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
					1				

Schedule A (Form 990 or 990 EZ) 2017 POLICE WIVES OF AMERICA

81-3848350 Page 2

J	Part II	Support Sched	ule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
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(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4							
_	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	•		12	
	First five years. If the Form 990 is for	,	,				
10	organization, check this box and stop	•					
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
-	Public support percentage for 2017 (I			column (f))		14	%
	Public support percentage from 2016					15	<u> </u>
	33 1/3% support test - 2017. If the c						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2016. If the c						
L.							
47-	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test					-	
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 POLICE WIVES OF AMERICA

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support		i	i	1	i	· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					31,190	. 31,190.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
~						31,190	. 31,190.
	Total. Add lines 1 through 5					51,150	51,1501
78	Amounts included on lines 1, 2, and						0.
b	3 received from disqualified persons 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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						31,190.
Sec	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 31,190	(f) Total
9	Amounts from line 6					31,190	. 31,190.
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					50,609	50,609.
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)			1	1	81,799	81,799.
	First five years. If the Form 990 is for	r the organization'	l s first second thi	l rd fourth or fifth t	I av vear as a sectiv		
17	•	•			•		
Sec	check this box and stop here		rcentage				
	Public support percentage for 2017 (I			oolump (f))		15	04
							%
	Public support percentage from 2016 ction D. Computation of Invest					16	%
	•						
17						17	%
	Investment income percentage from 2						<u>%</u>
19a	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
50		
3c		
4a		
41		
4b		
4.5		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990 or 990 EZ) 2017 POLICE WIVES OF AMERICA Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NU
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	I		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
<u> </u>	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		-)	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside the second se	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990 EZ) 2017 POLICE WIVES OF AMERICA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	vggregate fair market value of all non-exempt-use assets (see			
iı	nstructions for short tax year or assets held for part of year):			
a A	werage monthly value of securities	1a		
b A	werage monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
dΙ	otal (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other			
f	actors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	ee instructions)	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Aultiply line 5 by .035	6		
7 F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	inter 85% of line 1	2		
3 N	Iinimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	inter greater of line 2 or line 3	4		
5 li	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	mergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 POLICE WIVES OF AMERICA

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			Form 000 or 000 FZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017	POLICE WI	IVES OF	AMERICA	81-3848350 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide , 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part	the explanatio 5a, 6, 9a, 9b, 9 IV, Section E, I	ns required by Part II, line ⁻)c, 11a, 11b, and 11c; Part ines 1c, 2a, 2b, 3a, and 3b	0; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	8; and Part V, Sect	ion E, lines 2, 3	5, and 6. Also complete this	s part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

732211 09-07-17

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

► Go to www.irs.gov/Form990 for the latest information. POLICE WIVES OF AMERICA

 $\begin{array}{c} \text{Employer identification number} \\ 81-3848350 \end{array}$

Open to Public

Inspection

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

Attach to Form 990 or 990-EZ.

INCOME:	
1. GROSS RECEIPTS	88,901.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	88,901.
4. COST OF GOODS SOLD (LINE 13)	38,292.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	50,609.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	0.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	45,431.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	45,431.
12. INVENTORY AT END OF YEAR	7,139.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	38,292.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST	3.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT :
MISCELLANEOUS	3,296.
PROGRAM EXPENSES	1,001.
TOTAL TO FORM 990-EZ, LINE 16	4,297.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2017

	Schedule O ((Form 990 or 990-EZ) (2017)
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Name of the organization

POLICE WIVES OF AMERICA

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY	0.	7,139.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION'S MISSION IS TO UNITE POLICE WIVES ACROSS AMERICA AND PROVIDE ASSISTANCE THROUGH FUNDRAISING EVENTS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.