COMMITTEE ON NATURAL RESOURCES

113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation
Legislative Hearing on **H.R. 4120 (Hoyer),** To amend the National Law Enforcement Museum Act to extend the termination date

March 25, 2014

For Inc	lividuals:
1. Nar	ne:
2. Add	dress:
3. Em	ail Address:
4. Pho	one Number:
	* * * *
For W	itnesses Representing Organizations:
1.	Name: Craig W. Floyd
2.	Name of Organization(s) You are Representing at the Hearing:
	National Law Enforcement Officers Memorial Fund
3.	Business Address: Suite 100, 901 E Street NW, Washington, DC 20004
4.	Business Email Address: [Information redacted for privacy]

5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: Craig W. Floyd/National Law Enforcement Officers Memorial Fund Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 4120 (Hoyer),** To amend the National Law Enforcement Museum Act to extend the termination date March 25, 2014

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

 N/A
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

 N/A
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Founding Chairman and CEO of National Law Enforcement Officers Memorial Fund—held position for almost 30 years.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

Current Year—No funds, but did receive the transfer of Eagle One (historic Park Service helicopter) for display in the Museum from Interior in Omnibus Appropriations Act.

During previous four years, received a \$750,000 grant and a \$500,000 grant from Interior Appropriations to help defray the cost of moving the utilities in the Congressionally designated footprint of the Museum.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Oversaw the development, design, and completion of the National Law Enforcement Memorial, a similar Congressionally authorized project.

Witnesses Representing Organizations

Name/Organization: Craig W. Floyd/National Law Enforcement Officers Memorial Fund Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 4120** (**Hoyer**), To amend the National Law Enforcement Museum Act to extend the termination date March 25, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Chairman and CEO of the National Law Enforcement Officers Memorial Fund.

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

Current Year—No funds, but did receive the transfer of Eagle One (historic Park Service helicopter) for display in the Museum from Interior in Omnibus Appropriations Act.

During previous four years, received a \$750,000 grant and a \$500,000 grant from Interior Appropriations to help defray the cost of moving the utilities in the Congressionally designated footprint of the Museum.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

PDF of 990s from 2010, 2011, and 2012 sent to Committee under separate electronic cover.

** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

A	For th	e 2010 calendar year, or tax year beginning and	d ending		
В	Check if	C Name of organization		D Employer identif	ication number
•	applicab	NATIONAL LAW ENFORCEMENT OFFICERS			
Г	Addr chan	MEMORIAL FUND, INC.			
F	Name			52_1	1382926
_	Initial		Room/suite		
<u> </u>	Term		100	E Telephone number	
=	اated Amer	JOI E SIREEI NW	ITUU		-737-3400
-	lreturr □Appli			G Gross receipts \$	26,105,378.
L	Appli tion pend	20		H(a) Is this a group r	
		F Name and address of principal officer: CRAIG W. FLOYD		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. (see instructions)
<u>J</u> \	Websi	te: ► WWW • NLEOMF • COM		H(c) Group exemption	on number 🕨
K	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 1984 I	M State of legal domicile; DC
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO	COMMEMO	RATE THE SE	RVICE AND
Activities & Governance		SACRIFICE OF LAW ENFORCEMENT AND MAINTAI			
'n.	2	Check this box if the organization discontinued its operations or dispose			eeste
Š	3			ı	18
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
•ŏ თ	5	Total number of individuals employed in calendar year 0010 (Dert V. line 0a)	•••••		53
Ę.		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			
:≧	6	Total number of volunteers (estimate if necessary)	•••••	6	350
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		<u>13,393,253.</u>	14,524,237.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		54,606.	699,081.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		633,135.	684,169.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,080,994.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,256,088.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		204,293.	
ğ	h	Total fundraising expenses (Part IX, column (D), line 25) 4,200,2			270,214.
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		8,961,577.	9,556,333.
	1 .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,421,958.	
_ <u>~ &</u>	19	Revenue less expenses. Subtract line 18 from line 12		1,659,036.	
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)		<u>54,208,950.</u>	56,820,153.
귷	21	Total liabilities (Part X, line 26)		<u>1,255,992.</u>	1,940,223.
콛	22	Net assets or fund balances. Subtract line 21 from line 20		<u>52,952,958.</u>	<u>54,879,930.</u>
	art II				
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and stateme	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer, (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Idul Ham/U		10/3/11	
Sigi	n	Signature of officer		Date	
Her	e	ROBERT H. FRANK, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate, Check	PTIN
Paid		MARNETTE MYERS	DA 0	7 30 Li if self-employ	'
	arer	Firm's name FRANK & COMPANY, P.C.		1 30 11 1	<u> </u>
Use				Firm's EIN	
-0E	July	· · · · · · · · · · · · · · · · · · ·		Diam.	02 021 0500
	. 11	MCLEAN, VA 22101		Phone no. 7	03-821-0702
ıvıay	tne II	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you Do not Electro required of time Persona visit www.	are filing for an Automatic 3-Month Extension, complete are filing for an Additional (Not Automatic) 3-Month Extension for an Additional (Not Automatic) 3-Month Extension for an Additional (Not Automatic) 3-Month Extension for filing (e-file). You can electronically file Form 8868 if the file Form 990-T), or an additional (not automatic) 3-month file form 990-T), or an additional (not automatic) 3-month file any of the forms listed in Part I or Part II with the extension for the IRS in page w.irs.gov/efile and click on e-file for Charities & Nonprofits I Automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic ration required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic 3-Month Extension	tension, an automa you need onth exten ception of the performat s.	complete only Part II (on page 2 of this atic 3-month extension on a previously f a 3-month automatic extension of time to sion of time. You can electronically file form 8870, Information Return for Tran (see instructions). For more details on to submit original (no copies needed).	s form; iled Fo to file Form & nsfers the ele). orm 8868. (6 months for a corpo 8668 to request an ea Associated With Cea octronic filing of this f	xtension rtain
	corporations (including 1120-C filers), partnerships, REM			 1 exte	 nsion of time	
Type or print File by the due date for filing your return. See instruction	NATIONAL LAW ENFORCEMENT OF MEMORIAL FUND, INC. Number, street, and room or suite no. If a P.O. box, s 901 E STREET NW, NO. 100	ee instruc	tions.		oloyer identification	number
	e Return code for the return that this application is for (file					0 1
Applica	tion	Return	1 ''			Return
Is For Form 99	0	Code	Is For			Code
Form 99		01 02	Form 990-T (corporation)			07
Form 99		03	Form 1041-A Form 4720			08
Form 99		03	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
Telep If the	FRANK & COMPANY ooks are in the care of 1360 BEVERLY RI hone No. 703-821-0702 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box	in the Un Group Exe	FAX No. ►	s is fo	r the whole group, ch	neck this
is t	August an automatic 3-month (6 months for a corporation August 15, 2011 , to file the exempt or the organization's return for: X calendar year 2010 or tax year beginning	organizat	d ending	bove.	·	
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, on prefundable credits. See instructions.	r 6069, er	nter the tentative tax, less any	3a	\$	0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069, e	enter any	refundable credits and			<u>_</u>
	imated tax payments made. Include any prior year overpa	-	1	3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pay					
	using EFTPS (Electronic Federal Tax Payment System). S			3с	\$	0.
aution.	If you are going to make an electronic fund withdrawal w	ith this Fo	rm 8868, see Form 8453-EO and Form	8879-1	O for payment instr	

Form 8868 (Rev. 1-2011)				Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo)X	X
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form 8868.	
• If you are filing for an Automatic 3-Month Extension, comple				
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	opies needed).	
Type or NATIONAL LAW ENFORCEMENT OF	FTCER:	g	Employer identification	number
mEMORIAL FUND, INC.	0		52-1382926	
File by the extended Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	<u> </u>	
due date for 901 E STREET NW. NO. 100				
return. See City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.		
WASHINGTON, DC 20004				
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)		0 1
Application	Return	Application		Return
ls For	Code	is For		Code
Form 990	01			
Form 990-BL	02	Form 1041-A		08
Form 990-EZ	03	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
STOP! Do not complete Part II if you were not already granted			sly filed Form 8868.	· · · · · · · · · · · · · · · · · · ·
FRANK & COMPANY				
• The books are in the care of ► 1360 BEVERLY RI). SU		22101	
Telephone No. ► 703-821-0702		FAX No. ▶		
If the organization does not have an office or place of business If the organization does not have an office or place of business				
• If this is for a Group Return, enter the organization's four digit (
box . If it is for part of the group, check this box .			nembers the extension is t	tor.
4 I request an additional 3-month extension of time until 5 For calendar year 2010, or other tax year beginning				
6 If the tax year entered in line 5 is for less than 12 months, cl			Final return	···································
Change in accounting period	HECK IEAS	on maaretum t	-ınaı return	
7 State in detail why you need the extension				
THE TAXPAYER IS AWAITING RECEI	וס יים	ADDITIONAL INFORMA	TTON IN ORDER	TΩ
ENSURE A COMPLETE AND ACCURATE			IION IN ORDER	
	 		 	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, ei	nter the tentative tax, less any		
nonrefundable credits. See instructions.	,	,	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, or	enter any	refundable credits and estimated		
tax payments made. Include any prior year overpayment allo	-			
previously with Form 8868.		,	8b \$	0.
c Balance due. Subtract line 8b from line 8a. Include your pay	yment witi	n this form, if required, by using		
EFTPS (Electronic Federal Tax Payment System). See instru			8c \$	0.
-		d Verification		
Under penalties of perjury, I declare that I have examined this form, includi it is true, correct, and complete, and that I am authorized to prepare this for	ng accomp rm.	anying schedules and statements, and to the	best of my knowledge and be	lief,
Signature ► Madison Lee, CPA Title ► C			Date > 8/11/11	

Form 8868 (Rev. 1-2011)

_	NATIONAL LAW ENFORCEMENT OFFICERS
	1990 (2010) MEMORIAL FUND, INC. 52-1382926 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	
	TO COMMEMORATE THE SERVICE AND SACRIFICE OF LAW ENFORCEMENT AND
	MAINTAIN THE MEMORIAL.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ _ 3 , 691 , 793 • including grants of \$) (Revenue \$)
	SOCIETAL PROGRAM MATERIALS: HONORING THOSE WHO HAVE LOST THEIR LIVES IN
	THE LINE OF DUTY DURING THEIR SERVICE IN THE LAW ENFORCEMENT PROFESSION
	THROUGH SEEKING THE GENERAL PUBLIC'S INVOLVEMENT IN RECOGNIZING THE
	SACRIFICES MADE.
	MICHITICID MADI
4b	(Code:) (Expenses \$ 1,736,769. including grants of \$) (Revenue \$ 473,643.)
	VISITORS CENTER: EXPENSES ASSOCIATED WITH OPERATING AND MAINTAINING THE
	VISITORS CENTER.
	VIDII VIID CHIVILIN
4c	(Code:) (Expenses \$ 1,456,060. including grants of \$ 150,000.) (Revenue \$)
40	
	MEMORIAL OPERATIONS: RESPONSIBILITY FOR MAJOR REPAIRS AND IMPROVEMENTS
	AT THE MEMORIAL, THE RESEARCH AND ENGRAVING OF NAMES OF FALLEN
	OFFICERS, OVERSIGHT OF DAILY MAINTENANCE BY THE NATIONAL PARK SERVICE,
	AND OPERATIONS AT THE MEMORIAL.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 995,712. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,880,334.
46	
032002	Form 990 (2010)
12-21-	

MEMORIAL FUND, INC.

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		Х
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	4		Х
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
ŭ	- · · · · · · · · · · · · · · · · · · ·	8	Х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide		- 44	
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		- 23
10	If "Yes," complete Schedule D, Part V	10	X	
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	10		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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	11c		х
d				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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 X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17	Х	
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	18		X
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	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			

Form **990** (2010)

operate one or more hospitals must attach audited financial statements (see instructions)

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	X	
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	04-		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	any tax-exempt bonds?	240		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Ontroduct Doubl	OFF		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		Α_
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	ne		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		Marie Ste	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	\$694£16	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
	If "Yes," complete Schedule N, Part I	31		Х
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		X
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		X
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	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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		•	
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		X
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		X
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	х	

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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	42			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?	······		1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ıs)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
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	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		├──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					l
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	r gifts			
	were not tax deductible?			<u>6b</u>	ed gharit se	i de la casa de la cas La casa de la casa de
7	Organizations that may receive deductible contributions under section 170(c).				344 CM	Metari S
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X	
b				7b_	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as req	uirea	7.		х
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u>7c</u>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		+2	7e	são diá s	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				表式 七	
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		1	8		
9	Sponsoring organizations maintaining donor advised funds.		Ů,			
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			195\V.1		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		ger verskeaf
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				77
	• • • • • • • • • • • • • • • • • • • •			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	L	

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MEMORIAL FUND, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in schedule o						X
	Check if Schedule O contains a response to any question in this Part VI						
Sect	ion A. Governing Body and Management					V	N-
			I	10	e al Sala	Yes	<u>No</u>
	Enter the number of voting members of the governing body at the end of the tax year			18 17			
b	Enter the number of voting members included in line 1a, above, who are independent	1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
•	of officers, directors or trustees, or key employees to a management company or other person?				3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	,,,,,,	[5		_X_
6	Does the organization have members or stockholders?]	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	s of the				
	governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year				
	by the following:			1			
а	The governing body?				8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the		_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			<u></u>	9_		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)				T
				ſ	40	Yes	No_
	Does the organization have local chapters, branches, or affiliates?			····· }	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such				10b		
					11a	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before the state of the state o	unig u	le lomi:	·····	<u> ila</u>	45	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				12a	Х	PACHERICAL CO.
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	uld aiv	a rise		124		<u> </u>
b					12b	X	
_	to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If						
C	in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?			1	13	X	
14	Does the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	ļ
b	Other officers or key employees of the organization				15b	X	1
	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 arrange	ement v	with a				
	taxable entity during the year?				16a		X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev			1			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ganizat	tion's				Page 186
	exempt status with respect to such arrangements?				16b	L	İ
Sec	tion C. Disclosure	~~ -) TT (3)			773	7 1/0
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, CT, C	CO, 1	C, FL, GA	<u>, 11</u>	<u>, 18</u>	. , K 1	, MID
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-ı (501	(c)(ප)s only) ava	mable	ior		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request			lion -	.d €	noisi	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest pol	ııcy, ar	iu iina	ai iCial	
	statements available to the public.	and	norde of the e	aniac'	tion: >		
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ouas or the org	yaı IIZdi	JOH:		
	FRANK & COMPANY, P.C 703-821-0702 1360 BEVERLY RD. SUITE 300, MCLEAN, VA 22101						
	1360 BEVERLY RD. SUITE 300, MCLEAN, VA 22101				Form	990	(2010)

SEE SCHEDULE O FOR FULL LIST OF STATES

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 VII

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. 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	T .	CA1 112.C		C)	прс	iisai	(D)	(E)	(F)
Name and Title	Average hours per week		heck	Pos call			ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
CRAIG W. FLOYD	10.00									
CEO	40.00	X	<u> </u>	X	ļ	<u> </u>		191,660.	0.	31,272.
HUBERT WILLIAMS	1									_
DIRECTOR	1.00	X		<u> </u>		ļ	ļ	0.	0.	0.
SAM A. CABRAL	1									
DIRECTOR	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
CHUCK WEXLER	1 00									
DIRECTOR	1.00	X	-					0.	0.	0.
MIKE MUTH	1 00	l								
DIRECTOR	1.00	X	ļ		<u> </u>			0.	0.	0.
DANIEL N. ROSENBLATT	1 00									
DIRECTOR	1.00	X	├		<u> </u>		_	0.	0.	0.
CHUCK CANTERBURY	1 00									
DIRECTOR	1.00	X			├	-		0.	0.	0.
WILLIAM JOHNSON	1 00	.,							•	•
DIRECTOR	1.00	X			<u> </u>			0.	0.	0.
ROBERT GORDON	1 00	₹.							0	•
DIRECTOR	1.00	X	\vdash				_	0.	0.	0.
STEVEN ANTONUCCI	1 00	7.7						٠,	0	0
DIRECTOR	1.00	1	-		_	-		0.	0.	0.
AARON D. KENNARD	1.00							0.	0.	0.
DIRECTOR	1.00	A				-		U.	0.	U.
JESSIE LEE, JR DIRECTOR	1.00	v						0.	0.	0.
BEVERLY CRUMP	100	122							<u> </u>	<u>U•</u>
DIRECTOR	1.00	x						0.	0.	0.
MARCUS JONES	1.00	22						V •	0.	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
HARRY E. PHILLIPS	1 200							.		
DIRECTOR	1.00	х						0.	0.	0.
JON ADLER		<u></u>					-			<u>~</u>
DIRECTOR	1.00	x						0.	0.	0.
LINDA MOON GREGORY		T								
DIRECTOR	1.00	X						0.	0.	0.
032007 12-21-10										Form 990 (2010)

MEMORIAL FUND, INC.

Part VII Section A. Officers, Directors,	1	mplo	oyee			High	est				
(A) (B) Name and title Avera hours				-	C)			(D)	(E)	_	(F)
			Position (check all that apply)				lv)	Reportable compensation	Reportable compensation		stimated mount of
	week	-	Τ	T	T	1	·	from	from related	"	other
	(describe	ector						the	organizations	cor	npensation
	hours for	i ii				ig g	i	organization	(W-2/1099-MISC)		from the
	related	stee	ruste		١.,	bens		(W-2/1099-MISC)	•	or	ganization
	organizations	ual tr	onal		ploye	E COM				- 1	nd related
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	ganizations
SUZANNE SAWYER				-		 			:		
SECRETARY	1.00	X		X		<u> </u>		0.	0		0.
ROBERT H. FRANK											
TREASURER	1.00			X				0.	0	•	0.
GEORGE W. MAYO											
COUNSEL	1.00			X			<u> </u>	0.	0	•	0.
HERBERT GIOBBI											
CHIEF OPERATING OFFICER	40.00				X			163,189.	0	. 2	<u> 26,211.</u>
LAURIE BATY											
DIRECTOR OF MUSEUM PROGRAMS	40.00					X		112,705.	0	. 1	<u>16,159.</u>
LYNN LYONS-WYNNE											
DIRECTOR OF MEMORIAL PROGRAMS	40.00					X		100,226.	0	. 2	<u>24,383.</u>
		ļ		-		ļ	-				
1b Sub-total		<u> </u>	L	<u> </u>	<u> </u>	▶	<u> </u>	567,780.	0	. 9	8,025.
c Total from continuation sheets to Part								0.	0		0.
d Total (add lines 1b and 1c)								567,780.	0	. 9	8,025.
2 Total number of individuals (including bu							no r	received more than \$100	,000 in reportable		
compensation from the organization											4
											Yes No
3 Did the organization list any former office	er, director or tru	stee	, ke	y em	olqr	yee,	or l	highest compensated en	nployee on		
line 1a? If "Yes," complete Schedule J fo	r such individual									3	X
4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from t	the organization		
and related organizations greater than \$	150,000? <i>If</i> "Yes,	" co	mple	ete S	Sch	edule	e J	for such individual		4	X
5 Did any person listed on line 1a receive of	or accrue compe	nsat	ion f	rom	any	/ unr	ela	ted organization or indivi	dual for services		
rendered to the organization? If "Yes," co	omplete Schedui	e J f	or s	uch	per	son .				. 5	X
Section B. Independent Contractors											
1 Complete this table for your five highest	compensated in	depe	ende	nt c	ont	racto	ors 1	that received more than	\$100,000 of compe	nsation	from
the organization.											
(A) Name and busine	ss address							(B) Description of s	ervices		(C) ensation
SCA DIRECT, 11200 WAPLE		ΊΔ	<u> </u>	ÇT	TT	יתיו					
150, FAIRFAX, VA 22030								CONSULTING		47	76,727.
FRANK & COMPANY, P.C., SUITTE 300 MCLEAN VA 2		ERI	ΔY	RO)A]	D,		FINANCIAL SE	RVICES	31	59.789.

COMMUNICATION GRAPHICS, INC. 1765 NORTH JUNIPER , BROKEN ARROW, OK 74012 GRAPHIC PRODUCTIONS 273,261. DIRECT MAIL PROCESSORS, INC. 1150 CONRAD COURT, HAGGERSTOWN, MD 21740 254,495. CAGING LISTS COMMONWEALTH, 11200 WAPLES MILL ROAD, SUITE 150, FAIRFAX, VA 22030 LIST RENTAL <u>233,793.</u> Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 in compensation from the organization

MEMORIAL FUND, INC.

Pa	irt VI	III Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a	68,940.				
<u> </u>	h	Membership dues						
₽,5		Fundraising events						
Contributions, gifts, grants and other similar amounts		Related organizations						
S, S	,	Government grants (contribut		500,000.				
io.	f	All other contributions, gifts, gran	·					
bet	•	similar amounts not included abo		13955297.				
	_ ا	Noncash contributions included in lines		108,205.				
a G	h	Total. Add lines 1a-1f			14524237.			
		T Total, 7 GG III GG TG TI		Business Code				
a)	2 a	.		Dusiness Code				Million New York and Carlo No.
Š	2 a							
Program Service Revenue								
E S	d	•						
Šč								
Pro	f	All other program service reve	anua.					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			259,340.			259,340.
	4	Income from investment of ta			200,040.			233,340
	5	Royalties			210,748.			210,748.
	3	noyalies	(i) Real	(ii) Personal	210,740.			210,740.
	6 a	Gross Rents	(l) Heat	(ii) i ersoriai			시작하는 경기 같습.	
		Less: rental expenses	1					
		Rental income or (loss)						
		1. Mail		<u> </u>	konfire Parkepos (Asteri III. Asterii)		elegigantaj lede u turitotia	ga buwalininga ing it
		Gross amount from sales of	(i) Securities	(ii) Other				
	/ a		10082227					
	L	assets other than inventory Less: cost or other basis	10002227	/ I				
	D	and sales expenses	9642486					
	_	Gain or (loss)	130 7/1)				
					439,741.			439,741.
		Net gain or (loss) Gross income from fundraisin		······	<u>437,/41.</u>			433,/41.
Other Revenue	ва							
Ver		including \$ contributions reported on line						
Re		•	•					
her		Part IV, line 18						
ō		Less: direct expenses		'				
		Gross income from gaming ac	-					. Proposition of the state of t
	9 а							
		Part IV, line 19		1				
		Less: direct expenses						
		Net income or (loss) from gam	-	······				
	io a	Gross sales of inventory, less		1029048.				
		and allowances		555,405.				
		Less: cost of goods sold			172 612	172 612		edjieljesij klipacica, ustina
•	С	Net income or (loss) from sale		1	473,643.	473,643.		
	44	Miscellaneous Revenu	U	Business Code	2 507	Number of the second	aut te du partire, busy fil	2 507
		MISCELLANEOUS	י ספי פיטי	900099	2,507. -2,729.	·		2,507. -2,729.
	b	CHANGE IN VALUE	OF SPL	900099	-4,149.			-4,149.
	C	AU - M						
	d	***************************************			222	ij gjelege et egligt i et til	agidi. Nasa Masak	
		Total. Add lines 11a-11d			-222. 15907487.	172 612		000 607
03200	12 9	Total revenue. See instructions.		·····	1070/40/•	473,643.	0.	
12-21	-10							Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must con		ations must complete all e not required to complet		(D).
	not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21	150,000.	150,000.		
2	Grants and other assistance to individuals in		200,000		
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	,,,,			
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			Brown of the	
5	Compensation of current officers, directors,				
	trustees, and key employees	412,332.	324,415.	25,738.	62,179
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,967,911.	1,550,504.	121,821.	295,586.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	125,139.	97,597.		19,332.
9	Other employee benefits	237,292.	185,068.	15,567.	36,657.
10	Payroll taxes	169,449.	127,103.	11,687.	30,659.
11	Fees for services (non-employees):				
а	Management				
b		12,085.		12,085.	
C	Accounting	136,310.	105,566.	9,239.	21,505.
d	, , , , , , , , , , , , , , , , , , , ,				
е	· ·	296,214.			296,214.
f	Investment management fees				
g		1,481,056.	791,917.	296,054.	393,085.
12	Advertising and promotion	82,500.	80,695.		1,805.
13	Office expenses	334,271.	203,015.	97,074.	34,182.
14	Information technology				
15	Royalties	FF0 F00	450.000	06 005	E4 CC4
16	Occupancy	559,780.	458,292.	26,827.	
17	Travel	164,780.	116,204.	32,171.	16,405.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 022	24 020	2.062	1 020
19	Conferences, conventions, and meetings	28,822.	24,920.	2,063.	1,839.
20	Interest Section of the section of t				
21	Payments to affiliates Depreciation, depletion, and amortization	242,482.	212,256.	6,830.	22 206
22		56,585.	42,096.	7,654.	23,396. 6,835.
23 24	Insurance	30,363.	42,030.	7,034.	0,033.
24	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 ().				
а	POSTAGE	2,463,246.	1,202,619.	2,034.	1,258,593.
b	PRINTING AND GRAPHICS	2,228,904.	1,314,013.	3,124.	911,767.
C	EVENTS	701,201.	507,906.	7,436.	185,859.
d	MAILING SERVICES	550,840.	181,596.	0.	369,244.
е	LIST RENTAL	238,078.	110,361.	0.	127,717.
f	All other expenses	275,393.	94,191.	148,464.	32,738.
25	Total functional expenses. Add lines 1 through 24f	12,914,670.	7,880,334.	834,078.	4,200,258.
26	Joint costs. Check here 3. 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	3,857,224.	1,272,884.	0.	2,584,340.

032010 12-21-10

Form **990** (2010)

art X	Balance Sheet			1302920 rage 11
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	743,278.		524,551.
2	Savings and temporary cash investments		2	1,891,793
3	Pledges and grants receivable, net	10,732,198.	3	8,669,036
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
İ	employers and sponsoring organizations of section 501(c)(9) voluntary		Maria de la composición del composición de la co	
	employees' beneficiary organizations (see instructions)		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use	644,858.	8	496,020
9	Prepaid expenses and deferred charges		9	43,255
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,459,			
b	Less: accumulated depreciation 10b 1,519,	510. 431,830.	10c	940,179
11	Investments - publicly traded securities	10,344,040.	11	11,787,591
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	32,467,728
16	Total assets. Add lines 1 through 15 (must equal line 34)	<u>54,208,950</u> .		56,820,153
17	Accounts payable and accrued expenses	1,255,992.	17	1,234,305
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	E		21	
22	Payables to current and former officers, directors, trustees, key employe	98,		
	highest compensated employees, and disqualified persons. Complete Pa	urt 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. Complete Part X of Schedule D	0.		705,918
26	Total liabilities. Add lines 17 through 25	1,255,992.	26	1,940,223
	Organizations that follow SFAS 117, check here X and comp	lete		
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets			42,648,681
28	Temporarily restricted net assets	12,693,371.	28	12,231,249
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here	d		
	complete lines 30 through 34.		Hill dese Sedentes	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances		33	54,879,930.
34	Total liabilities and net assets/fund balances	54,208,950.	34	56,820,153.

Form **990** (2010)

Form	990 (2010) MEMORIAL FUND, INC.	52	-1382926 Page 1 2
Pa	t XI Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,907,487
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,914,670
3	Revenue less expenses. Subtract line 2 from line 1	3	2,992,817
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,952,958
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,065,845
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	54,879,930
Do	+ VIII Financial Chatamanta and Deposition		

га	TEXIII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			L
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	10.443		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	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?	. За	<u> </u>	X
b	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.	3b		
		Form	990	(2010)

SCHEDULE A

(Form 990 or 990-EZ)

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.

2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

Employer identification number 52-1382926

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions.				
he organ	ization is not a	a private foundation	because it is: (For lines 1	through	11, check o	only one b	ox.)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)) .				
2 🔲			70(b)(1)(A)(ii). (Attach Sc									
3			ital service organization		in section	170(b)(1)(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e,
- —	city, and stat											
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	nental uni	t described	in ti		
- —	_	(b)(1)(A)(iv). (Compl		•								
6 🔲			ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X		_	eives a substantial part					or from the	general pu	ublic desc	ribed i	n
	-	b)(1)(A)(vi). (Comple										
8 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗔	•		eives: (1) more than 33	-		rom contri	butions. m	nembershi	o fees, and	i aross red	ceipts	from
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete			. ,			,			•	
10			perated exclusively to te	st for publ	ic safetv. S	See sectio	n 509(a)(4	4).				
11 🗔			perated exclusively for th						v out the p	urposes o	of one	or
—			ations described in secti									
			organization and compl				,	•				
	a Type	- · · · · · · · · · ·	¬ ·	тур			egrated		d 🔲	Type III - (Other	
е 🔲			at the organization is not			-	-	r more disc	qualified pe	ersons oth	ner tha	n
			than one or more publicly									
f			tten determination from									
•		rganization, check t										
g		•	organization accepted ar					owing pers	sons?			
9			directly controls, either al								Yes	No
			upported organization?							11g(i)		
	•	• •	n described in (i) above?									
		· ·	person described in (i)									
h	• •	=	about the supported or									
••	i iovido trio i	onowing innormation	about the supported of	94	(-).							
(1) No	-£	/!!> FIN	(iii) Type of	(iv) Is the o	organization	(v) Did vo	notify the	(vi) ls	the	(vii) An	nount o	
	of supported anization	(ii) EIN	organization		sted in your			Lorganization	on in col. I		port	''
OI ya	anization		(described on lines 1-9 above or IRC section		document?		support?	(i) organiz U.S	.?	Сар	P 011	
			(see instructions))	Yes	No	Yes	No	Yes	No			
		!		<u> </u>								
				<u> </u>								
r-+-1		MANAGE BEE			Paris de la companya de la companya de la companya de la companya de la companya de la companya de la companya							

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

Schedule A (Form 990 or 990-EZ) 2010

52-1382926 Page 2

Schedule A (Form 990 or 990-EZ) 2010 MEMORIAL FUND, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(4) 2000	10) 2001	(0,2000	(4) 2000	(0) 23.5	(7)
•	membership fees received. (Do not						
	include any "unusual grants.")	11709969.	14625436.	16115565.	13416130.	14524237.	70391337.
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11709969.	14625436.	16115565.	13416130.	14524237.	70391337.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						70391337.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	11709969.	14625436.	16115565.	13416130.	<u>14524237.</u>	70391337.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	388,017.	596,814.	562,182.	438,706.	470,088.	2455807.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)					-222.	-222.
	Total support. Add lines 7 through 10						72846922.
	Gross receipts from related activities						<u>,934,317.</u>
13	First five years. If the Form 990 is fo						<u> </u>
60.	organization, check this box and sto					•••••	PLJ
	ction C. Computation of Publ						96.63 %
	Public support percentage for 2010 (-			15	96.63 % 96.56 %
	Public support percentage from 2009 33 1/3% support test - 2010. If the o						
10a	stop here. The organization qualifies	•					
	33 1/3% support test - 2009. If the c						
D	and stop here. The organization qua						
17-	10% -facts-and-circumstances tes						
17 a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		ŕ	•	•	-	. \square
h	10% -facts-and-circumstances tes	•	•				
IJ	more, and if the organization meets t	•					
	organization meets the "facts-and-cir						▶ □
18	Private foundation. If the organization		_	•			s
10	11174to Ioanaaton II alo olganizate	sia not oncon a	227 01, 1110 10, 10	,			or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I 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				T	1	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						:
	Total. Add lines 1 through 5					ļ	
78	Amounts included on lines 1, 2, and						
k	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						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income	1					
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
	Add lines 10a and 10b 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.)						
	Total support (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here				·		 ▶□
Se	ction C. Computation of Publ						
	Public support percentage for 2010 (column (f))		15	%
	Public support percentage from 2009					1 1	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from:						%
10	a 33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14. and lin	ne 15 is more than		
19	more than 33 1/3%, check this box a	nd stop here Th	e organization gu	alifies as a publich	supported organi	zation	
	b 33 1/3% support tests - 2009. If the	organization did	not check a hov c	on line 14 or line 19	Pa. and line 16 is m	ore than 33 1/3%	and
	line 18 is not more than 33 1/3%, che	organization ulu	eton here. The or	ranization qualifie	s as a publicly sun	ported organization	
	Private foundation. If the organization	tor tills xod alla :	stop nere. The Oil	garnzanon quannes Qa or 10h ohook	this hav and see i	netructione	
20	Private foundation. If the organization	in did not check a	a DOX OH IIIIE 14, I	Ja, Or 130, CHECK	una DON AND SEE II		

NATIONAL LAW ENFORCEMENT OFFICERS

Schedule A (Form 990 o	r 990-EZ) 2010	MEMORIAL	FUND, :	INC.		Ę	<u> 32-1382926</u>	Page 4
Part IV Supplem	ental Inform	ation. Complete	this part to	provide the expla	nations require	d by Part II, line 10	; Part II, line 17a or	17b;
and Part III,	line 12. Also co	mplete this part fo	r anv additio	nal information. (S	ee instructions	s).		·
			,	\\		<i>/</i>	· · · · · · · · · · · · · · · · · · ·	
COUPTITE A	DADM TT	T TNTD 10	EVELVE	TARTON RO		TNICOME .		
SCHEDULE A,	PART II,	LINE IU,	EXPLAI	NATION FO	R OTHER	INCOME:		
MISCELLANEOU	S							
						,		
						,		
*** ****								
	-							
								
								

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS

MEMORIAL FUND, INC.

Employer identification number

52-1382926

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

NATIONAL LAW ENFORCEMENT OFFICERS

MEMORIAL FUND, INC.

52-1382926

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,325,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Name, address, and En ++	\$700,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$ <u>1,200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$1,006,815.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

NATIONAL LAW ENFORCEMENT OFFICERS

	FUND, INC.	52	-1382926
irt II Nonc	cash Property (see instructions)		
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4 <u>THE</u>	J. EDGAR HOOVER COLLECTION		
		\$ 1,006,815.	02/01/10
(a) No. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

023453 12-23-10

Part I

Name of organization

Employer identification number

-				
NATIONAL	LAW	ENFORCEMENT	OFFICERS	

MEMORIAL	FIND.	INC.	
THITTOTATI	TOTAD,	TT4C .	

52-1382926

No. m	(h) Dumana of wift		(d) Department of how wife in held
" " —	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. m t i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.			
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	Delaste melitim est construction of
	Transferee's name, address, a	NG ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

Employer identification number 52-1382926

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(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 adv	ised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str		l I
d	Number of conservation easements included in (c) acquired		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
Ü	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		f
9	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	***************************************	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor		
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservat		
Э	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ation o manda statements that accorde	o the organization o decounting to
Pa	t III Organizations Maintaining Collections of	of Art. Historical Treasures. or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116 (A)		ement and balance sheet works of art.
14	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		<u></u>
.	If the organization elected, as permitted under SFAS 116 (A)		nt and halance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, e		
		ducation, or research at farther area or p	abile service, provide the following amounts
	relating to these items:		▶ \$ 1,006,815.
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree	neguras, or other cimilar agosts for finance	
2			iai gaili, piuviu e
	the following amounts required to be reported under SFAS 1		*
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2010

MEMORT	λT.	CIVILLE	INC.
141 141 141 145 1	Alı	. כועונום	· INC.

3 Use the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): A Variety of the provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Provide a description of the organization solicitor of 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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or repeated an amount on Form 990, Part X, line 21. Is the organization an apent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Is the organization an apent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21?		t III Organizations Maintaining C	ollections of Ar		easures, o	or Oth	er Sin	nilar Asse	ts (conti	nued)	
Controlled Hotel apply :	3										
a	-				ŭ		•				
b Scholarly research e Other c X 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 for raise funder stamt than to be maintained as part of the organization collection? Yes X No Part IV I 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, ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIV and complete the following table: 1c Beginning balance 1d Additions during the year 1d Description of the part XIV. Part V. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV. line 10. 1a Beginning of year balance 1b 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. 1a Beginning of year balance 1b Contributions 1c Additions during the year 1c Individual and an amount on Form 990, Part X, line 217 Part V. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV. line 10. 1a Beginning of year balance 1b Contributions 1c Additions of the Part XIV. 1c Individual and Individual and Individual Agent Ag	а	· · · · · · · · · · · · · · · · · · ·	d	Loan or exc	change progra	ams					
C	-										
to be sold to raise funds after than to be maintained as part of the organization answered "yes" to be sold to raise funds rather than to be maintained as part of the organization answered "yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 217 **To Part IV** Secrow 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 217 **In the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 217 **In the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 217 **In the organization in a agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 217 **In the organization in a agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 217 **In the organization in a agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 217 **In the organization include an amount on Form 990, Part X, line 217 **In the organization include an amount on Form 990, Part X, line 217 **In the organization include an amount on Form 990, Part X, line 217 **In the organization include an amount on Form 990, Part X, line 217 **In the organization include an amount on Form 990, Part X, line 217 **In the organization include an amount on Form 990, Part X, line 217 **In the organization include an amount on Form 990, Part X, line 217 **In the organization of Part X, line 217 **In the organization of Part X, line 217 **In the organization of Part X, line 217 **In the organization of Part X, line 217 **In the organization of Part X, line 217 **In the organization of Part X, line 217 **In the organization of Part X, line 217 **In the organization of Part			ŭ								
5 During the year, did the organization solicit or roceive 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? Part IV		_	llections and explain	how they further	he organizati	on's exe	emot oi	rnose in Par	XIV.		
to be sold to raise funds rather than to be maintained as part of the organization's collection?	-										
Secrow 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?	3	<u> </u>							Ves	X	Nο
Teported an amount on Form 990, Part X, line 21. Teles organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XY No	Pai										
1			•	no ir ti io organizati	on anomorou	700 10	, , , , , , , , ,	, a.c.,			
n Form 990, Part X? Ves	12			iany for contribution	ns or other as	sets no	t includ	ed			
b f Yes, * explain the arrangement in Part XIV and complete the following table: Beginning balance	ia								Vac		Nο
Additions during the year	b							—	_ 1e3		140
C Beginning balance C	D	ii res, explain the arrangement in Fart Aiv a	and complete the for	lowing table.					Amount		
d Additions during the year	_	Paginning halanga					1		ranount		
Ending balance											
Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21? 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							- 1				
b f "Yes," explain the arrangement in Part XIV.	-								Voc		No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Comparison Comp		_	ini 990, Part A, iine	Z1f			•••••		1 162		140
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back			the ergonization an	overed "Ves" to E	rm 000 Part	IV line	10		·		
1a Beginning of year balance	1 (4)	Litaowiiieite i arias. Complete ii					T	on voore back	(a) Four	veare h	ack
b Contributions		P						ee years dack	(e) roui	years no	aun
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 2,326,874, 486,000, 465,000, 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 ▶ 100.00 % b Permanent endowment ▶	_	Г			· · · · · · · · · · · · · · · · · · ·	6,256.					
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 ▶ 100.00 % b Permanent 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 (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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 investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 485, 916, 983, 164, 067, 485, 916, 649, 983, 164, 067, 485, 916, 649, 983, 164, 067, 423, 966, 211, 385, 60, 000 there is a series of the organization of the control o	_			•							
e Other expenditures for facilities and programs f Administrative expenses g End of year balance g End of yea	-		577,249,	1,185,535	-1,35	2,005.				rije delijando. Deli errijase d	
and programs	d						Control (Control (Con			aloge kijake. Geologijake e	
f Administrative expenses g End of year balance 8,748,273, 8,834,786, 7,759,251, 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶	е						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
g End of year balance 8,748,273, 8,834,786, 7,759,251, 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % 2a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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 investment (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land 6 Buildings 6 49,983 164,067 485,916 649,983 164,067 485,916 649,983 164,067 485,916 649,983 649,983 1477 242,878 649,88 8		. •	2,326,874.	486,000	. 46	5,000.					ari 1966. Sylvens
2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶	f				-						
a Board designated or quasi-endowment ▶	g				. 7,75	9,251.			W. 19 (19 (19)		
b Permanent endowment ▶	2										
c Term endowment ▶	а	• •		_%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations listed as required on Schedule R? 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 investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 Land (b) Buildings (c) Leasehold improvements (d) Equipment (e) Accumulated depreciation (d) Book value 1 Land (d) Book value 1 Land (d) Book value 1 Land (d) Book value 1 Land (d) Book value 1 Land (d) Book value 1 Land (d) Book value 1 Land (d) Book value 1 Land (d) Book value 1 Land (d) Book value 1 Land (d) Book value 1 Land (d) Book value 1 Land (d) Book value	b										
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(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b	За		ssion of the organiza	ation that are held	and administe	ered for	the org	anization	г		
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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 investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Buildings c Leasehold improvements d Equipment d Equipment Other 1,174,355. 931,477. 242,878.		_									
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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 investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Buildings c Leasehold improvements d Equipment d Equipment Other 1,174,355. 931,477. 242,878.											
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings C Leasehold improvements 649,983. 164,067. 485,916. c Lequipment 635,351. 423,966. 211,385. e Other 1,174,355. 931,477. 242,878.											<u>X</u>
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 5 c Leasehold improvements 649,983. 164,067. 485,916. d Equipment 635,351. 423,966. 211,385. e Other 1,174,355. 931,477. 242,878.	b								3b		-
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	4										
basis (investment) basis (other) depreciation 1a Land 5 Buildings 649,983. 164,067. 485,916. c Leasehold improvements 635,351. 423,966. 211,385. e Other 1,174,355. 931,477. 242,878.	Pai										
1a Land b Buildings c Leasehold improvements 649,983. 164,067. 485,916. d Equipment 635,351. 423,966. 211,385. e Other 1,174,355. 931,477. 242,878.		Description of investment		1					(d) Bool	k value	
b Buildings c Leasehold improvements 649,983. 164,067. 485,916. d Equipment 635,351. 423,966. 211,385. e Other 1,174,355. 931,477. 242,878.			basis (investr	nent) basis	(other)	d∈	preciat	ion			
c Leasehold improvements 649,983. 164,067. 485,916. d Equipment 635,351. 423,966. 211,385. e Other 1,174,355. 931,477. 242,878.											
d Equipment 635,351. 423,966. 211,385. e Other 1,174,355. 931,477. 242,878.	b										
d Equipment 635,351. 423,966. 211,385. e Other 1,174,355. 931,477. 242,878.	C	Leasehold improvements									
e Other 1,174,355. 931,477. 242,878.	d	Equipment									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 940,179.	е			1,1	74,355.		<u>931</u>	477.			
	Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line	10(c).)				94	0,17	<u>9.</u>

Schedule D (Form 990) 2010

MEMORIAL FUND, INC	(EMO)	RIAL	FUND,	INC
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Part VII Investments - Other Securities. S	ee Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation: ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
(1)		****	
Total. (Col (b) must 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	Co	(c) Method of valuation: ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lin			
The second secon) Description		(b) Book value
(1) MEMORIAL DEVELOPMENT COS	<u>TS</u>		15,484,787.
(2) DEPOSITS			36,904. 15,570,760.
(3) MUSEUM DEVELOPMENT COSTS (4) MUSEUM COLLECTIONS			1,357,119.
(5) INTEREST RECEIVABLE			18,158.
(6)			10,150.
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X			▶ 32,467,728.
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes		_	
(2) DEFERRED RENT		705,918.	
(3)			
(4)			
(5)			
(6)			
(7)			
(10)			
(11)			
Total (Column (h) must equal Form 990, Part Y, col (R) lin	ne 25.)	705,918.	
FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote	to the organization's financial stat	ements that reports the organ	nization's liability for uncertain tax positions under
Z. FIN 48 (ASC 740). 032053 12-20-10			Schedule D (Form 990) 2010

ENFORCEMENT PROFESSION BY PERMANENTLY RECORDING AND APPROPRIATELY

COMMEMORATING THE SERVICE AND SACRIFICE OF LAW ENFORCEMENT OFFICERS; AND

TO PROVIDE INFORMATION THAT WILL HELP PROMOTE LAW ENFORCEMENT SAFETY. THE

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL IS THE NATION'S MONUMENT TO LAW

ENFORCEMENT OFFICERS WHO HAVE DIED IN THE LINE OF DUTY. DEDICATED ON

OCTOBER 15, 1991, THE MEMORIAL HONORS FEDERAL, STATE AND LOCAL LAW

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)
ENFORCEMENT OFFICERS WHO HAVE MADE THE ULTIMATE SACRIFICE FOR THE SAFETY
AND PROTECTION OF OUR NATION AND ITS PEOPLE. A NUMBER OF COMMEMORATIVE
CEREMONIES ARE HELD AT THE MEMORIAL EACH YEAR, AND THE SITE IS VISITED BY
NEARLY A QUARTER MILLION PEOPLE ANNUALLY.
PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT FUNDS ARE TO FURTHER THE
MISSION OF THE ORGANIZATION.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
PROVISION FOR DOUBTFUL PROMISES TO GIVE
·

032055 12-20-10

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open To Public Inspection

Name of the organization NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC. 52-1382926

Employer identification number

	<u> </u>				10	
Part I Fundraising Activities required to complete this part	Complete if the organization answert.	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization raise a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e X Solicitat f X Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(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
SCA DIRECT - 11200 WAPLES		Yes	No			0.050.405
MILL ROAD, SUITE 150, DDELL, SIMMS & LYNCH, INC	DIRECT MAIL FUNDRAISING PUBLIC OUTREACH/DONOR		Х	8,827,132.	476,727.	8,350,405.
7704 LEESBURG PIKE, FALLS	CULTIVATION		х	60,000.	220,000.	-140,000.

Fotal			>	8,887,132.	696,727.	8,210,405.
3 List all states in which the organization or licensing.						
AL,AR,CA,CT,CO,DC,FL, OK,OR,PA,RI,SC,SD,TN,		мт,	MIN,	MS,MT,NV,N	H,NU,NM,NY	,NC,ND,OH
	······································					

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2010

NATIONAL LAW ENFORCEMENT OFFICERS Schedule G (Form 990 or 990-EZ) 2010 MEMORIAL FUND, INC. 52-1382926 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)) (event type) (event type) (total number) 1 Gross receipts _____ 2 Less: Charitable contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor ∐ No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2010

032082 01-13-11

NATIONAL LAW ENFORCEMENT OFFICERS

Sch	edule G (Form 990 or 990-EZ) 2010 MEMORIAL FUND, INC.	<u> 52-13</u>	382	926	Page 3
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:	-			
	The organization's facility				<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:			
	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 amou	nt			
	of gaming revenue retained by the third party > \$				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the			
Da	organization's own exempt activities during the tax year \$\times \text{\$\text{supplemental Information.}}\$ Complete this part to provide the explanations required by Part I, line 2b, colur	nna (iii) a	nd (v) and	Port III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info				
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	<u> [SERS</u>	<u> </u>		
<u>(I</u>) NAME OF FUNDRAISER: SCA DIRECT				· · · · · · · · · · · · · · · · · · ·
<u>(I</u>) ADDRESS OF FUNDRAISER:				
<u>11</u>	200 WAPLES MILL ROAD, SUITE 150, FAIRFAX, VA 22030				
<u>(I</u>) NAME OF FUNDRAISER: ODELL, SIMMS & LYNCH, INC.	-			
<u>(I</u>) ADDRESS OF FUNDRAISER: 7704 LEESBURG PIKE, FALLS CHURCH,	VA	22	043	
0320	Schedule G	(Form	990 (or 990	-EZ) 2010

SCHEDULEI (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Open to Public

OMB No. 1545-0047

Employer identification number 52-1382926 Inspection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ► Attach to Form 990. NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	'
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring 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	Governments and	Organizations in the	United States. C	omplete if the orga	inization answered "Y	es" 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. Part II can be duplicated if additional space is needed	\$5,000. Check this	box if no one recipien	t received more th	an \$5,000. Part II	can be duplicated if a	dditional space is nee	ded
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICE UNITY TOUR PO BOX 528 FTORHAM PARK NJ 07932	22-3530541	501(0)(3)	150 000	C			TO RAISE AWARENESS OF LAW ENFORCEMENT OFFICERS WHO HAVE DIED IN THE LINE OF DITTY
2 Enter total number of section 501(c)(3) and government organizations	and government or						A
3 Enter total number of other organizations	S						• 0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2010)

NATIONAL LAW ENFORCEMENT OFFICERS

MEMORIAL FUND, INC.

Page 2

52-1382926

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010)

Part III

(f) Description of non-cash assistance (book, FMV, appraisal, other) FUNDS ARE DISBURSED FOR THEIR INTENDED USE. THE GRANTS AWARDED ARE ACTIVELY SCHEDULE I, PART I, LINE 2: NLEOMF MAINTAINS RECORDS AND DOCUMENTATION FOR Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. EACH GRANTEE FINANCIALLY ASSISTED BY THE PROGRAM TO ENSURE THAT ALL GRANT MONITORED BY RECEIVING PROGRESS REPORTS FROM THE GRANTEE AND BY HAVING (d) Amount of non-cash assistance (c) Amount of cash grant FREQUENT MEETINGS WITH THE GRANTEE'S OFFICERS (b) Number of recipients (a) Type of grant or assistance

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. See separate instructions. NATIONAL LAW ENFORCEMENT OFFICERS

MEMORIAL FUND, INC. 52-1382926 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		51.345		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract		a attica Period	
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	7 of the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
_		4a	-350,44	x
	Receive a severance payment or change-of-control payment from the organization or a related organization? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	40 4c	·-··	X
C		46	47.415.4s	^
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 100 (100 (100 (100 (100 (100 (100 (100			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		ASELT	v
	The organization?	5a		X
D	Any related organization?	5b	newspace Stractor	_
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b	Section de	X
_	If "Yes" to line 6a or 6b, describe in Part III.			kämin
7				
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2010

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	191 660	0	U	19 334	11 938	222 932	
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	(i)							
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10	(1)				The state of the s			
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	Ξ							
13	(ii)							
	Ξ							
14	<u> </u>							
	Ξ							
15	(1)							
	€							
16	⊞							

Schedule J (Form 990) 2010

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047
2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS

Employer identification number

Schedule L (Form 990 or 990-EZ) 2010

Part I		MURIAL L Transacti			(2) and asstir	= E01(a)(4) argani	no onl: A		12-I3	0434	U	
rart I						n 501(c)(4) organizatio						
	Complete if the org	anization ansv	vered "Ye	s" on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	b.	1	
1	(-) Name of di					(h) Description	of transc	ation			(c) Corr	ected?
	(a) Name of di	squaimed pers	ion			(b) Description	oi transa	CHOH			Yes	No
	-											

					<u> </u>		· · · · · · · · · · · · · · · · · · ·					
2 Enter	the amount of tax imp	oosed on the c	rganizatio	n manager	s or disqualifi	ed persons during the	e year un	der				
3 Enter	the amount of tax, if a	any, on line 2,	above, rei	mbursed by	y the organiza	tion			. 🕨 \$			
Part II	Loans to and/o	or From Int	erested	Persons	S.							
	Complete if the ora	anization ansv	vered "Ye	s" on Form	990. Part IV.	line 26, or Form 990-E	Z. Part \	/. line 38	Ba.			
(a) N	lame of interested	(b) Loan t			nal principal	(d) Balance due		ln	(f) Ap	oroved	(g) W	ritten
\ -,	son and purpose	the organ			mount	(u) Dalarice due		ult?		ard or nittee?	agreer	
		То	From				Yes	No	Yes	No	Yes	No
		10	1710111	-			163	140	165	NO	163	140
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	······											
							 					
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Fotal	Grants or Assi	stance Ber	efiting	Interest		2	The same rap			iga garajara sej	Jitte Tim Jerselts	1895/100 200.40
I ait III	٥		_									
	Complete if the org		vered "Ye									-
((a) Name of interested	person		(b) Relat		een interested person	and			iount an assistan	d type of	f
					une or	ganization				assistaii		
	,											
												

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

Schedule L (Form 990 or 990-EZ) 2010 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (c) Amount of (a) Name of interested person (b) Relationship between interested organization's person and the organization transaction transaction revenues? Yes No 359,789.INDEPENDENT X FRANK & COMPANY, P.C. TREASURER IS SHAREH Part V | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: FRANK & COMPANY, P.C. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TREASURER IS SHAREHOLDER OF ENTITY (D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

NATIONAL LAW ENFORCEMENT OFFICERS

Open to Public Inspection

Employer identification number

_	MEMORIAL FUN	ID, INC			52	-13829	<u> 26</u>	
Pa	rt l Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	noncash cont	(d) f determinin tribution amo		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
20 21	Taxidermy							
21 22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts Other ► (THE J. EDGAR)	X	1	1 006 915	APPRAISED	ΕλΤD	MλI	OVE.
25 26	• •	X	1		FAIR MARK			71/17
26	Other (VIDEO)	X	1					
27	Other (PROGRAM KITS)			40,390.	FAIR MARK	P.I. AND	<u>UE</u>	
28	Other ()	!						
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29			, 1	
00-	During the constitution and the commitmation was inch				سمك اسام ما عمر رمس عن عمرا.	5 - 5 - 5 - 5	es	No
3Ua	During the year, did the organization receive b	-						
	at least three years from the date of the initial							v
	the entire holding period?		•••••			<u>30a</u>	58118	<u> X</u>
	If "Yes," describe the arrangement in Part II.	و جادر داد در المرا	amiliana the energy	af am,, man at-m-ll t	ih. diana0			v
31	Does the organization have a gift acceptance					31	\dashv	<u>X</u>
32a	Does the organization hire or use third parties							v
	contributions?		•••••			32a		<u> X</u>
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	i column (c) 1	or a type of prope	πy τοr wnich column (a) is	спескеа,			
	describe in Part II.							<u> </u>
_HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	U.	Schedule	M (Form 9	9U) (2	ZU1U)

032141 12-23-10

36

NATIONAL LAW ENFORCEMENT OFFICERS Schedule M (Form 990) (2010) MEMORIAL FUND, 52-1382926 INC. Page 2 Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): AMOUNT REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE 0

Department of the Treasury

(Form 990 or 990-EZ)

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.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

Employer identification number 52-1382926

1111101111111 1 0110 / 11101
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLIC AWARENESS: NLEOMF'S PROGRAMS AND ACTIVITIES HEIGHTEN AWARENESS
THROUGH PUBLIC EVENTS ABOUT THE SACRIFICES SUSTAINED BY THE LAW
ENFORCEMENT COMMUNITY ON THE PUBLIC'S BEHALF.
EXPENSES \$ 995,712. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS EMAILED TO THE BOARD OF
DIRECTORS FOR THEIR REVIEW. QUESTIONS FROM THE BOARD ARE ADDRESSED BY THE
MANAGEMENT OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY -
REVIEWED AND ACKNOWLEDGED ANNUALLY BY OFFICERS AND DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE REVIEW OF
CONTRACT AND SALARY REQUIREMENTS BASED ON SALARY COMPARISON DATA PROVIDED
BY INDEPENDENT SURVEY AND CONTEMPORANEOUS DOCUMENTATION OF THE DECISION WAS
MADE BY THE COMMITTEE FOR THE CEO EMPLOYMENT CONTRACT.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, CT, CO, DC, FL, GA, IL, IA, KY, MD, MA, MI, MN, MS, MT, NV, NH, NJ, NM, NY, NC, ND, OH
OK,OR,PA,RI,SC,SD,TN,UT,VA,WA,WV,WI,WY
FORM 990, PART VI, SECTION C, LINE 18: NLEOMF COMPLIES WITH IRC SECTION
6104 AND MAKES IT'S FORM 1023, FORM 990 AND FORM 990-T (IF APPLICABLE)
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 AND FORM 990-T (IF
APPLICABLE) ARE ALSO AVAILABLE ON THE NLEOMF WEBSITE.
LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions. Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection OMB No. 1545-0047

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC. Name of the organization

Employer identification number 52-1382926

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
of disregarded entity		foreign country)			entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	tions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	it had one or more re	lated tax-exempt

organizations during the tax year.)

(g) Section 512(bX13) controlled entity?	Yes No			×	 				
(f) Direct controlling entity		NATIONAL LAW	ENFORCEMENT	OFFICERS MEMORIAL					
(e) Public charity status (if section	501(c)(3))			LINE 7	-				
(d) Exempt Code section				501(C)(3)					
(c) Legal domicile (state or foreign country)				DISTRICT OF COLUMBIA 501(C)(3)					
(b) Primary activity				SUPPORTS LAW ENFORCEMENT					
(a) Name, address, and EIN of related organization		THIN BLUE LINE COMMUNITY BIKE RIDES -	90-0630368, 901 E STREET N.W. SULTE 100,	WASHINGTON, DC 20004					Villabel et de commission de la commissi

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

NATIONAL LAW ENFORCEMENT OFFICERS Schedule R (Form 990) 2010 MEMORIAL FUND, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Page 3

52-1382926

				-		1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	11:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	oN se	
s Daning the tax year, and the organization engage in any or the following transactions with one of more related organizations listed in Parts 1-177.	is with one of figure is	iateu olyanizations iisteu	וו רמונא וויוע נ	ç	>	1.
				2	4	.1.
b Gift, grant, or capital contribution to other organization(s)				1p	×	
c Gift, grant, or capital contribution from other organization(s)				2	×	
d Loans or loan quarantees to or for other organization(s)				7	×	١
Loans or loan guarantees by other organization(s)					×	.1.
					1	
f Sale of assets to other organization(s)				*	×	1.
a Purchase of assets from other organization(s)	•			- 5	: ×	
	•••••••••••••••••••••••••••••••••••••••			2 5	*	.1.
Lease of facilities. equipment, or other assets to other organization(s)	•••••••••••••••••••••••••••••••••••••••			1	×	.1.
						100
j Lease of facilities, equipment, or other assets from other organization(s)				;=	×	۱
	nization(s)			<u>¥</u>	×	١
	ization(s)			=	×	١
m Sharing of facilities, equipment, mailing lists, or other assets				Ę	×	١
n Sharing of paid employees				1	×	١
				I		1375. 6 10
o Reimbursement paid to other organization for expenses				٩	×	1
Reimbursement paid by other organization for expenses				1	×	۱
				La		
				Ę	×	1.
Other transfer of cash or property from other organization(s)				-	×	۱
ns for infor	who must complete th	is line, including covered I	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining			
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(1)		Service and the service and th				1
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		The state of the s				1
(3)						
						I
(5)						1
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52-1382926

Page 4

NATIONAL LAW ENFORCEMENT OFFICERS

MEMORIAL FUND, INC. Schedule R (Form 990) 2010 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

ulat was flot a related olganization. See instructions regarding exclusion for cartain investment partitions in ps.	usion for certain investment parties	1			97	177	13
(a)	(g)	(O)	Đ	(e)		6	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
		country)	Yes No			Form 1065)	1 1
						:	
						Schedule R (Form 990) 2010	m 990) 2010

NATIONAL LAW ENFORCEMENT OFFICERS

Schedule R	(Form 990) 2010	MEMORIAL	FUND,	INC.	52-1382926	Page 5
Part VII	(Form 990) 2010 Supplemental Infor	mation				
	Oceanists this as at the second		6		4: \	
	Complete this part to pro	vide additional into	rmation for	responses to questions on Schedule R (see instru	ictions).	
·						
	•					
					<u> </u>	
· · · ·						

032165 12-21-10

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

066	
3 10	
PAGE	
990	
FORM	

Current Year Deduction	120,644.	60,656. 7440590.	7666629.				
Current Sec 179			0				
Accumulated Depreciation	931,477.	164,067. 16,443.	1535953.				
Basis For Depreciation	1174355.	649,983. 15501230.	17960919.				
Reduction In Basis			•				
Bus % Excl							
Unadjusted Cost Or Basis	1174355.	649,983. 15501230.	17960919.				
Line No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 E E H	## ## ## ## ## ## ## ##				
Life	5.00	60M 25M					
Method	200DB						
Date Acquired	VARIES200DB5.0	VARIES VARIES		The state of the s			
Description	VISITOR CENTER 1EXHIBITS FURNITURE & 2EQUIPMENT	3IMPROVEMENTS MEMORIAL 4DEVELOPMENT COSTS * HOUNT 000 DACE 10	DEPR & AMORT				
Asset No.							

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

4562

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Sequence No. 67

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

➤ See separate instructions. Business or activity to which this form relates

Identifying number

NATIONAL LAW ENFORCEM MEMORIAL FUND, INC.	ENT OFFICE		RM 990 PA	AGE 10		52-1382926
Part I Election To Expense Certain Prop	erty Under Section 17!				/ before yo	
Maximum amount (see instructions)					4	500,000.
2 Total cost of section 179 property pla					1 - 1	
3 Threshold cost of section 179 property					1	2,000,000.
4 Reduction in limitation. Subtract line 3	-				اما	
5 Dollar limitation for tax year. Subtract line 4 from lin					1 _ 1	
6 (a) Description of p			siness use only)	(c) Elected		
7 Listed property. Enter the amount from	m line 29		7			
8 Total elected cost of section 179 prop					8	
9 Tentative deduction. Enter the smalle	=				1 1	
10 Carryover of disallowed deduction fro					1 1	
11 Business income limitation. Enter the						
12 Section 179 expense deduction. Add						
13 Carryover of disallowed deduction to						
Note: Do not use Part II or Part III below f						
Part II Special Depreciation Allow	ance and Other De	preciation (Do not inc	lude listed prope	rty.)		
14 Special depreciation allowance for qu						
the tax year					14	
15 Property subject to section 168(f)(1) e						
16 Other depreciation (including ACRS)					16	
Part III MACRS Depreciation (Do n						
		Section A				
17 MACRS deductions for assets placed	in service in tax yea	ars beginning before 20	10		17	165,383.
18 If you are electing to group any assets placed in se				_		
		During 2010 Tax Yea			tion Syste	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
	/		27.5 yrs.	MM	S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
 Nonresidential real property 	/			MM	S/L	
Section C - Assets	Placed in Service	During 2010 Tax Year	Using the Altern	ative Depre		stem
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	
Part IV Summary (See instructions.)				-	
21 Listed property. Enter amount from li					21	
22 Total. Add amounts from line 12, line		es 19 and 20 in column	(g), and line 21	•••••		
Enter here and on the appropriate line	es of your return. Pa	rtnerships and S corpo	rations - see insti	<u></u>	22	165,383.
23 For assets shown above and placed in portion of the basis attributable to se	=	current year, enter the	23			

52-1382926 Page 2

Pa	Listed Proper amusement.)	ty (Include a	utomobiles, ce	rtain oth	ner vehic	les, cert	tain com	puters	s, and prop	perty us	ed for er	itertainm	ent, rec	reation,	or
	Note: For any through (c) of S	vehicle for wi Section A. all	hich you are us	sing the and Sec	standard	d mileage applical	e rate oi ble.	dedu	cting lease	e expens	e, comp	lete only	24a, 2	4b, colun	nns (a)
			on and Other					nstruc	tions for li	mits for	oasseng	er auton	obiles.)		
24a	Do you have evidence to						es 🗌		24b If "Y					Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l of	(d) Cost or her basis	/bus	(e) is for depresiness/inve use only	stment	(f) Recovery period	Me	(g) (h) lethod/ nvention Depreciation deduction		ciation	(i) Elected section 179 cost	
25	Special depreciation alle	-			-										
	used more than 50% in					· · · · · · · · · · · · · · · · · · ·				<u></u>	. 25	1			
<u>26</u>	Property used more that	ın 50% in a q							1			1			
				6											
		-:-:		6											
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	6					<u> </u>						
<u>27</u>	Property used 50% or l	ess in a quali							· · · · · · ·	Т		I		Langer Proses	adan partaria
				6						S/L-					
		<u> </u>		6						S/L -					
				6						S/L -					
	Add amounts in column	• •	-												
<u>29</u>	Add amounts in column	ı (i), line 26. E	nter here and	on line	7, page	<u>1</u>		· · · · · · · · · · · · · · · · · · ·					29	<u> </u>	
			_			mation									
If yo	nplete this section for ve ou provided vehicles to y se vehicles.	ehicles used l your employe	by a sole propess, first answ	rietor, pa er the qu	artner, o iestions	r other " in Section	more th	an 5% see if y	owner," o you meet a	or related an excep	d person otion to o	i. completi	ng this s	section fo	or
				1	a)	- (1	h)		(c)	1	d)	(6	2)	(f	<u> </u>
30	Total business/investment	miles driven d	uring the		nicle	1 -					-, nicle		Vehicle		icle
	year (do not include com		•	101	11010	1		· · · · ·	0111010	1	CITICIC VCITICIO				
	Total commuting miles									<u> </u>					
	Total other personal (no									<u> </u>					
32	driven	_													
33	Total miles driven during	g the year.													
	Add lines 30 through 32	2													
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	onal												
	use?														
		Section C	- Questions f	or Empl	loyers V	Vho Prov	vide Vel	nicles	for Use b	y Their I	Employe	ees			
Ans	wer these questions to	determine if	you meet an e	xception	to com	pleting S	Section	B for v	ehicles us	ed by e	nployee	s who ar	e not m	ore than	5%
owr	ners or related persons.													,	
37	Do you maintain a writte	en policy stat	tement that pr	ohibits a	ıll persoi	nal use c	of vehicle	es, inc	luding cor	nmuting	, by you	r		Yes	No
	employees?														<u> </u>
38	Do you maintain a writte														
	employees? See the ins	structions for	vehicles used	by corp	orate of	fficers, d	irectors	or 1%	or more	owners					
39	Do you treat all use of v	ehicles by er	nployees as p	ersonal	use?	•••••									
	Do you provide more th														
	the use of the vehicles,	and retain th	e information	received	i?										
	Do you meet the require														
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," do no	ot comp	lete Sec	tion B fo	r the c	covered ve	hicles.					
Pa	art VI Amortization	,													
	(a) Description o	f costs		(b) amortization begins		(C) Amortizab amount	ole :		(d) Code section		(e) Amortiza period or per		Ai fo	(f) mortization or this year	
42	Amortization of costs th	nat begins du	ring your 2010) tax yea	ar:										
															
				: :											
43	Amortization of costs th	nat began bet	fore your 2010	tax yea	ır							43	7,	501,	246.
	Total. Add amounts in											44	7,	501,	246.

Form **4562** (2010)

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047
2011

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning and en	nding		
В	Check if	C Name of organization		D Employer identific	cation number
	applicable:	NATIONAL LAW ENFORCEMENT OFFICERS			
	Address change	MEMORIAL FUND, INC.			
	Name change	Doing Business As		52-1	382926
<u></u>	Initial return		oom/suite	E Telephone number	
_	Termin- ated		0 0	202-	737-3400
	Amende return	City or town, state or country, and ZIP + 4		G Gross receipts \$	30,003,401.
L	Applica tion pending	WASHINGTON, DC 20004		H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: CRAIG W. FLOYD		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
		mpt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		e: ► WWW.NLEOMF.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1984 N	State of legal domicile: DC
Р		Summary			
ė	1 E	Briefly describe the organization's mission or most significant activities: TO CON			RVICE AND
Governance	1 5	SACRIFICE OF LAW ENFORCEMENT AND MAINTAIN			
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.
ò	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	21
<u>«</u>	4 1	lumber of independent voting members of the governing body (Part VI, line 1b) $$		4	20
es	5 7	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	48
Activities &	6 7	otal number of volunteers (estimate if necessary)		6	<u>350</u>
Act	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	l b l	let unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		14,524,237.	17,395,198.
ē	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		699,081.	<u>550,543.</u>
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		684,169.	<u>905,475.</u>
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,907,487.	18,851,216.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		150,000.	<u>459,615.</u>
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,912,123.	2,702,525.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		296,214.	633,319.
Š	· b 7	otal fundraising expenses (Part IX, column (D), line 25) 5,179,098			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,556,333.	10,937,070.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,914,670.	14,732,529.
	19 F	Revenue less expenses. Subtract line 18 from line 12		2,992,817.	4,118,687.
Net Assets or			Be	ginning of Current Year	End of Year
Sset	g 20 1	otal assets (Part X, line 16)		56,820,153.	60,991,587.
etA	21 7	otal liabilities (Part X, line 26)		1,940,223.	<u>3,220,511.</u>
		Net assets or fund balances. Subtract line 21 from line 20		54,879,930.	<u>57,771,076.</u>
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
۵.		Signature of officer		Dota	
Sig	1		. /	Date	1. ···
He	re	ROBERT H. FRANK, TREASURER Type or print name and title		128	
			Тг)atha i laisi [TI DIN
Pai	1	Print/Type preparer's name AND NETUTE MYED C	1/1	Check Check Self-employee	PTIN
	F	MARNETTE MYERS	1 10		
	r	Firm's name FRANK & COMPANY, P.C.		Firm's EIN	54-1156733
U36	Unity	Firm's address 1360 BEVERLY ROAD, SUITE 300			02 004 0000
1/10	y the ID	MCLEAN, VA 22101		Phone no. 7	03-821-0702
IVI	IN THE IN	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	AND OPERATIONS AT THE MEMORIAL.
	Other program services (Describe in Schedule O.)
	(Expenses \$ 821,069 • including grants of \$) (Revenue \$
e	Total program service expenses ► 8,738,501.

132002 02-09-12 Form 990 (2011) MEMORIAL FUND, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	3		Х
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	4		х
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	5		Х
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	6		X
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
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	9		Х
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	10	X	
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,			
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			**
С		11b		<u> X</u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		v
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	11c		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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 X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
42	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
J	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, Parts I and IV	441		3.5
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u>X</u>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17	Х	
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	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	T		
20~	complete Schedule G, Part III	19		_X_
20a	bid the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
U	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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			7.5
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J		77	
24a	Schedule J	23	X	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
				37
b	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
	any tax-exempt bonds?	04-		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		Δ
	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		- 41
	person outstanding as of the end of the organization's tax year? If "Yes, " complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			***************************************
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		_X_
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	o and the meaning of			
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ <u>X</u> _
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	X	

52-1382926 Page 5

	Statements Regarding			

	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	35			1.0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eport	able gaming							
	(gambling) winnings to prize winners?			1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		****							
	filed for the calendar year ending with or within the year covered by this return	2a	48							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				Sarah.					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		***********	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other									
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X				
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				1.54					
5a	5 The state of the			5a		X				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to									
	any contributions that were not tax deductible?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions	or gifts							
	were not tax deductible?		***************************************	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
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?										
b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		quired							
	to file Form 8282?	1		7c		X				
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X				
g h	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		ļ				
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			7h		 				
Ŭ	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			_						
9	Sponsoring organizations maintaining donor advised funds.	any n	me during the year?	8		 				
а	Did the organization make any taxable distributions under section 4966?			9a		1				
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**********************	9b		†				
10	Section 501(c)(7) organizations. Enter:		***************************************	30						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b		10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		***********	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.				114					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1							
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b	<u></u>	<u></u>				
				Form	990	(2011)				

132005 01-23-12 MEMORIAL FUND, INC.

52-1382926

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

	Check if Schedule O contains a response to any question in this Part VI	******				X					
Sect	tion 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	21								
	If there are material differences in voting rights among members of the governing body, or if the governing			1							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20)							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other								
	officer, director, trustee, or key employee?		*************************	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X					
6 Did the organization have members or stockholders?											
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?		*************	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	persons other than the governing body?		************	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	he following:								
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?		*********************	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code.)	W							
				·	Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such c										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filing the form?	11a	X	<u> </u>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12a	X	<u> </u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	ļ					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	-									
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X	ļ					
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approve		ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b	X	<u> </u>					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange										
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the		•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anizati	on's								
<u></u>	exempt status with respect to such arrangements?		***************************************	16b							
	tion C. Disclosure	~~ -									
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, C					, MD					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	⊣ (Sec	tion 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.										
40	X Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, ar	nd finar	ncial						
00	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the organiza	ation:	-						
	FRANK & COMPANY, P.C 703-821-0702										
13200						(2011)					

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 VII

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. 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.

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Companisation from the organizations of pelated organizations in Schedule Page P	(A) Name and Title	(B) Average hours per week	(do	not c	Pos check ess pe	ition more	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
CHAIRMAN & CHIEF EXECUTIVE OFFICER 40.00 X X 2 212,940. 0. 44,514. (2) AARON KENNARD DIRECTOR 1.00 X 0. 0. 0. 0. (3) BART JOHNSON DIRECTOR 1.00 X 0. 0. 0. 0. (44) BILL JOHNSON DIRECTOR 1.00 X 0. 0. 0. 0. (5) BILL WEBER DIRECTOR 1.00 X 0. 0. 0. 0. (6) CHUCK WEXLER DIRECTOR 1.00 X 0. 0. 0. 0. (7) BRAD BREKKE DIRECTOR 1.00 X 0. 0. 0. 0. (8) CHUCK CANTERBURY DIRECTOR 1.00 X 0. 0. 0. 0. (9) SAM CABRAL DIRECTOR 1.00 X 0. 0. 0. 0. (10) MUBERT WILLIAMS DIRECTOR 1.00 X 0. 0. 0. 0. (11) DAVID WEISZ DIRECTOR 1.00 X 0. 0. 0. 0. (11) DAVID WEISZ DIRECTOR 1.00 X 0. 0. 0. 0. (12) JOSEPH AKERS DIRECTOR 1.00 X 0. 0. 0. 0. (13) LINDA HENNIE DIRECTOR 1.00 X 0. 0. 0. 0. (14) JON ADLER DIRECTOR 1.00 X 0. 0. 0. 0. (15) LINDA MOON GREGORY DIRECTOR 1.00 X 0. 0. 0. 0. (16) MARCUS JONES DIRECTOR 1.00 X 0. 0. 0. 0. (17) MIKE MUTH DIRECTOR 1.00 X 0. 0. 0. 0. 0. (17) MIKE MUTH DIRECTOR 1.00 X 0. 0. 0. 0. 0. (17) MIKE MUTH DIRECTOR 1.00 X 0. 0. 0. 0. 0. (17) MIKE MUTH DIRECTOR 1.00 X 0. 0. 0. 0. 0.		(describe hours for related organizations in Schedule	trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		from the organization and related
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S BILL WEBER	(4) BILL JOHNSON										
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O		1 00									
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(8) CHUCK CANTERBURY 1.00 X 0. 0. 0. 0.		1 00	7.						_		_
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1.00 HUBERT WILLIAMS DIRECTOR 1.00 X 0.		1 00							0		0
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DIRECTOR 1.00 X 0. 0. 0.		100	1	T	T	-	<u> </u>			U •	<u> </u>
Column		1.00	x						0.	0	0
DIRECTOR 1.00 X 0. 0. 0.											<u></u>
(14) JON ADLER DIRECTOR 1.00 X 0.0.0.0. (15) LINDA MOON GREGORY 0.0.0.0.0. DIRECTOR 1.00 X 0.0.0.0. (16) MARCUS JONES 0.0.0.0.0. DIRECTOR 1.00 X 0.0.0.0. (17) MIKE MUTH 0.0.0.0.0. DIRECTOR 1.00 X 0.0.0.0.		1.00	X						0.	0.	0.
(15) LINDA MOON GREGORY DIRECTOR (16) MARCUS JONES DIRECTOR (17) MIKE MUTH DIRECTOR 1.00 X 0. 0. 0. 0. 0. 0.											<u> </u>
(15) LINDA MOON GREGORY DIRECTOR (16) MARCUS JONES DIRECTOR (17) MIKE MUTH DIRECTOR 1.00 X 0. 0. 0. 0. 0. 0.	DIRECTOR	1.00	X						0.	0.	0.
(16) MARCUS JONES DIRECTOR 1.00 X 0. 0. 0. (17) MIKE MUTH DIRECTOR 1.00 X 0. 0. 0.	(15) LINDA MOON GREGORY										
(16) MARCUS JONES DIRECTOR 1.00 X 0. 0. 0. (17) MIKE MUTH DIRECTOR 1.00 X 0. 0. 0.	DIRECTOR	1.00	X	_					0.	0.	0.
(17) MIKE MUTH DIRECTOR 1.00 X 0. 0.	(16) MARCUS JONES										
(17) MIKE MUTH DIRECTOR 1.00 X 0. 0.	DIRECTOR	1.00	X	<u> </u>			<u> </u>		0.	0.	0.
	(17) MIKE MUTH										
	DIRECTOR	1.00	X	<u> </u>		<u> </u>	<u></u>		0.		0.

Part VII Section A. Officers, Directors, Tru		nplo	-	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	926 Page 6	
(A) (B) (C) (D) (E) (F)											
Name and title	Average hours per week	box	Position (do not check more than one pox, unless person is both an officer and a director/trustee)			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) SUZANNE SAWYER											
SECRETARY	1.00	X		X				0.	0.	0.	
(19) ROBERT PAVONE											
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.	
(20) STEPHEN ANTONUCCI	1 00	**									
DIRECTOR	1.00	X	-			├		0.	0.	0.	
(21) HARRY PHILLIPS DIRECTOR	1.00	х						0.	0.	0.	
(22) ROBERT H. FRANK TREASURER	1.00			х				0.	0.	0.	
(23) GEORGE W. MAYO											
COUNSEL	1.00			X				0.	0.	0.	
(24) HERBERT GIOBBI	40.00				Х			165 404		21 212	
CHIEF OPERATING OFFICER	40.00	┼	 		_	┼		165,404.	0.	21,313.	
(25) KAREN BASSIRI SENIOR DIRECTOR OF DEVELOPMENT	40.00					х		101,603.	0.	24,703.	
(26) LYNN LYONS-WYNNE										21/,03.	
SENIOR DIRECTOR OF MEMORIAL PROGRAMS	40.00					X		105,103.	0.	28,187.	
1b Sub-total				*	4	>		585,050.		118,717.	
c Total from continuation sheets to Part V						•		100,978.			
d Total (add lines 1b and 1c)								686,028.		142,044.	
2 Total number of individuals (including but n							no re			. <u> </u>	

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

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

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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.

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK CONSTRUCTION, 7500 OLD GEORGETOWN	BUILDING	
ROAD, BETHESDA, MD 20814	CONSTRUCTION	2,483,810.
PEP-DIRECT		
119 STONEY BROOK DRIVE, WILTON, NH 03086	CONSULTING	655,717.
ENGRAVEWRITE, LLC	CONSTRUCTION	
2003 KING WAY, DENVER, CO 80211	MAINTENANCE	463,751.
SCA DIRECT, 11200 WAPLES MILL ROAD, SUITE		
150, FAIRFAX, VA 22030	CONSULTING	399,844.
FRANK & COMPANY, 1360 BEVERLY ROAD, SUITE		
300, MCLEAN, VA 22101	FINANCIAL SERVICES	317,086.
2 Total number of independent contractors (including but not limited to those list		
\$100,000 of compensation from the organization > 23		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2011)

MEMORIAL FUND, INC. 52-1382926

Part VII Section A Officers Directors True	otoco Vov.Ex					li arla		O	52-138	4940
Part VII Section A. Officers, Directors, Tru (A)	/D\	npic	yee	s, a	na r	ugn	est	Compensated Employ	ees (continuea)	/=\
Name and title	(B) Average hours	(ct		Posi all t	ition	арр	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key empioyee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
27) JOHN SHANKS	40.00								_	
IRECTOR OF DEVELOPMENT	40.00		_			X		100,978.	0.	23,327
				-						

		_				-				
		-		-	-	-				
		_		-	-	-				
		-			-	-				
			_	-	-	_				
		-	-	-	-					
		-	_	ļ	_					
otal to Part VII, Section A, line 1c								100,978.		23,327

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns		1a	89,285.				
Sra Iour	b	Membership dues		1b					
Am Am	С	Fundraising events		1c					
ia i	d	Related organizations	*******	1d					
ns,	е	Government grants (contribut	ions)	1e	57,809.				
er S	f	All other contributions, gifts, gran	,						
흔딁		similar amounts not included abor	ve	1f .	17248104.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	*******						
0 8	h	Total. Add lines 1a-1f				17395198.			
					Business Code		e Magajala		
Program Service Revenue	2 a								
le Se	b								
T S	c				1				
g a	d								
S	e	All other program continues							
		All other program service reve Total. Add lines 2a-2f							
	<u></u>	Investment income (including			i i				
'	•	other similar amounts)			' I	253,009.			253,009.
	4	Income from investment of ta				233,003.			233,009.
1	5	Royalties			' '	148,619.			148,619.
	•	· · - y - · · · · · · · · · · · · · · · · · ·		Real	(ii) Personal				140,010.
	6 a	Gross rents			(//				
1	þ	Less: rental expenses		***************************************					
		Rental income or (loss)						1	
		Net rental income or (loss)							
		Gross amount from sales of		curities					
		assets other than inventory	1052	705	7				
	b	Less: cost or other basis							
		and sales expenses	1022	952	3				
		Gain or (loss)	297,	<u>534</u>	•				
	d	Net gain or (loss)			··· <u>······</u>	297,534.			297,534.
ē	8 a	Gross income from fundraisin	•	,					
E		including \$							
Rev		contributions reported on line	,						
Other Revenue		Part IV, line 18			392,476.				
⇟		Less: direct expenses			206,714.		q California de la Cali		
		Net income or (loss) from fund	_		<u> </u>	185,762.			185,762.
	9 a	Gross income from gaming ac							
		Part IV, line 19							
		Less: direct expenses			b				
		Net income or (loss) from gam	_	vities	··· <u>·····</u>				
	u a	Gross sales of inventory, less			1297042				
	h	and allowances Less: cost of goods sold			a <u>1287042.</u> b 715,948.				
		Net income or (loss) from sale				571,094.	571,094.	1.	
 	<u> </u>	Miscellaneous Revenu		лиогу	Business Code	J/1,UJ4.	J/1,034.		1.
1	1 a				Duantess Code				
'	b								
	C								
	d	All other revenue							
		Total. Add lines 11a-11d							
1	2	Total revenue. See instructions.				18851216.	571,094.	0.	884,924.
132009				********				<u>V•</u>	Form 990 (2011)

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).

Do r	Check if Schedule O contains a respon	(A)	(B) Program service	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	450 615	450 615		
	organizations in the United States. See Part IV, line 21	459,615.	459,615.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	444 171	247 200	20 167	(7 (15
^	trustees, and key employees	444,171.	347,389.	29,167.	67,615
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,759,242.	1,391,001.	107 472	260 760
7	Other salaries and wages	1,/39,444.	1,391,001.	107,473.	260,768
8	Pension plan accruals and contributions (include	168,547.	100 E16	15 500	20 521
^	section 401(k) and section 403(b) employer contributions)	173,299.	123,516. 126,998.		29,531
9	Other employee benefits	157,266.	117,404.		30,364
0	Payroll taxes	137,200.	11/,404.	11,008.	28,854
1	Fees for services (non-employees):				
a	Management	113,896.	19,542.	04 254	***************************************
b	Legal	113,636.	87,951.	94,354. 7,761.	17 016
C	Accounting	113,040.	0/,351.	/,/01•	17,916
d	Lobbying Professional fundamining convince. See Part IV. line 17.	633,319.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	622 210
e	Professional fundraising services. See Part IV, line 17	033,319.		-	633,319
f	Investment management fees	1,256,089.	713,030.	220 145	212 014
g	Other				313,914
12	Advertising and promotion	138,844.	138,844.		25 427
13	Office expenses	242,392.	147,607.	59,358.	35,427
14	Information technology				
15 10	Royalties	543,809.	462,732.	17 062	<i>C</i> 2 11 E
16	Occupancy	170,016.	126,514.		63,115
17	Travel	170,010.	120,514.	28,158.	15,344
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	36,976.	32,217.	27.	1 722
19	Conferences, conventions, and meetings	30,370.	34,411.	41,	4,732
20	Interest				***************************************
21	Payments to affiliates Depreciation, depletion, and amortization	294,173.	258,307.	F 302	20 472
22		46,397.	28,746.		30,473
23	Insurance Other expenses. Itemize expenses not covered	40,337.	40,740.	11,795.	5,856
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	POSTAGE	2,813,788.	1,345,167.	2,770.	1,465,851
	PRINTING AND GRAPHICS	1,910,379.	1,363,572.		539,655
	MAILING EXPENSES	1,901,967.	719,999.		1,181,968
	EVENTS	722,961.	434,282.	~	273,123
	All other expenses	631,755.	294,068.		181,273
25	Total functional expenses. Add lines 1 through 24e	14,732,529.	8,738,501.		5,179,098
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	5,405,783.	1,729,851.	0.	3,675,932

132010 01-23-12

Form 990 (2011)
Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		524,551.	1	1,686,368.
	2	Savings and temporary cash investments		1,891,793.	2	741,062.
	3	Pledges and grants receivable, net		8,669,036.	3	10,395,043.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, direct				
	•	employees, and highest compensated employees.				
		of Schedule L	'		5	Manager Bertrick (1974)
	6	Receivables from other disqualified persons (as defi			- 3	
	Ū	4958(f)(1)), persons described in section 4958(c)(3)(
		employers and sponsoring organizations of section				
		employees' beneficiary organizations (see instruction			_	
3	7	Notes and loans receivable, net			7	
455615	8			496,020.	8	160 700
₹	9	Inventories for sale or use Prepaid expenses and deferred charges		43,255.	1	469,799.
	_	Land, buildings, and equipment: cost or other		43,433.	9	0.
	104	* ' '	2 510 306			
		basis. Complete Part VI of Schedule D 10		040 170		767 504
	b	Less: accumulated depreciation 10		940,179.		767,594.
	11	Investments - publicly traded securities		11,787,591.	1	10,373,143
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		20 465 500	14	36 550 550
	15	Other assets. See Part IV, line 11		32,467,728.		36,558,578
	16	Total assets. Add lines 1 through 15 (must equal lin		56,820,153.	16	
	17	Accounts payable and accrued expenses		1,234,305.	T	2,546,856
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability. Complete Part	***************************************		21	
Ĭ	22	Payables to current and former officers, directors, ti		* ,		1.12
ă		highest compensated employees, and disqualified p	persons. Complete Part II			,
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated th			24	
	25	Other liabilities (including federal income tax, payab				
		parties, and other liabilities not included on lines 17	-24). Complete Part X of	505 040		
		Schedule D	***********************************	705,918.		673,655.
	26	Total liabilities. Add lines 17 through 25		1,940,223.	26	3,220,511
		Organizations that follow SFAS 117, check here	► LX and complete			
Ses		lines 27 through 29, and lines 33 and 34.				
ă	27	Unrestricted net assets		42,648,681.		43,550,983
Net Assets or Fund Balances	28	Temporarily restricted net assets		12,231,249.	28	14,220,093
ğ	29				29	
7		Organizations that do not follow SFAS 117, chec	k here and			
ŏ		complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
AS	31	Paid-in or capital surplus, or land, building, or equip			31	
et	32	Retained earnings, endowment, accumulated incor			32	
Z	33	Total net assets or fund balances		54,879,930.		57,771,076
	34	Total liabilities and net assets/fund balances	*******************************	56,820,153.	34	60,991,587

Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,85	1,2	16.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,73	2,5	29.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,11		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,87		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,22		
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	57,77		
Pa	rt XII Financial Statements and Reporting			····	
	Check if Schedule O contains a response to any question in this Part XII				
			······································	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			 5 % (
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
b	Were the organization's financial statements audited by an independent accountant?			Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		****		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	*******	3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS

Employer identification number 52-1382926

<u> </u>			L FUND, INC.	***************************************	······································		***************************************			<u>-1382</u>	<u>926</u>	
Part I		·····	ty Status (All organiz					ructions.				·····
he organ			pecause it is: (For lines 1	-		-						
1	A church, cor	nvention of churches	s, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i)					
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
3	A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(A)(iii).					
4	A medical res	earch organization o	perated in conjunction	with a hos	oital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	s nam	e,
	city, and state	ə:										
5	An organizati	on operated for the I	penefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t described	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governme	ent or governmental unit	t described	in sectio	n 170(b)(1)(A)(v).					
7 X			eives a substantial part					r from the	general pu	ublic desc	ribed i	n
		b)(1)(A)(vi). (Complet							J			
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			eives: (1) more than 33 1			rom contri	butions. m	nembershi	o fees, and	d aross rec	eints :	from
			nctions - subject to certa									
			axable income (less sect							-		
		509(a)(2). (Complete			,			,	, march of the car		0, .0.	0.
10			perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	1).				
11			perated exclusively for th		•		٠,,,	,	v out the n	urnoses o	of one (or.
			itions described in secti									٠,
			organization and compl				,					
	a Type I		٦ -		~	tionally int	egrated		d 🔲	Type III - C)ther	
е 🔲	• •		t the organization is not	٠.		,	9	r more disc		, ,		n
			han one or more publicly									
f			ten determination from t						(4)(1) 01 01		(4)(2)	
	_	ganization, check th			•		. ,,					
g			rganization accepted ar							************	*******	L
J			irectly controls, either al			-					Yes	No
			upported organization?						, 23.3	11g(i)	100	110
	-		described in (i) above?							11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i) of	or (ii) above	······································				* * * * * * * * * * * * * * * * * * * *			
h			about the supported or								L	L
••		one wang milemiation	about the supported of	garnzation	ω,.							
(i) Name	of supported	(::A EINI	(iii) Type of	(iv) Is the o	rganization	(v) Did you	i notify the	(vi) Is	the	(11) A		
	anization	(ii) EIN	organization	in col. (i) lis				organization	on in col.	(vii) Am		Ī
019	amzanon		(described on lines 1-9 above or IRC section	governing			support?	(i) organiz U.S	ed in the	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
									"			
	···········							 				
				†					 	······································		
				1		<u> </u>		†				
									1			
		1	4		4	a c	1					

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

52-1382926 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	tion A. Public Support						
Cale	ndar 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.")	14625436.	16115565.	13416130.	14524237.	17395198.	76076566.
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	14625436.	16115565.	13416130.	14524237.	17395198.	76076566.
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,	The state of					
	column (f)						
	Public support. Subtract line 5 from line 4.	<u> </u>	l'				76076566.
Sec	ction B. Total Support	T	· p	Ţ	y	***************************************	
	ndar year (or fiscal year beginning in) 🕨		(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	14625436.	16115565.	13416130.	14524237.	17395198.	76076566.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	596,814.	562,182.	438,706.	470,088.	401,628.	2469418.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				ļ		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				-222.		-222.
	Total support. Add lines 7 through 10					ļ:	78545762.
12	Gross receipts from related activities						5,146,589.
13	First five years. If the Form 990 is for	-			·	. ,	
Se	organization, check this box and stoction C. Computation of Pub	p here lic Support Pe	rcentage	******************			
	Public support percentage for 2011			column (f))		14	96.86 %
	Public support percentage from 201					15	96.86 % 96.63 %
	a 33 1/3% support test - 2011. If the						
100	stop here. The organization qualifies	=					·
	33 1/3% support test - 2010. If the						
	and stop here. The organization qua	-					
17	a 10% -facts-and-circumstances te						
17.	and if the organization meets the "fa		-				
	meets the "facts-and-circumstances					-	
	b 10% -facts-and-circumstances te						
1	more, and if the organization meets		-				
	organization meets the "facts-and-ci				•		▶ □
18	Private foundation. If the organization		•	•	, , ,	**********	
	310 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -						0 or 990-EZ) 2011
					20.1		· · · · · · · · · · · · · · · · · · ·

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

(Complete only if you checked the box on line 9 of Part I 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 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						
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.)						1
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				1		
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						
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	n's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Publ	ic Support P	ercentage				
15 Public support percentage for 2011 (ine 8, column (f)	divided by line 13,	column (f))		15	%
16 Public support percentage from 2010	Schedule A, Pa	rt III, line 15		*****************	16	%
Section D. Computation of Inves	stment Incor	ne Percentage)			
17 Investment income percentage for 20)11 (line 10c, colı	umn (f) divided by I	ine 13, column (f))		17	%
18 Investment income percentage from :		D - 4 10 10 47				%
19a 33 1/3% support tests - 2011. If the	organization did					17 is not
more than 33 1/3%, check this box a						>
b 33 1/3% support tests - 2010. If the	=					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization					-	·
eo i invoie iounidanon, il life Uludiii/aliC	active from the text.	6 MA OR III (# 14. 1)	secon rate check t	LIG LIUX AUG SHA II	COLUMN TREATERS	- 1

NATIONAL LAW ENFORCEMENT OFFICERS

chedule A (Form	990	or 990-EZ)	2011 I	MEMOR.	LAL .	FUND,	INC.				<u>52-1382926 Pac</u>
Part IV Sup	pler	nental l	nform	ation. C	omplete	this part t	o provide the	explanat	ions required	d by Part II, line	e 10; Part II, line 17a or 17b;
and F	Part I	II, line 12.	Also cor	nplete this	part fo	r any addit	ional informa	tion. (See	instructions).	
רטפרווו.פ	λ	חסאס	тт	TTNE	1.0	מישים ז	ואר א חד או	EOD.	OWNED	TNICOME.	
CHEDULE	<u> </u>	LWVI		DIME	10,	EVLIN	TIVALLOIN	TOR	OTHER	INCOME:	
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#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

NATIONAL LAW ENFORCEMENT OFFICERS

OMB No. 1545-0047

Employer identification number

2011

	52-1382926	
Organization type (chec	990 or 990-EZ	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, -	·	Rule. See instructions.
General Rule		
		ı money or property) from any one
Special Rules		
509(a)(1) and	170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the	=
total contribut	ions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or	
contributions If this box is c purpose. Do n	for use exclusively for religious, charitable, etc., purposes, but these contributions did not hecked, enter here the total contributions that were received during the year for an exclusion to the complete any of the parts unless the <b>General Rule</b> applies to this organization because.	total to more than \$1,000.  sively religious, charitable, etc., se it received nonexclusively
but it <b>must</b> answer "No	ion that is not covered by the General Rule and/or the Special Rules does not file Schedu " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Pimeet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

NATIONAL LAW ENFORCEMENT OFFICERS

MEMORIAL FUND, INC.

52-1382926

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
2		\$ 1,605,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$ 541,924.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person X Payroll
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.

Name of organization NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

Employer identification number

52-1382926 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3 ITE	MS FOR NASCAR RACE		
-		<u> </u>	_03/09/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, 52-1382926 INC. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enterthis information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

123454 01-23-12

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

## **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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS

Employer identification number 52-1382926

	MEMORIAL FUND, INC.		52-138	2926
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Acco	unts. Complete	if the
	organization answered "Yes" to Form 990, Part IV, line 6.		•	
	(a) Donor advised funds	<b>(b)</b> Fu	nds and other ac	counts
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 can be use			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cor	,		
	impermissible private benefit?	-	Yes	☐ No
Par	rt 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 education)  Preservation of an histor	ically imr	ontant land area	
	Protection of natural habitat Preservation of a certifier			
	Preservation of open space	4 111010111	otiactare	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conser	vation easement (	on the last
	day of the tax year.	2 0011001	vation cascinent	on the last
	, ,		Held at the End o	f the Tay Year
а	Total number of conservation easements	2a	11.01d at the zine c	THE TAX TEAT
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic structure included in (a)			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure			***************************************
	listed in the National Register			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or		on during the tax	
	year▶	J	· · · · · · · · · · · · · · · · · · ·	
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			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the			######################################
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(		*	
	and section 170(h)(4)(B)(ii)?	, , , , , ,	Yes	No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense st	atement,	and balance she	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the			
	conservation easements.			
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Sim	ilar Assets.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	nt and ba	lance sheet work	s of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of publi	ic 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 (ASC 958), to report in its revenue statement ar	nd baland	ce sheet works of	art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service,	provide the follow	ving amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1	►	\$	
	(ii) Assets included in Form 990, Part X		\$ 1,3	57,534.
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	ain, provi	de	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			
а		▶	\$	
b	Assets included in Form 990, Part X	<b>&gt;</b>	\$	

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

		L FUND, INC					<u>52-13</u>			<u>ge 2</u>	
Parl	III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, o	r Othe	r Simil	ar Asset	S (continu	ued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	are a si	gnificant	use of its o	collection i	tems	<b>&gt;</b>	
	(check all that apply):										
а	X Public exhibition	d	Loan or exch	nange progra	ms						
b	Scholarly research	е	Other								
С	X Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exer	mpt purp	ose in Part	XIV.			
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or othe	er similar	assets					
	to be sold to raise funds rather than to be ma						E	Yes	X	No	
Par	t IV Escrow and Custodial Arran	<b>gements.</b> Comple	te if the organization	n answered '	Yes" to	Form 990	), Part IV, I	ine 9, or			
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other as	sets not	included					
	on Form 990, Part X?							Yes		No	
	If "Yes," explain the arrangement in Part XIV										
								Amount			
С	Beginning balance					1c					
	Additions during the year					1					
	Distributions during the year										
	f Ending balance 1f										
	2a Did the organization include an amount on Form 990, Part X, line 21?										
	b If "Yes," explain the arrangement in Part XIV.										
Par			swered "Yes" to Fo	rm 990, Part	IV, line 1	0.					
		(a) Current year	(b) Prior year	(c) Two year			years back	(e) Four y	/ears	back	
1a	Beginning of year balance	8,748,273.	8,834,786,		251.		576,256.	4.44			
b	Contributions	1,340,000.	1,663,112,		5,000.						
c	Net investment earnings, gains, and losses	74,151.	577.249.	1	5.535.	- 1	352,005.			***************************************	
d	Grants or scholarships					1,332,00					
	Other expenditures for facilities										
·	and programs	3,380,601.	2,326,874.	48	5,000.		465,000.				
f	Administrative expenses				• , , , , ,	····					
	End of year balance	6,781,823.	8,748,273.	8 83	4.786.	7	759,251.		.,		
2	Provide the estimated percentage of the cur				.,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L			
a	Board designated or quasi-endowment		%	-,,							
	Permanent endowment ▶	%	········								
	Temporarily restricted endowment	%									
·	The percentages in lines 2a, 2b, and 2c short										
За	Are there endowment funds not in the posse		ation that are held a	nd administe	ered for t	he organ	ization				
	by:							ſ,	Yes	No	
	(i) unrelated organizations							3a(i)		X	
	(ii) related organizations									X	
h	If "Yes" to 3a(ii), are the related organization									T	
4	Describe in Part XIV the intended uses of the										
	rt VI Land, Buildings, and Equipm										
L	Description of property	(a) Cost or o		or other	(c) A	ccumula	ted	(d) Book	valu	e	
	2000. proporty	basis (investr	1 , ,	(other)		preciatio		(4) 2001		-	
12	Land	``								***************************************	
	Buildings	1									
2	Leasehold improvements		66	5,976.		238,2	290-	427	7.6	86.	
4	Equipment			8,055.		462,6				42.	
	Other			4,355.		049,8				66.	
	~	2.5.2. L		,		<del> 1 \</del>			<u> </u>		

Schedule D (Form 990) 2011

767,594.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

MEMOR	IAL	FUND	, INC

Part VII Investments - Other Securities. S	ee Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuate or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)			·	
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII Investments - Program Related.	See Form 990, Part X, Iir	e 13.		
(a) Description of investment type	(b) Book value	Cos	(c) Method of valu st or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, lin	- 1 <i>E</i>			
	a) Description			(b) Book value
(1) MEMORIAL DEVELOPMENT COS			· · · · · · · · · · · · · · · · · · ·	15,674,944.
(2) MUSEUM DEVELOPMENT COSTS	10	· · · · · · · · · · · · · · · · · · ·		19,465,422.
(3) MUSEUM COLLECTIONS			······	1,357,534.
(4) OTHER ASSETS				60,678.
(5)				00,070.
(6)				
(7)				
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·		
(10)			***************************************	
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15.)			36,558,578.
Part X Other Liabilities. See Form 990, Part >	K, line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEFERRED RENT		673,655.		
(3)				
(4)				
(5)		·····		
(6)				
(7)				
(8)				
(9)				
(10)				
(11)		/ N A 2 = -		
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote	ne 25.)	673,655.	zation's liability for uncert	ain tax positions under
2. FIN 48 (ASC 740).	5 •		and an of the	

01-23-12

OCTOBER 15, 1991, THE MEMORIAL HONORS FEDERAL, STATE AND LOCAL LAW

10330822 757994 1143

132054 01-23-12

Part XIV Supplemental Information (continued)

ENFORCEMENT OFFICERS WHO HAVE MADE THE ULTIMATE SACRIFICE FOR THE SAFETY

AND PROTECTION OF OUR NATION AND ITS PEOPLE. A NUMBER OF COMMEMORATIVE

CEREMONIES ARE HELD AT THE MEMORIAL EACH YEAR, AND THE SITE IS VISITED BY

NEARLY A QUARTER MILLION PEOPLE ANNUALLY.

PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT FUNDS ARE TO FURTHER THE MISSION OF THE ORGANIZATION.

PART X, LINE 2: THE ORGANIZATION COMPLIES WITH THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE CODIFICATION, WHICH 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 THIS 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 UPON EXAMINATION BY TAXING AUTHORITIES, BASED UPON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES BEFORE 2008.

Schedule D (Form 990) 2011 MEMORIAL FUND, INC.	52-1382926 Page 5
Schedule D (Form 990) 2011 MEMORIAL FUND, INC.  Part XIV Supplemental Information (continued)	
PART XI, LINE 8 - OTHER ADJUSTMENTS:	
PROVISION FOR DOUBTFUL PROMISES TO GIVE	-696,783.
	0,70,703.
DADE WIT I THE OR OFFICE AD THOMPSON	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT	
DADE WITH A TANK OR OFFICE AD THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CO	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT	

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(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.

2011

Open To Public Inspection

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS

Employer identification number

MEMORIAL FUND, INC. 52-1382926 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants Phone solicitations g X Special fundraising events d X In-person solicitations 2 a 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? 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. (v) Amount paid (iii) Did fundraise (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? to (or retained by) (ii) Activity or entity (fundraiser) fundraiser from activity organization listed in col. (i) SCA DIRECT - 11200 WAPLES Yes No MILL ROAD, SUITE 150 DIRECT MAIL FUNDRAISING Х 6,128,402 399,844 5,728,558, PEP-DIRECT - 19 STONEY BROOK DRIVE, WILTON, NH 03086 DIRECT MAIL FUNDRAISING 2,891,123 655.717 2,235,406. ODELL, SIMMS & LYNCH, INC. PUBLIC OUTREACH/DONOR 7704 LEESBURG PIKE, FALLS CULTIVATION 326,500 300,000 26,500. Total 9,346,025. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AR, CA, CT, CO, DC, FL, GA, IL, IA, KY, MD, MA, MI, MN, MS, MT, NV, NH, NJ, NM, NY, NC, ND, OH OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2011

NATIONAL LAW ENFORCEMENT OFFICERS Schedule G (Form 990 or 990-EZ) 2011 MEMORIAL FUND, INC. 52-1382926 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) Revenue 392,476. 1 Gross receipts 392,476. 2 Less: Charitable contributions 0. 3 Gross income (line 1 minus line 2) 392,476. 392,476. 4 Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 2,800. Food and beverages 2,800. 8 Entertainment 203,914. Other direct expenses 203,914. 10 Direct expense summary. Add lines 4 through 9 in column (d) 206,714; 11 Net income summary. Combine line 3, column (d), and line 10. 185,762. 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 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? **b** If "No," explain:

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Schedule G (Form 990 or 990-EZ) 2011

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2011 MEMORIAL FUND, INC.	52-1	382	926	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
	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:				
а	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record				
	Name	***************************************			
	Address >			***	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	int			
	of gaming revenue retained by the third party > \$				
	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	No
1	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	า the			
_	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info				
C C	CUEDITE C DADM T I THE OD I TOM OF MEN UTCHECK DATE HINDRA	Tann	<b>a</b>		
20	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISER	<u>S:</u>		
(]	I) NAME OF FUNDRAISER: SCA DIRECT	ж			
(	I) ADDRESS OF FUNDRAISER:				
<u>1</u> :	1200 WAPLES MILL ROAD, SUITE 150, FAIRFAX, VA 22030				
( :	I) NAME OF FUNDRAISER: PEP-DIRECT				
<del></del>	I/ NAME OF FUNDATION, FEF-DIRECT				
(	I) ADDRESS OF FUNDRAISER: 19 STONEY BROOK DRIVE, WILTON, NH	03	086	· !	

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Schedule G (Form 990 or 990-EZ) 2011 MEMORIAL FUND, INC.	52-1382926 Page 4
Part IV Supplemental Information (continued)	
(I) NAME OF FUNDRAISER: ODELL, SIMMS & LYNCH, INC.	
(I) ADDRESS OF FUNDRAISER: 7704 LEESBURG PIKE, FALLS CHUR	CH, VA 22043
SCHEDULE G, PART I, LINE 2B, COLUMN (V): PAYMENTS MADE TO	ODELL, SIMMS &
LYNCH, INC. DURING 2011 TOTALED \$320,932. OF THIS AMOUNT;	\$300,000 WAS
PAID FOR CONSULTING SERVICES AND \$20,932 WAS PAID FOR THE	REIMBURSEMENT
OF PREAPPROVED TRAVEL EXPENSES. FEES FOR CONSULTING EXPEN	SES AND CHARGES
FOR THE REIMBURSEMENT OF OTHER PREAPPROVED TRAVEL EXPENSE	S INCURRED BY
THE CONSULTANT ARE INVOICED SEPARATELY AS STIPULATED IN T	HE CONSULTING
CONTRACT.	

**Employer identification number** OMB No. 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. LAW ENFORCEMENT OFFICERS INC General Information on Grants and Assistance MEMORIAL FUND NATIONAL Name of the organization Department of the Treasury SCHEDULE (Form 990) Part

2011	Open to Public Inspection

ž TO RAISE AWARENESS OF LAW TO RAISE AWARENESS OF LAW ς. 52-1382926 ENFORCEMENT OFFICERS WHO HAVE DIED IN THE LINE OF ENFORCEMENT OFFICERS WHO TAVE DIED IN THE LINE OF (h) Purpose of grant or assistance X Yes 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 DUTY DUTY, recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization

(book, if applicable cash grant assistance or government or government or government assistance or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or gove 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 o. Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 099 257,955 201, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 90-0630368 22-3530541 criteria used to award the grants or assistance? 1 (a) Name and address of organization RIDES - 901 E ST, NW - WASHINGTON, THIN BLUE LINE COMMUNITY BIKE NJ 07932 POLICE UNITY TOUR FLORHAM PARK, PO BOX 528 DC 20004 PartII

Schedule I (Form 990) (2011)

Page 2

52-1382926

Schedule I (Form 990) (2011) MEMORIAL FUND, INC.

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.

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.

(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
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I, I	ine 2, and any other	additional information.	
, ,	MAINTAI	NS RECORDS	2: NLEOMF MAINTAINS RECORDS AND DOCUMENTATION	ENTATION FOR	
E FINANCIALLY	THE	ROGRAM TO	ENSURE THAT	PROGRAM TO ENSURE THAT ALL GRANT	
FUNDS ARE DISBURSED FOR THEIR INTE	INTENDED USE.	. THE GRANTS	TS AWARDED	ARE ACTIVELY	
RED BY RECEIVING PROGRES	REPORTS FR	M THE	GRANTEE AND BY	HAVING	
MEETINGS WITH THE GRANT	OFF				
	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			

# **SCHEDULE J** (Form 990)

# **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part I

➤ Attach to Form 990. ➤ See separate instructions. NATIONAL LAW ENFORCEMENT OFFICERS

MEMORIAL FUND, INC. <u>52-1382926</u> **Questions Regarding Compensation** 

		p	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			A. A.
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		ľ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			<b>†</b>
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	5 The state of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Parity and a supplied to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	40		х
b		4a		X
		4b 4c		X
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4C		<del>  ^</del>
	and any or miso tale, not the personal and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			i i
	contingent on the revenues of:			
а		E		v
	Any related organization?	5a 5b		X
~	If "Yes" to line 5a or 5b, describe in Part III.	ac		<u> </u>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	0-		v
h	Any related organization?	6a		X
J	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	6b		X
7				
•	The state of the state of the state of garnization provide any flori fixed payments			
8	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
o	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	۵.	l	1

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

MEMORIAL FUND, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2011

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

52-1382926

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(a)	(E)	(F)
( <b>A</b> ) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	18	212.940.	0	0	29.938.	14.576.	257.454.	0
1 CRAIG W. FLOYD	9		0.	0.	4	0.	0.	0
	Ξ	165,40	0	0.	20,300.	1,013.	186,717.	• 0
2 HERBERT GIOBBI	) E		0	0	0	0.	0.	
1	Ξ							
ო	Ξ							
	ε							
4	Ξ							
	Ξ							
5	Ξ							
	(i)							
9	Ξ							
	Ξ							
7	<b>E</b>							
	Ξ							
۵	Ξ							
	Ξ							
6	(E)							
	Ξ							
10	■							
	Ξ							
11	Ξ							
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16	⊞							
				(			Schedul	Schedule J (Form 990) 2011

### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization NATIONAL LAW ENFORCEMENT OFFICERS

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

MEMORIAL FUND, INC.

Employer identification number 52–1382926

Schedule L (Form 990 or 990-EZ) 2011

Part I	Excess Benefit	Transaction	ons (section	on 501(c)(3) and sectio	n 501(c)(4) organizatio	ons only)			<u> </u>		
				on Form 990, Part IV,				V. line 40	ıb.		
1								: <u>1 :::::                             </u>		(c) Corr	ected?
	(a) Name of dis	squalified pers	on	(b) Description of transaction						Yes	No
										1.00	
						***************************************		et etti enemaninin enemanin e			
								***************************************			
2 Enter	the amount of tax imp	oosed on the o	rganization	managers or disqualif	ied persons during the	year un	der				
	4050			***************************				. > \$			
3 Enter	the amount of tax, if a	any, on line 2, a	above, reim	bursed by the organiz	ation			\$			
Part II	Loans to and/o	or From Int	erested	Persons.							
	Complete if the orga	anization ansv	vered "Yes'	on Form 990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 38	Ba.			
` '	ame of interested	(b) Loan t		(c) Original principal	(d) Balance due		) In	(f) App	oroved	(g) W	
person and purpose		the organ	nization?	amount		defa	ault?	comm	ittee?	agreement?	
		То	From			Yes	No	Yes	No	Yes	No
····			****								
			***************************************								
			······································								
											~~~~
Total	T-0			<u></u> ▶ \$		<u> </u>				<u> </u>	
Part III	J		_	nterested Person							
			vered "Yes'	on Form 990, Part IV,							
((a) Name of interested	person		(b) Relationship betw	een interested person ganization	and			ount an	d type o	f
				116 01	gariization				assisiai 		
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132131 01-19-12

Schedule L	(Form	990 or	990-EZ	201

SCHEDULE M (Form 990)

Noncash Contributions

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Name of the organization NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

Employer identification number 52-1382926

Schedule M (Form 990) (2011)

Par	t I Types of Property							,
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	determin		s
1	Art - Works of art						***************************************	
2	Art - Historical treasures					***************************************	***************************************	
3	Art - Fractional interests							
4	Books and publications						***************************************	
5	Clothing and household goods						***************************************	
6	Cars and other vehicles						***************************************	
7	Boats and planes						***************************************	
8	Intellectual property							
9	Securities - Publicly traded							***************************************
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or					-		
	trust interests					***************************************	***************************************	
12	Securities - Miscellaneous							
13	Qualified conservation contribution -						··	***************************************
	Historic structures							
14	Qualified conservation contribution - Other					***************************************		
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles						······································	
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	***************************************						
22	Historical artifacts	***************************************						
23	Scientific specimens							
24	Archeological artifacts							
25	Other (NASCAR ITEMS)	Х	1	141.924.	FAIR MARKE	ידי עא	TITE	
26	Other (VIDEO)	Х	2		FAIR MARKE			
27	Other (MOTORCYCLE)	X	1		FAIR MARKE	T VA	LITE	
28	Other ()					<u> </u>		
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions	J		****************	
	for which the organization completed Form 82							
					W		Yes	No
30a	During the year, did the organization receive to	oy contributi	on any property re	ported in Part I, lines 1-28 th	at it must hold for			'''
	at least three years from the date of the initial							
	the entire holding period?			•		30a		х
b	If "Yes," describe the arrangement in Part II.		***************************************	***************************************	***************************************	. 000		
31	Does the organization have a gift acceptance	policy that r	requires the review	of any non-standard contrib	utions?	31		х
	Does the organization hire or use third parties					` '		
	contributions?		9	, ,		32a		х
b	If "Yes," describe in Part II.			***************************************	***************************************	JEG		
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is of	necked.			
-	describe in Part II.	(0)	, 1, 2 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	,				
LHA		the Instruc	ctions for Form 99	90.	Schedule I	VI (Form	990) ((2011

Schedule M (Form 990) (2011) MEMORIAL FUND, INC.	52-1382926	Page 2
Supplemental Information. Complete this part to provide the information required by Part I, If the organization is reporting in Part I, column (b), the number of contributions, the number of items re Also complete this part for any additional information.	ines 30b, 32b, and 33, an ceived, or a combination	d whether of both.
SCHEDULE M, PART I, COLUMN (B): THE AMOUNTS IN COLUMN (B)	REPRESENT	
THE NUMBER OF CONTRIBUTORS.		
		TOWN TO SERVICE MANAGEMENT AND ADMINISTRATION OF THE PARTY OF THE PART

	THE COURT OF THE C	

132142 01-23-12	Schedule M (Form	990) (2011

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

NATIONAL LAW ENFORCEMENT OFFICERS
MEMORIAL FUND INC.

Employer identification number 52-1382926

MEMORIAL FUND, INC. 52-1382926 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PUBLIC AWARENESS: NLEOMF'S PROGRAMS AND ACTIVITIES HEIGHTEN AWARENESS THROUGH PUBLIC EVENTS ABOUT THE SACRIFICES SUSTAINED BY THE LAW ENFORCEMENT COMMUNITY ON THE PUBLIC'S BEHALF. EXPENSES \$ 821,069. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS EMAILED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. QUESTIONS FROM THE BOARD ARE ADDRESSED BY THE MANAGEMENT OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY -REVIEWED AND ACKNOWLEDGED ANNUALLY BY OFFICERS AND DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE REVIEW OF CONTRACT AND SALARY REQUIREMENTS BASED ON SALARY COMPARISON DATA PROVIDED BY INDEPENDENT SURVEY AND CONTEMPORANEOUS DOCUMENTATION OF THE DECISION WAS MADE BY THE COMMITTEE FOR THE CEO EMPLOYMENT CONTRACT. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, CT, CO, DC, FL, GA, IL, IA, KY, MD, MA, MI, MN, MS, MT, NV, NH, NJ, NM, NY, NC, ND, OH OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY, KS FORM 990, PART VI, SECTION C, LINE 18: NLEOMF COMPLIES WITH IRC SECTION 6104 AND MAKES ITS FORM 1023, FORM 990 AND FORM 990-T (IF APPLICABLE) AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 AND FORM 990-T (IF APPLICABLE) ARE ALSO AVAILABLE ON THE NLEOMF WEBSITE.

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

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.	Employer identification number 52-1382926
FORM 990, PART VI, SECTION C, LINE 19: NLEOMF MAKES ITS	CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE	HE PUBLIC UPON
REQUEST. THE ORGANIZATIONS GOVERNING DOCUMENTS MAY BE MA	ADE AVAILABLE UPON
REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-469,752.
INVESTMENT EXPENSES:	-61,006.
PROVISION FOR DOUBTFUL PROMISES TO GIVE	-696,783.
TOTAL TO FORM 990, PART XI, LINE 5	-1,227,541.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 52-1382926

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➤ See separate instructions. LAW ENFORCEMENT OFFICERS ▶ Attach to Form 990. NATIONAL

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

MEMORIAL FUND, INC.

Direct controlling End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

	the first first from a continuous section of the continuous contin	<u> </u>					-
(a)	(q)	(0)	(p)	(e)	Œ	(g)	649
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 (2) (3)	d (5)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	N _o
THIN BLUE LINE COMMUNITY BIKE RIDES -					NATIONAL LAW		
90-0630368, 901 E STREET N.W. SUITE 100,					ENFORCEMENT		
WASHINGTON, DC 20004	SUPPORTS LAW ENFORCEMENT	DISTRICT OF COLUMBIA 501(C)(3)	.01(C)(3)	LINE 7	OFFICERS MEMORIAL	^	~

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

Schedule R (Form 990) 2011

SEE PART VII FOR CONTINUATIONS43

NATIONAL LAW ENFORCEMENT MEMORIAL FUND, INC.

Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

52-1382926

General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) ₹ Ξ Yes No Share of end-of-year assets 6 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** <u>6</u> Direct controlling entity Share of total income ਉ $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> <u>e</u> 77 Primary activity Direct controlling entity ਉ Legal domicile (state or foreign country) Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

Page 3

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Schedule R (Form 990) 2011 MEMORIAL FUND, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule					Yes	°
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more r	elated organizations listed	in Parts II:IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	>			19		×
					×	
				┼		×
				;	\parallel	
d Loans or loan guarantees to or for related organization(s)				2		4
e Loans or loan guarantees by related organization(s)				4		×
f Sale of assets to related organization(s)				*		×
				100		×
				20 -	İ	>
h Exchange of assets with related organization(s)				F	\dagger	ا ۲
i Lease of facilities, equipment, or other assets to related organization(s)				=		×
j Lease of facilities, equipment, or other assets from related organization(s)				<u>;</u>		×
k Performance of services or membership or fundraising solicitations for related org	related organization(s)			*		×
l Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			£		×
n Sharing of paid employees with related organization(s)				1u		×
o Reimbursement paid to related organization(s) for expenses				ę		×
				10		×
					-	
a Other transfer of cash or property to related organization(s)				Ç		×
				+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	nis line, including covered	elationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining			
	(ype (a·r)		alriount involved			
(1) THIN BLUE LINE COMMUNITY BIKE RIDES	Ф	257,955.	ACCRUAL METHOD		-	
(2)						
(4)				***************************************		
(5)						
19						
130 183 01.22.19	45		Schedule R (Form 990) 2011	R (Form 9	90) 2(15

52-1382926

Page 4

NATIONAL LAW ENFORCEMENT OFFICERS

Schedule R (Form 990) 2011 MEMORIAL FUND, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

g d	1	1	1				
(h) (i) (j) (k) Uspropor- Usual Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 parrner? Ves No (Form 1065) Yes No							
own							
(j) General or managing partner? Yes No					****		
20 Ge							
(i) e V-UBI t in box edule K n 1065							
Code ount i Scher							
or- Ins? of							
(h) Disproportionate altocations?							
l) e of f-year ets							
(g) Share of end-of-year assets							
Ψ							
(f) Share of total income							
Sha							
Predominant income partners sec. (related, unrelated, excluded from tax under section 512-514) yes No							
ne pa () () () () () () () () () () () () ()							
incon elated om tay 512-5							
(d) ninant ed, uni ded fr							
redor (relate exclu							
# F							
(c) Legal domicile (state or foreign country)							
(c) gal domic tte or fore country)							
Leg (star							
(b) Primary activity							
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nd El							
(a) Name, address, and EIN of entity							
(a) address, a							
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Complete the part to provide accidental information for responses to questions on Schedule R (see restrictions). PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME OF RELATED ORGANIZATION: THIN BLUE LINE COMMUNITY BIKE RIDES DIRECT CONTROLLING ENTITY: NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.	Schedule R (Form 990) 2011 MEMORIAL FUND, INC.	52-1382926 Page 5
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME OF RELATED ORGANIZATION: THIN BLUE LINE COMMUNITY BIKE RIDES DIRECT CONTROLLING ENTITY: NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL	Part VII Supplemental Information	
NAME OF RELATED ORGANIZATION: THIN BLUE LINE COMMUNITY BIKE RIDES DIRECT CONTROLLING ENTITY: NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL	Complete this part to provide additional information for responses to questions on Schedule R (see instru	ctions).
NAME OF RELATED ORGANIZATION: THIN BLUE LINE COMMUNITY BIKE RIDES DIRECT CONTROLLING ENTITY: NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL		
THIN BLUE LINE COMMUNITY BIKE RIDES DIRECT CONTROLLING ENTITY: NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL	PART 11, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	
THIN BLUE LINE COMMUNITY BIKE RIDES DIRECT CONTROLLING ENTITY: NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL		
THIN BLUE LINE COMMUNITY BIKE RIDES DIRECT CONTROLLING ENTITY: NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL		
THIN BLUE LINE COMMUNITY BIKE RIDES DIRECT CONTROLLING ENTITY: NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL	NAME OF DELAMED ODCANIZATION.	
DIRECT CONTROLLING ENTITY: NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL	NAME OF RELATED ORGANIZATION:	
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	THIN BLOE BINE COMMONITI BIRE RIDES	
	DIRECT CONTROLLING ENTITY: NATIONAL LAW ENFORCEMENT OFFICER	S MEMORIAL
FUND, INC.		<u>D IIIIIORIIII</u>
	FUND, INC.	

		94.

		WITH 11 TO THE TOTAL THE T

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Identifying number

Form 4562 (2011)

See separate instructions.

NATIONAL LAW ENFORCEM MEMORIAL FUND, INC.		F(ORM 990 P	AGE 10		52-1382926
Part Election To Expense Certain Prope	erty Under Section 17	79 Note: If you have any	/ listed property, o	omplete Part	V before yo	u complete Part I.
1 Maximum amount (see instructions)		*************************				500,000.
2 Total cost of section 179 property place	ced in service (see	instructions)			2	
3 Threshold cost of section 179 propert	y before reduction	in limitation		***************************************	3	2,000,000.
4 Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-	********************	***************************************	4	
5 Dollar limitation for tax year. Subtract line 4 from lin						
6 (a) Description of p	roperty	(b) Cost (b	usiness use only)	(c) Elected	d cost	
		<u> </u>				
7 Listed property. Enter the amount from		**************************				
8 Total elected cost of section 179 prop	erty. Add amounts	in column (c), lines 6 a	ınd 7		8	
9 Tentative deduction. Enter the smalle	r of line 5 or line 8	<pre></pre>			9	
10 Carryover of disallowed deduction from	m line 13 of your 20	010 Form 4562			10	
11 Business income limitation. Enter the	smaller of business	income (not less than	zero) or line 5		11	
12 Section 179 expense deduction. Add	lines 9 and 10, but	do not enter more tha	n line 11		12	
13 Carryover of disallowed deduction to 2	2012. Add lines 9 a	nd 10, less line 12	13			
Note: Do not use Part II or Part III below fo	***************************************					
Part II Special Depreciation Allow						
14 Special depreciation allowance for qua	alified property (oth	er than listed property) placed in service	during		
the tax year						
15 Property subject to section 168(f)(1) e	lection			*******	15	
16 Other depreciation (including ACRS)		*************************			16	
Part III MACRS Depreciation (Do n	ot include listed pr	operty.) (See instructio	ns.)			
		Section A				
17 MACRS deductions for assets placed	in service in tax ye	ars beginning before 2	011		17	339,908.
18 If you are electing to group any assets placed in se			accounts, check here	>		
Section B - Asset		e During 2011 Tax Ye	ar Using the Gen	eral Deprecia	ation Syster	m
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						***
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
B	/		27.5 yrs.	ММ	S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/	***************************************	39 yrs.	MM	S/L	
 Nonresidential real property 	/		30 310.	MM	S/L	
Section C - Assets	Placed in Service	During 2011 Tax Year	Using the Alterr			em
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L S/L	
Part IV Summary (See instructions.)			1 10 yis.	1 141141		
21 Listed property. Enter amount from lin	e 28				04	
22 Total. Add amounts from line 12, lines	***************************************	es 19 and 20 in column	(a) and line 21		21	
Enter here and on the appropriate line				*	22	339,908.
23 For assets shown above and placed in					1	
portion of the basis attributable to sec		•	23		İ	

116251 11-21-11 LHA For Paperwork Reduction Act Notice, see separate instructions.

(a) (b) Business/ Cost or other basis placed in placed in percentage property (list vehicles first) placed in percentage provided where the percentage is a section for vehicles used by a sole proprietor, partner, or other more than 50% or vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing the year (a) Total business/investment miles driven during the year 32 Total other personal (noncommuting) miles driven during the year 33 total miles driven during the year 34 to section C - Questions for Employers Who Provide Vehicles for Use by Their Employees who are not more than 5% owners or related persons. Section B - Toreployers Who Provide Vehicles used by employees who are not more than 5% owners or related persons.	Note: For any through (c) of S	Section A, all	of Section B, a	and Sec	tion C if	applical	ole.								
(a) (b) Business of Core of Co		····				7			1		<u>-</u>)	
Topografy property processing a processing of the totals of the totals of the total processing of the	24a Do you have evidence to s	T		nt use cla	aimed?	<u> </u>		No	1	T			***************************************	7	No
used more than 50% in a qualified business use: Property used more than 50% in a qualified business use:	Type of property	Date placed in	Business/ investment	otl	Cost or	/hus	is for depr siness/inve	stment	Recovery	Met	:hod/	Depre	ciation	Elec sectio	cted n 179
18 Property used more than 50% in a qualified business use:								_	-				***************************************		
77 Property used 50% or less in a qualified business use: 78 Add amounts in column (fi), lines 25 through 27. Enter here and on line 21, page 1 79 Add amounts in column (fi), lines 25 through 27. Enter here and on line 21, page 1 79 Add amounts in column (fi), lines 25 through 27. Enter here and on line 21, page 1 79 Add amounts in column (fi), lines 25 through 27. Enter here and on line 21, page 1 79 Add amounts in column (fi), lines 25 through 27. Enter here and on line 21, page 1 79 Add amounts in column (fi), lines 25 through 27. Enter here and on line 21, page 1 79 Add amounts in column (fi), lines 25 through 27. Enter here and on line 21, page 1 79 Add amounts in column (fi), lines 25 through 27. Enter here and on line 21, page 1 70 Total business/investment miles driven during the year exhibits and unusual to the personal (fiven during the year and fiven during the year (do not include commuting miles) and 1 Total commuting miles driven during the year. 70 Add lines 30 through 32 70 Year and 10 Year No Yes No Ye									***********	*********	25				
1	26 Property used more tha	ın 50% in a q	ualified busine	ss use:					T	 					***************************************
27 Property used 50% or less in a qualified business use:		<u> </u>													******************
27 Property used 50% or less in a qualified business use: 36		<u> </u>								-					
8 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 8 Add amounts in column (ii), lines 26 through 27. Enter here and on line 21, page 1 8 Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Section C to see if you meet an exception to completing this section for hose vehicles. Total obusiness/investment miles driven during the year of the Vehicle Section B - Vehi	O= D	1	L							L	·····				
8 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Section 8 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. Tyour provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles. 30 Total business/investment miles driven during the year 22 Total other personal (noncommuting) miles driven during the year and the year of the year of the year of the year of y	27 Property used 50% or I	ess in a quali					***************************************		T	Τ		<u> </u>		1	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Section B - Information on User of Vehicles Complete this section for vehicles used by a sole proprietor, pariner, or other "more than 5% owner." or related person. 1 you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles. 20 Total business/investment miles driven during the year (do not include commuting miles) 21 Total commuting miles driven during the year at other or other incommuting miles driven during the year (do not include commuting) miles driven during the year. 23 Total other personal (noncommuting) miles driven during the year. 24 Was the vehicle available for personal use during the vehicle vehicle used by through 32 35 Was the vehicle available for personal use the vehicle used primarily by a more than 5% owner or related person? 26 Is another vehicle available for personal use of vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you maintain a written policy statement that prohibits personal use? 42 Amortization of costs that begins during your 2011 tax year 43 Amortization of costs that begins during your 2011 tax year 44 Amortization of costs that begins during your 2011 tax year	4	<u> </u>							<u> </u>					-	
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Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you						
you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			▶ X
	are filing for an Additional (Not Automatic) 3-Month Ext					
	complete Part II unless you have already been granted a					
	ric filing (e-file). You can electronically file Form 8868 if y					a corporation
equired	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	ile Form 8	868 to reque	est an extension
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870. Information Return for	Transfers	Associated \	Nith Certain
^o ersona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	etronic filing	of this form
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۹ corpo	ation required to file Form 990-T and requesting an auton	natic 6-mc	onth extension - check this box and	complete		
Part I or	*					
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exter	sion of time	
	come tax returns.			T		
Type or	Name of exempt organization or other filer, see instru			Employe	r identificatio	on number (EIN) or
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File by the	MEMORIAL FUND, INC.			X	<u> 52-13</u>	82926
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iou denoi)	City, town or post office, state, and ZIP code. For a following WASHINGTON, DC 20004	oreign add	ress, see instructions.			
	WINDLINGTON, DC 20004					·
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Form 8868 (Rev. 1-2012)						Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II and check this	box		>	X
Note. Only complete Part II if you have already been granted an a	utomatic :	3-month extension on a previously fil	ed Form 8	868		L-43-1
 If you are filing for an Automatic 3-Month Extension, complet 	te only Pa	rt I (on page 1).				
Part II Additional (Not Automatic) 3-Month Ex	xtensio	of Time. Only file the origin	al (no co	ppies ne	eded).	
		Enter filer's			······	Lictions
Type or Name of exempt organization or other filer, see instruc	ctions				tion numbe	
print NATIONAL LAW ENFORCEMENT OF		3			tion name	or (CIIV) OF
File by the MEMORIAL FUND, INC.			X	52-1	38292	6
due date for Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.			nber (SSN)	
return. See 901 E STREET, NW, NO. 100				anty nan	1001 (0014)	
instructions. City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
WASHINGTON, DC 20004	J					
	***************************************		**************************************			
Enter the Return code for the return that this application is for (file	a separa	te application for each return)				0 1
11		application for decrifically			**************	
Application	Return	Application	····			Return
Is For	Code	Is For				Code
Form 990	01		·····			Code
Form 990-BL	02	Form 1041-A	·····			08
Form 990-EZ	01	Form 4720				09
Form 990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	***************************************			11
Form 990-T (trust other than above)	06	Form 8870	***************************************			12
STOP! Do not complete Part II if you were not already granted	an autor		ouely file	d Form 9	2060	12
FRANK & COMPAN	Y. P.	C.	lousiy iiic	<u>ur onn c</u>		
• The books are in the care of ▶ 1360 BEVERLY R	D. SU	ITE 300 - MCLEAN.	VA 22	101		
Telephone No. ► 703-821-0702		FAX No. ▶	*** ~~			
If the organization does not have an office or place of business.	s in the Ui	nited States, check this box		***************************************	_	
If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is for	the who	le aroun c	heck this
box ▶ . If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of	all memb	ers the e	xtension is	for
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2012.		3,0 1,10 0		1011
5 For calendar year 2011, or other tax year beginning		, and endin	a			
6 If the tax year entered in line 5 is for less than 12 months, of	heck reas		Final r	eturn		•
Change in accounting period						
7 State in detail why you need the extension						
THE TAXPAYER IS AWAITING RECE	IPT O	F ADDITIONAL INFOR	MATIO	N IN	ORDER	TO
ENSURE A COMPLETE AND ACCURAT	E FIL	ING.				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$		0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			***************************************	
tax payments made. Include any prior year overpayment al	llowed as	a credit and any amount paid		İ		
previously with Form 8868.			8 b	s		0.
c Balance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See instr		-	8c	\$		0.
Signature and Verification	tion mu	st be completed for Part II	only.			
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I amount orized to prepare this f	ding accom orm.	panying schedules and statements, and t	o the best o	of my know	vledge and b	elief,
Signature K. Matthe True Title	CPA		Nate	5-	13-2017	7

Form 8868 (Rev. 1-2012)

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

A	For the	2012 calendar year, or tax year beginning and ending	g		Here is a	
В	Check if applicable	C Name of organization NATIONAL LAW ENFORCEMENT OFFICERS		Employer ide	ntific	cation number
	Addres change	S MENODER DIDER THE	100			
	Name change	Doing Business As		52	-1	382926
	returnTermin- ated	Number and street (or P.0. box if mail is not delivered to street address) 901 E STREET, NW 100	suite E	Telephone nur 20		, 737-3400
	Amend return	City, town, or post office, state, and ZIP code	G	Gross receipts \$	_	25,920,308.
	Application	WASHINGTON, DC 20004	Н	l(a) Is this a grou	up re	
	pendin	F Name and address of principal officer: CRAIG W. FLOYD SAME AS C ABOVE		for affiliates?	?	Yes X No
1	Тах-ехе	mpt status: X 501(c)(3)	527			list. (see instructions)
		www.nleomf.org		(c) Group exem		
			Year of f	formation: 198	41 M	State of legal domicile: DC
		Summary	1001 011	ormanon, 250	- 10	Otate of legal dofficile. DC
_		Briefly describe the organization's mission or most significant activities: TO COMME	MOR	ATE THE	SEI	RVICE AND
Governance		SACRIFICE OF LAW ENFORCEMENT AND MAINTAIN TH			-	TVICH AND
na.	_	Check this box if the organization discontinued its operations or disposed of			ot 00	anta
Ve		Number of voting members of the governing body (Part VI, line 1a)		1	3	21
õ		Number of independent voting members of the governing body (Part VI, line 1b)			4	20
త ග	5 7	otal number of individuals employed in calendar year 2012 (Part V, line 2a)			5	46
itie					6	2077
Activities &		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12			-	0.
Ă					7a 7b	0.
	D 1	let unrelated business taxable income from Form 990-T, line 34	Τ		/D	
	8 (Contributions and grants (Part VIII, line 1h)	1	Prior Year 7,395,19		Current Year 18,455,284.
ne	1				0.	0.
Revenue			-	550,54	-	445,320.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	905,47		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	8,851,21		805,486.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10	459,61		19,706,090.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1·3)			0.1	379,419.
		Renefits paid to or for members (Part IX, column (A), line 4)	ļ,	2,702,52		3,069,309.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		633,31		
)en	loa F	Professional fundraising fees (Part IX, column (A), line 11e) Otal fundraising expenses (Part IX, column (D), line 25) 4,581,923.	Too I sell you	033,31	9 •	459,994.
EX			10	0,937,070	1	0 242 224
German.		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		$\frac{3,937,07}{4,732,52}$		9,343,334.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				13,252,056.
-S	19 F	Revenue less expenses. Subtract line 18 from line 12		4,118,68	_	6,454,034.
Net Assets or Fund Balances	00 7	intel annuts (Dart V. Kan 10)		ning of Current Ye		End of Year 66,000,116.
Ball	20 T	otal assets (Part X, line 16)		3,331,38 $3,220,51$		
let/	21 T	otal liabilities (Part X, line 26)		7,771,07		2,640,307.
	rt II	let assets or fund balances. Subtract line 21 from line 20	3	7,771,070	0 •	63,359,809.
2000	Sec. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	atamanta	and to the best of	4	Immediate and hallof it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prep			н ту	knowledge and belief, it is
uuc,	torrect,		Darei nas		_	
C:		Signature of officer		Date	4 5	7-13
Sign		CRAIG W. FLOYD, CHIEF EXECUTIVE OFFICER		2410		
Her	e	Type or print name and title				
		Commence of the second commence of the second	I Date	Charle	_	PTIN
Paid		Print/Type preparer's name IARNETTE MYERS MARNETTE MYERS	3 77 77 7 7 7 7 7 7 7	/28/13 Check if self-en	_	
	-		μ0/			P00853724
Prep	-	FRANK & COMPANY, P.C.		Firm's EIN	<u> </u>	54-1156733
Use	Olliy	Firm's address 1360 BEVERLY ROAD, SUITE 300 MCLEAN, VA 22101		l Di	70	12 021 0700
				Phone no.	/ (3-821-0702
May	the IRS	S discuss this return with the preparer shown above? (see instructions)				X Yes No

1 Briefly describe the organization's mission: TO COMEMORAPE THE SERVICE AND SACRIFICE OF LAW ENFORCEMENT AND MAINTAIN THE MEMORIAL. 2 Did the organization undertake any significant program services during the year which were not listed on the pier form 990 or 990-E? If "Ves," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service organization and revenue, if any, for each program service appears are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service organizes are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service organizes are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sported. 40 (Soc.) (Socretis 3 3, 249, 898 relative sported spo		Check if Schedule O contains a response to any question in this Part III
the prior Form 980 or 980 E27	1	Briefly describe the organization's mission: TO COMMEMORATE THE SERVICE AND SACRIFICE OF LAW ENFORCEMENT AND
the prior Form 980 or 980 E27		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	the prior Form 990 or 990-EZ? \overline{X} No
40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 40 (Code:) (Expenses 3 3,249,898. including grants of 8 SOCIETAL PROGRAM MATERIALS: HONORING THOSE WHO HAVE LOST THEIR LIVES IN THE LINE OF DUTY DURING THEIR SERVICE IN THE LAW ENFORCEMENT PROFESSION THROUGH SEEKING THE GENERAL PUBLIC'S INVOLVEMENT IN RECOGNIZING THE SACRIFICES MADE. 40 (Code:) (Expenses 1,821,059. including grants of 8) (Revenue 8 726,621.) VISITORS CENTER: EXPENSES ASSOCIATED WITH OPERATING AND MAINTAINING THE VISITORS CENTER. 44 (Code:) (Expenses 1,821,968. including grants of 8) (Revenue 8 726,621.) MEMORIAL OPERATIONS; RESPONSIBILITY FOR MAJOR REPAIRS AND IMPROVEMENTS AT THE MEMORIAL, THE RESEARCH AND ENGRAVING OF NAMES OF FALLEN OFFICERS, OVERSIGHT OF DAILY MAINTENANCE BY THE NATIONAL PARK SERVICE, AND OPERATIONS AT THE MEMORIAL.	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
40 (Code) (Expenses S 1,821,968 - including grants of S) (Revenue S	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
VISITORS CENTER: EXPENSES ASSOCIATED WITH OPERATING AND MAINTAINING THE VISITORS CENTER. 4c (Code:)(Expenses \$ 1,821,968. including grants of \$ 379,419.) (Revenue \$) MEMORIAL OPERATIONS: RESPONSIBILITY FOR MAJOR REPAIRS AND IMPROVEMENTS AT THE MEMORIAL, THE RESEARCH AND ENGRAVING OF NAMES OF FALLEN OFFICERS, OVERSIGHT OF DAILY MAINTENANCE BY THE NATIONAL PARK SERVICE, AND OPERATIONS AT THE MEMORIAL. 4d Other program services (Describe in Schedule O.) (Expenses \$ 826,996. including grants of \$) (Revenue \$)	4a	Code:) (Expenses \$ 3,249,898 · including grants of \$ SOCIETAL PROGRAM MATERIALS: HONORING THOSE WHO HAVE LOST THEIR LIVES IN THE LINE OF DUTY DURING THEIR SERVICE IN THE LAW ENFORCEMENT PROFESSION THROUGH SEEKING THE GENERAL PUBLIC'S INVOLVEMENT IN RECOGNIZING THE
MEMORIAL OPERATIONS: RESPONSIBILITY FOR MAJOR REPAIRS AND IMPROVEMENTS AT THE MEMORIAL, THE RESEARCH AND ENGRAVING OF NAMES OF FALLEN OFFICERS, OVERSIGHT OF DAILY MAINTENANCE BY THE NATIONAL PARK SERVICE, AND OPERATIONS AT THE MEMORIAL. 4d Other program services (Describe in Schedule O.) (Expenses \$ 826,996. including grants of \$) (Revenue \$)	4b	VISITORS CENTER: EXPENSES ASSOCIATED WITH OPERATING AND MAINTAINING THE
MEMORIAL OPERATIONS: RESPONSIBILITY FOR MAJOR REPAIRS AND IMPROVEMENTS AT THE MEMORIAL, THE RESEARCH AND ENGRAVING OF NAMES OF FALLEN OFFICERS, OVERSIGHT OF DAILY MAINTENANCE BY THE NATIONAL PARK SERVICE, AND OPERATIONS AT THE MEMORIAL. 4d Other program services (Describe in Schedule O.) (Expenses \$ 826,996. including grants of \$) (Revenue \$)		
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(Expenses \$ 826,996. including grants of \$) (Revenue \$)		
	4d	
	4e	

2012.04040 NATIONAL LAW ENFORCEMENT OF 1143___1

Part IV | Checklist of Required Schedules

			Yes	No			
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	s the organization required to complete Schedule B, Schedule of Contributors?						
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			Х			
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	4		Х			
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessment							
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х			
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	6		X			
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	7		X			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	9		Х			
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	10	х				
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.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х				
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	11b		X			
С	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	11c		Х			
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	11d	X				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х				
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	х				
	Schedule D, Parts XI and XII	12a	Λ				
D	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 and XII is optional	12b	x				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	23	Х			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- i iu					
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000						
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х			
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		Х			
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		X			
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		Х				
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	18	Х				
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			х			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					

Part IV | Checklist of Required Schedules (continued)

Page 4

Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38

Form **990** (2012)

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison Seco		Check if Schedule O contains a response to any question in this Part V								
b Enter the number of Forms W2G included in line 1a. Enter o'-linet applicable 10 10 10 10 10 10 10 1						Yes	No			
b. Enter the number of Forms W26 included in line 1a. Enter of Irind applicable 10 0 0 0 0 0 0 0 0	1a	nter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gamming (gammling) withings to prize withinsers? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1s and 2 als greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrealed business gross income of \$1,000 or more during the year? 3b If 1 Yes, 1 has it filed a Form 900 T for this year? If No. 1 provide an explanation in Schedule O 3b If 1 Yes, 1 has it filed a Form 900 T for this year? If No. 1 provide an explanation in Schedule O 3b If 1 Yes, 2 instructions for filing requirements for Form TD F 00-22.1, Report of Foreign Bank and Financial account; 5c If Yes, 1 to line 3 or 3b, did the organization that it was or is a party to a prohibited tax whether transaction at any time during the tax year? 5a Was the organization have the organization file Form 8866 T? 5b If Yes, 2 independent of the organization file Form 8866 T? 6c If Yes, 1 to line 3 or 3b, did the organization file Form 8866 T? 6d Does the organization have must gross receipte that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 6d If Yes, 2 independent and year year year year year year year year	b									
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b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1 "Yes," has it filed a Form 990 To this year? If "No," provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country Schedule O 5c is instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5c is a was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c is instructions of stilling requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5c is a was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c is a waste organization as an annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c is 1 fives, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that many receive deductible contributions under section 170(c). 8c if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 to 10 if the organization receive apment in excess of 35° made partly as contribution and partly for goods and services provided to the payor? 7 to 2 if If Yes," included not, during the year and the organization file organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organiza	2a									
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Sa X	b	If "Yes," enter the name of the foreign country:								
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization review a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 Dif "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization receive any funds, directly or indirectly, on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 11 If the organization received a contribution of cars, boats, aniplanes, or other wholices, did the organization file a Form 1038-C? 12 Sponsoring organizations maintaining donor advised funds and section 509(a) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a) supporting organizations. Did the supporting organization make any taxable distributions under section 4986? 12 Sponsoring organization make any taxable distributions under section 4986? 13 Section 501(c)(12) organizations. Enter: 14 In the organization is considered on Part VIII, line 12 15 Gross income from members or shareholders 16 Gross income from members or sharehold		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.						
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	а				13a					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15c 16										
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		١.							
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b										
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			13c				77			
						\vdash	_^			
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eυ			.000	(0010)			

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Page 6

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

	Check if Schedule O contains a response to any question in this Part VI				X				
<u>Sec</u>	tion 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 2	21						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	dy delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?								
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
3									
	of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		X				
6	Did the organization have members or stockholders?		6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?			X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		55	+					
9			9		х				
200	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Payanya Cada l	9		- 25				
360	tion B. Foncies (This Section B requests information about policies not required by the internal r	neveriue Code.)		+	 				
				Yes	No				
	Did the organization have local chapters, branches, or affiliates?		108	1	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	116	ı X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	ı X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12k	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," describe							
	in Schedule O how this was done		120	x :					
13	Did the organization have a written whistleblower policy?			77					
14	Did the organization have a written document retention and destruction policy?								
 15	Did the process for determining compensation of the following persons include a review and approv								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	• •							
_			45.	X					
	The organization's CEO, Executive Director, or top management official			77					
O	Other officers or key employees of the organization		15k						
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				17				
	taxable entity during the year?		. 16a	1	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?		16k						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, C	CO,FL,GA,IL,	KS,K	Y,MD	, MA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s onl	y) availa	ıble					
	for public inspection. Indicate how you made these available. Check all that apply								
	X Own website Another's website X Upon request Other (explain	n in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict of interest policy,	and fin	ancial					
	statements available to the public during the tax year.	,,,							
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the organ	ization:	•					
	FRANK & COMPANY, P.C 703-821-0702			_					
	1360 BEVERLY RD. SUITE 300, MCLEAN, VA 22101								
23200 12-10-			For	m 990	(2012				
10-			1 01	555	12012				

Form 990 (2012)

MEMORIAL FUND, INC.

52-1382926

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 VII

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. 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and Title	(A)	(B)	(C)		(D)	(E)	(F)					
Double December Double December Double December Double December Double December Double December Double December Double December Double December Decem	Name and Title	Average	(do	not c	Posi	Position			Reportable	Reportable		
Companies Comp			box	box, unless person is both an			is bot	h an	1			
Delow Name Delow Name Delow Name Delow Name Delow			-				ii us	1				
Delow Name Delow Name Delow Name Delow Name Delow		, ,	irecto								<u>-</u>	
Delow Name Delow Name Delow Name Delow Name Delow			e or d	ee			sated			(88-2/1099-181130)		
Delow Name Delow Name Delow Name Delow Name Delow			truste	l trus		ee/	mpen		(** 27 1033 141100)		•	
Chairman & Ployd		"	dual	ntions	ı.	oldm	st co oyee	Fe G				
CHAIRMAN & CHIEF EXECUTIVE OFFICER		line)	Indivi	Instit	Office	Key e	Highe emplo	Form			· ·	
C(2) AARON D. KENNARD	(1) CRAIG W. FLOYD											
Director Color C	CHAIRMAN & CHIEF EXECUTIVE OFFICER		Х		Х				222,563.	0.	38,005.	
Carrest Color	(2) AARON D. KENNARD											
Director Co.00 X Co.00	DIRECTOR		Х						0.	0.	0.	
CA	(3) BART JOHNSON										_	
Director	DIRECTOR		Х						0.	0.	0.	
S WILLIAM F. WEBER	(4) WILLIAM JOHNSON	I										
Director Director	DIRECTOR		Х						0.	0.	0.	
CAUCK WEXLER	(5) WILLIAM F. WEBER											
DIRECTOR D.00 X D.00 O.00	DIRECTOR		Х						0.	0.	0.	
The color The	(6) CHUCK WEXLER											
DIRECTOR	DIRECTOR		Х						0.	0.	0.	
CHUCK CANTERBURY	(7) BRAD BREKKE											
DIRECTOR	DIRECTOR		Х						0.	0.	0.	
1.00	(8) CHUCK CANTERBURY											
Director Director	DIRECTOR		Х						0.	0.	0.	
Color	(9) SAM A. CABRAL								_	_	_	
DIRECTOR			Х						0.	0.	0.	
Color									_	_		
DIRECTOR D.00 X D. D. DIRECTOR			X						0.	0.	0.	
DIRECTOR DIRECTOR		1								_		
DIRECTOR			X						0.	0.	0.	
Color												
DIRECTOR 0.00 X 0.00 0			Х						0.	0.	0.	
Column		1										
DIRECTOR 0.00 X 0.00 O. (15) JIM BUEERMANN 1.00 O. 0.00 X DIRECTOR 0.00 X 0.00 O. (16) MARCUS JONES 1.00 O. 0.00 O. DIRECTOR 1.00 X 0.00 O. (17) MIKE MUTH 1.00 O. 0.00 O. DIRECTOR 0.00 X 0.00 O.			Х						0.	0.	0.	
Column C										_		
DIRECTOR 0.00 X 0.00 0.00 (16) MARCUS JONES 1.00 X 0.00 0.00 DIRECTOR 1.00 X 0.00 0.00 (17) MIKE MUTH 1.00 X 0.00 0.00 DIRECTOR 0.00 X 0.00 0.00			X						0.	0.	0.	
(16) MARCUS JONES 1.00 DIRECTOR 1.00 (17) MIKE MUTH 1.00 DIRECTOR 0.00												
DIRECTOR 1.00 X 0. 0. 0. (17) MIKE MUTH 1.00 X 0. 0. 0. DIRECTOR 0.00 X 0. 0. 0.			Х						0.	0.	0.	
(17) MIKE MUTH DIRECTOR 1.00 X 0.00 X 0.00											•	
DIRECTOR 0.00 X 0. 0.			X						0.	0.	0.	
											•	
		0.00	X						0.	0.		

232007 12-10-12

Form **990** (2012)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)		
(A)	(B)			(0	•			(D)	(E)		(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	Reportable compensation from	Reportable compensation from related	an	timated nount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr organo	pensation om the anization d related unizations
(18) SUZANNE SAWYER	1.00							_	•		•
SECRETARY	0.00	Х		Х				0.	0.		0.
(19) ROBERT PAVONE	1.00	,,						0	0		^
DIRECTOR	0.00	Х					Н	0.	0.		0.
(20) STEPHEN ANTONUCCI	1.00	x						0.	0.		0.
(21) HARRY E. PHILLIPS	1.00	_						0.	0.		0.
DIRECTOR	1.00	х						0.	0.		0.
(22) ROBERT H. FRANK	1.00	 ^					Н	0.	0.		<u> </u>
TREASURER	1.00			х				0.	0.		0.
(23) HERBERT GIOBBI	40.00							2 3			
CHIEF OPERATING OFFICER	1.00				х			172,734.	0.	1	7,907.
(24) KAREN BASSIRI	40.00										
FORMER SENIOR DIRECTOR OF DEVELOPMEN	0.00					Х		116,556.	0.	2	0,602.
(25) LYNN LYONS-WYNNE	40.00										
SENIOR DIRECTOR OF MEMORIAL PROGRAMS	0.00					Х		112,467.	0.	2	5,025.
(26) JOSEPH URSCHEL	40.00										
MUSEUM EXECUTIVE DIRECTOR	0.00					Х		124,241.	0.		1,927.
1b Sub-total						\blacktriangleright		748,561.	0.		3,466.
c Total from continuation sheets to Part VI								212,171.	0.		2,633.
d Total (add lines 1b and 1c)						<u> </u>		960,732.	0.	14	6,099.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable		7
											Yes No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or h	nighest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	d oth	ner compensation from	the organization		

rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors**

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

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

the organization. Report compensation for the calendar year ending with or with	in the organization's tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
PEP-DIRECT		
119 STONEY BROOK DRIVE, WILTON, NH 03086	DIRECT MAIL SERVICES	3,831,327.
DAVIS BUCKLEY, P.C.		
1612 K STREET, N.W., WASHINGTON, DC 20006	ARCHITECTS	1,491,370.
DESIGN & PRODUCTION, INC.		
7110 RAINWATER PLACE, LORTON, VA 22079	MUSEUM DEVELOPMENT	509,048.
E&G GROUP		_
1651 OLD MEADOW ROAD, MCLEAN, VA 22102	MUSEUM DEVELOPMENT	319,966.
FRANK & COMPANY, P.C., 1360 BEVERLY ROAD,		
SUITE 300, MCLEAN, VA 22101	FINANCIAL SERVICES	317,143.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of commonweaking from the committee in the common		

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2012)

4

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average hours	(cł			ition that	app	ly)	Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	the orga organization (W-2/1 មួម (W-2/1099-MISC)		from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(27) STEVEN E. GROENINGER	40.00	_						122		
SENIOR DIRECTOR OF COMMUNICATIONS (28) JOHN E. SHANKS	0.00					Х		103,574.	0.	22,896
DIRECTOR OF DEVELOPMENT & LAW ENFORC	0.00					х		108,597.	0.	19,737

Form 990 (2012) MEMORIA
Part VIII | Statement of Revenue

		Check if Schedule O conta	ains a response	to any question i	n this Part VIII			
		ericek ii ediledale e cerik		to any quodion	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	I from tay jinder
						revenue	revenue	sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a	49,467.				0.0,0.0
E a		Membership dues		, -				
۵ۜڐٳ		Fundraising events						
I A		Related organizations						
اڇٰڙي				225,227.				
Siz		 Government grants (contributing All other contributions, gifts, grant 		223,227.				
lg É	T			18 180 500				
불制		similar amounts not included abov		18,180,590. 5,023,897.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines		3,023,837.	10 455 204			
0 6	h	Total. Add lines 1a-1f			18,455,284.			
	_			Business Code				
<u>i</u>	2 a	·						
le je	b							
en S	С	·						
Ra	d							
Program Service Revenue	е							
۱ ۳		All other program service reve						
-		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			247,550.			247,550.
	4	Income from investment of tax						
	5	Royalties			187,681.			187,681.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	5,490,742.					
	b	Less: cost or other basis						
		and sales expenses	5,292,972.					
	С	Gain or (loss)	197,770.					
	d	Net gain or (loss)			197,770.			197,770.
<u>o</u>	8 a	Gross income from fundraising	g events (not					
		including \$	of					
ě		contributions reported on line	1c). See					
<u> </u>		Part IV, line 18	а	213,920.				
Other Revenu	b	Less: direct expenses		327,968.				
١	С	Net income or (loss) from fund	Iraising events		-114,048.			-114,048.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	1,319,899.				
	b	Less: cost of goods sold		593,278.				
	С	Net income or (loss) from sales	s of inventory		726,621.	726,621.		
		Miscellaneous Revenue		Business Code				
	11 a	OTHER INCOME		900099	5,232.			5,232.
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			5,232.			
	12	Total revenue. See instructions.		<u></u> >	19,706,090.	726,621.	0 .	524,185.
23200 12-10-	9							Form 990 (2012)

| Part IX | Statement of Functional Expenses

Jeci	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			implete column (A).	X
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		·		·
	organizations in the United States. See Part IV, line 21	379,419.	379,419.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	451,209.	349,497.	31,577.	70,135
_	trustees, and key employees	431,209.	343,437.	31,377.	70,133
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	norsons described in section 40E0(s)(2)(D)				
7	Other salaries and wages	2,073,789.	1,608,484.	143,107.	322,198
, 8	Pension plan accruals and contributions (include	_, , ,	_, , 10 1 .		5,-50
-	section 401(k) and 403(b) employer contributions)	141,763.	108,758.	10,900.	22,105
9	Other employee benefits	226,492.	173,760.	17,415.	35,317
0	Payroll taxes	176,056.	130,131.	12,674.	33,251
1	Fees for services (non-employees):	-	-		
а	Management				
b	Γ	122,372.		122,372.	
С	Accounting	144,587.	108,892.	13,513.	22,182
d	[
е	D (' 1(1 ' ' ' O D ' N ' ' 47	459,994.			459,994
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch O.)	1,535,911.	666,156.	291,547.	578,208
2	Advertising and promotion	148,306.	110,152.	8,749.	29,405
3	Office expenses	277,100.	179,666.	53,879.	43,555
4	Information technology				
5	Royalties	FAC 047	450 500	24 004	(2, 224
6	Occupancy	546,847. 168,220.	459,529. 116,530.	24,094. 33,457.	63,224 18,233
7	Travel	100,220.	110,550.	33,437.	10,433
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	17,069.	15,537.	282.	1,250
9	Conferences, conventions, and meetings	17,000.	13,337.	202.	1,250
.O	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	278,632.	238,903.	5,934.	33,795
23		45,012.	10,783.	33,377.	852
.3 24	Other expenses. Itemize expenses not covered	==, ===	==,,,,,,,		
• •	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MATITMO EXPENSES	2,494,079.	1,280,884.		1,213,195
b	POSTAGE	2,294,075.	1,098,549.	776.	1,194,750
С	EVENTS	574,337.	313,185.	60.	261,092
d	LIST RENTAL	221,615.	86,405.		135,210
е	All other expenses	475,172.	284,701.	146,499.	43,972
25	Total functional expenses. Add lines 1 through 24e	13,252,056.	7,719,921.	950,212.	4,581,923
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			_	
	Check here X if following SOP 98-2 (ASC 958-720)	4,201,881.	1,218,545.	0.	2,983,336

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Form 990 (2012)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
_		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,686,368.	1	3,022,383.
	2	Savings and temporary cash investments			10,000.
	3	Pledges and grants receivable, net		3	11,448,167
	4	Accounts receivable, net		4	, ,
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin			
		employers and sponsoring organizations of section 501(c)(9) voluntary	5		
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use			533,603
٩	9	Prepaid expenses and deferred charges		9	,
	l	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,519,394	•		
	Ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,519,394 10b 1,961,014	767,594.	10c	558,380
	11	Investments - publicly traded securities	767,594. 10,373,143.	11	9,229,476
	12	Investments - other securities. See Part IV, line 11			840,262
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	36,558,578.	15	40,357,845
	16	Total assets. Add lines 1 through 15 (must equal line 34)	44 44 -4-	16	66,000,116
	17	Accounts payable and accrued expenses		17	1,907,224
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≝	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		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	652 655		F 22 222
		Schedule D	673,655.		733,083
	26	Total liabilities. Add lines 17 through 25	3,220,511.	26	2,640,307
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Sec		complete lines 27 through 29, and lines 33 and 34.	42 550 002		40 140 704
<u>a</u>	27	Unrestricted net assets		_	48,140,724. 15,219,085.
Ва	28	Temporarily restricted net assets	·		15,219,005
pur	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
S O		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	63,359,809.
_	33	Total net assets or fund balances		33	66,000,116.
	34	Total liabilities and net assets/fund balances	. 00,331,30/.	34	1 00,000,110.

Form **990** (2012)

Form 990 (2012)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
			10 50	<i>-</i> 0	00		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,70				
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,25				
3	Revenue less expenses. Subtract line 2 from line 1	3	6,45				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,77	$\frac{1,0}{0,0}$			
5	5 Net unrealized gains (losses) on investments5						
6	Donated services and use of facilities	6		0,0			
7	Investment expenses	7	-5	5,4	<u>56.</u>		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,41	9,9	08.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	63,35	9,8	09.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

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

Employer identification number 52-1382926

The o	rgan		•	because it is: (For lines 1	•	•	•	•					
1 L	⊣	•		s, or association of churc		ribed in se	ction 170	(b)(1)(A)(i))-				
2 L	+			0(b)(1)(A)(ii). (Attach Scl	•								
3 L	+	•		tal service organization o									
4 L				operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(II	ı). Enter	the hospita	's nan	ne,
_ [\neg	city, and state		hanafit af a sallana an m						مانده ما ما	i :-		
5 L		-	•	benefit of a college or ur	niversity ov	wnea or op	perated by	a governi	mental uni	t describ	oed in		
_ [\neg		(b)(1)(A)(iv). (Comple	•									
6 L	<u></u>	•		ent or governmental unit									_
7 L	X			eives a substantial part o	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	ribed	in
			b)(1)(A)(vi). (Comple										
8 L	+			in section 170(b)(1)(A)(vi). (Complete Part II.)									
9 L				eives: (1) more than 33 1									
		activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2) no more	than 33 1	1/3% of its	suppor	t from gross	inves	tment
		income and u	ınrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June	30, 197	75.
_	_	See section :	509(a)(2). (Complete	Part III.)									
10 L	4	An organizati	on organized and op	perated exclusively to tes	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11 L		Ū		perated exclusively for th		•				•			or
			• • •	itions described in section		-		2). See se o	ction 509(a	a)(3). Ch	eck the box	that	
				organization and comple									
_	_	a ☐☐ Type I	b 📖 Ty	rpe II c ∟ Ty	/pe III - Fu	nctionally	integrated	c	і Ш Тур	e III - No	n-functional	ly inte	grated
еL		By checking	this box, I certify tha	t the organization is not	controlled	l directly o	r indirectly	by one o	r more disc	qualified	persons ot	ner tha	an
		foundation m	anagers and other t	han one or more publicly	/ supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 509	3(a)(2).	
f		If the organization	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	nis box									. L
g		Since August	t 17, 2006, has the o	rganization accepted an	ny gift or co	ontributior	from any	of the follo	owing pers	sons?			
		(i) A persor	n who directly or ind	irectly controls, either ale	one or tog	ether with	persons o	lescribed	in (ii) and (i	iii) below	/,	Yes	No
		the gove	erning body of the su	upported organization?							11g(i)		
		(ii) A family	member of a persor	described in (i) above?							11g(ii)		
		(iii) A 35% c	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii)		
h		Provide the fo	ollowing information	about the supported org	ganization	(s).							
(i) N	lame	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(ν) Did yoι	ı notify the	(vi) ls	the	(vii) Amoun	t of mo	netarv
()		nization	()	(described on lines 1-9	in col. (i) lis			ion in col.	organizátio (i) organiz	ed in the	1 ' '	port	,
				above or IRC section (see instructions))	governing	document?	(i) of your	support?	U.S.	.?			
				(see mstructions))	Yes	No	Yes	No	Yes	No			
									<u> </u>				
Total													

232021

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16115565.	13416130.	14524237.	17395198.	18455284.	79906414.
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16115565.	13416130.	14524237.	17395198.	18455284.	79906414.
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)						6686230.
6	Public support. Subtract line 5 from line 4.						73220184.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	16115565.	13416130.	14524237.	17395198.	18455284.	79906414.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	562,182.	438,706.	470,088.	401,628.	435,231.	2307835.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			-222.		5,232.	
11	Total support. Add lines 7 through 10						82219259.
	Gross receipts from related activities	•	,				,630,261.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u>
	tion C. Computation of Publ						00 05
	Public support percentage for 2012 (14	89.05 %
	Public support percentage from 2011					15	96.86 %
	33 1/3% support test - 2012. If the	-					
	stop here. The organization qualifies						
	33 1/3% support test - 2011. If the	•		•		•	
	and stop here. The organization qual						
	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=	· ·	-	
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		s >

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I 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	ov, prodec comp	oloto i dit ii.j				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 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						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 t	he organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here	-			•		
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2012 (lir	ie 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 201	2 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 20)11 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If the o	rganization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	d stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2011. If the c	rganization did r	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s f	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see in:	structions	<u> </u>

NATIONAL LAW ENFORCEMENT OFFICERS

Schedule A (Form 990 or 990-EZ) 2012 MEMORIAL FUND, INC.	52-1382926 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part	II, line 10; Part II, line 17a or 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).	
CCUEDITIE A DADE IT LINE 10 EYDLANAETON FOR OPUED INCOM	WE.
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOM	415 .
OTHER MISCELLANEOUS INCOME	
2010 AMOUNT: \$ -222.	
2012 AMOUNT: \$ 5,232.	

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization NATIONAL LAW ENFORCEMENT OFFICERS

MEMORIAL FUND, INC. Employer identification number

52-1382926

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
General Rule For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one elete Parts I and II.							
Special Rules								
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III.							
contributions for u If this box is check purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. Ked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year							
· ·	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),							

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
NATIONAL LAW ENFORCEMENT OFFICERS
MEMORIAL FUND, INC.

Employer identification number

52-1382926

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,818,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audiess, and zir + +	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
NATIONAL LAW ENFORCEMENT OFFICERS
MEMORIAL FUND, INC.

Employer identification number

52-1382926

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	HARDWARE & SOFTWARE		
$\frac{1}{}$			
		<u> </u>	11/05/12
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_ ,	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(see instructions)	
		\$	90, 990-EZ, or 990-PF) (201

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC. 52-1382926 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 52-1382926 \end{array}$

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

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

Schedule D (Form 990) 2012

Sche		L LAW ENFO		FFICERS	}		52-13	8292	6 р	_{'age} 2
Pai	rt III Organizations Maintaining C	collections of Ar	rt, Historical 7	reasures,	or Oth	er Simil	ar Asse	e ts (conti	nued)	
3 a b	Using the organization's acquisition, accessi (check all that apply): X Public exhibition Scholarly research	on, and other record d e	Loan or ex	e following th		significant	use of its	collectio	n item	าร
С	Preservation for future generations									
4	Provide a description of the organization's co						ose in Pai	rt XIII.		
5	During the year, did the organization solicit o		•	•				٦	37	a
Da	to be sold to raise funds rather than to be ma							_ Yes		∐ No
Pai	rt IV Escrow and Custodial Arran		ete if the organizat	ion answered	"Yes" to	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		•					_		¬
	on Form 990, Part X?							∐ Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			_				
								Amoun	t	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f				
	Did the organization include an amount on Fo							∐ Yes		⊣ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three y		<u> </u>		
	Beginning of year balance	6,781,823.	8,748,27		34,786.		759,251.		,576,	,256.
	Contributions		1,340,00		3,112.		376,000.			
	Net investment earnings, gains, and losses	522,413.	74,15	57	77,249.	1,1	185,535.	_1	,352,	,005.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	3,190,652.	3,380,60	2,32	26,874.	4	186,000.	·	465,	,000.
f	Administrative expenses							ļ		
g	End of year balance	4,113,584.	6,781,82		18,273.	8,8	334,786.	. 7	,759,	<u>,251.</u>
2	Provide the estimated percentage of the curr		e (line 1g, column	(a)) held as:						
	Board designated or quasi-endowment	100.00	_%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	•								
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administ	ered for t	the organi	zation	1		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					. 3b		
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.							
	Description of property	(a) Cost or o	1 ' '	st or other s (other)		ccumulate preciation		(d) Boo	k valu	e

558,380. Schedule D (Form 990) 2012

350,977.

116,505.

90,898.

314,999.

561,550.

084,465.

e Other

1a Land **b** Buildings

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

665,976.

678,055.

1,175,363.

52	-1:	38	29	26	Page \$
					raue v

Part VII Investments - Other Securities. See		10	52	1302320 Page 0
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end	d-of-year market value
(0) =:	(b) Book value	(b) Wellied of V	aldution. Cool of Cric	or your market value
(1) Financial derivatives (2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se	o Form 000 Part V	lino 13		
(a) Description of investment type	(b) Book value		aluation: Cost or end	d-of-year market value
	(D) Dook value	(e) meaned of the	aldation. Cool of one	or your market value
(1) (2)				
(3)				
<u>(4)</u>				
(5) (6)				
` `				
(7)				
(8)				
(9) (10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1	15			
	Description			(b) Book value
(1) MEMORIAL DEVELOPMENT COSTS				15,687,464.
(1) MUSEUM DEVELOPMENT COSTS				23,070,209.
(3) MUSEUM COLLECTIONS				1,436,643.
(4) OTHER ASSETS				163,529.
(5)				200,0250
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			40,357,845.
Part X Other Liabilities. See Form 990, Part X, li				10,00,,010
1. (a) Description of liability	110 20.	(b) Book value		
(1) Federal income taxes		(-,		
(2) DEFERRED RENT		628,902.		
(3) DEFERRED COMPENSATION		104,181.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	733,083.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text			statements that rec	oorts the organization's

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .

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					9-
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per R	eturi	
1	Total revenue, gains, and other support per audited financial statements			1	20,587,581.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	410,063.		
b	Donated services and use of facilities	2b	200,000.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	326,884.		
	Add lines 2a through 2d			2e	936,947.
3	Subtract line 2e from line 1			3	19,650,634.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,456.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	55,456.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	19,706,090.
Pai	t XII Reconciliation of Expenses per Audited Financial Statemer	nts V	Vith Expenses per	Retu	ırn
1	Total expenses and losses per audited financial statements			1	14,998,848.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
С	Other losses	2c	1,418,824.		
d	Other (Describe in Part XIII.)	2d	327,968.		
	Add lines 2a through 2d			2e	1,746,792.
3	Subtract line 2e from line 1			3	13,252,056.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,252,056.
Pa	t XIII Supplemental Information				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4; Part IV, lines 1	b and	2b; Part V, line 4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide	any additional informat	ion.	
PAI	RT III, LINE 4: THE MISSION OF THE NATIONAL	LA	W ENFORCEMEN	ТО	FFICERS
ME	MORIAL FUND IS TO GENERATE INCREASED PUBLIC	SU	PPORT FOR TH	E L	AW
ENI	FORCEMENT PROFESSION BY PERMANENTLY RECORDIN	NG .	AND APPROPRI	ATE	LY
COL	IMEMORATING THE SERVICE AND SACRIFICE OF LAI	W E	NFORCEMENT O	FFI	CERS; AND
TO	PROVIDE INFORMATION THAT WILL HELP PROMOTE	LA	W ENFORCEMEN	T S	AFETY. THE
NAC	CIONAL LAW ENFORCEMENT OFFICERS MEMORIAL IS	TH	E NATION'S M	ONU	MENT TO LAW

ENFORCEMENT OFFICERS WHO HAVE DIED IN THE LINE OF DUTY. DEDICATED ON

OCTOBER 15, 1991, THE MEMORIAL HONORS FEDERAL, STATE AND LOCAL LAW

Schedule D (Form 990) 2012

Part XIII | Supplemental Information (continued)

ENFORCEMENT OFFICERS WHO HAVE MADE THE ULTIMATE SACRIFICE FOR THE SAFETY

AND PROTECTION OF OUR NATION AND ITS PEOPLE. A NUMBER OF COMMEMORATIVE

CEREMONIES ARE HELD AT THE MEMORIAL EACH YEAR, AND THE SITE IS VISITED BY

NEARLY A QUARTER MILLION PEOPLE ANNUALLY.

PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT FUNDS ARE TO FURTHER THE MISSION OF THE ORGANIZATION.

PART X, LINE 2: THE ORGANIZATION COMPLIES WITH THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE CODIFICATION, WHICH 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 THIS 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 UPON EXAMINATION BY TAXING AUTHORITIES, BASED UPON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES BEFORE 2009.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

Employer identification number

52-1382926 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants g X Special fundraising events Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes ∐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody fundraiser or entity (fundraiser) from activity or control of organization contributions' listed in col. (i) PEP-DIRECT - 19 STONEY BROOK Yes No DRIVE, WILTON, NH 03086 Х 9,032,565 DIRECT MAIL FUNDRAISING 299,752 8,732,813. ODELL SIMMS & LYNCH INC. -PUBLIC OUTREACH/DONOR 7704 LEESBURG PIKE, FALLS CULTIVATION 300,000 Х 176,000 -124,000. 9,208,565. 599.752. 8,608,813. **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AR, CA, CT, CO, DC, FL, GA, IL, IA, KY, MD, MA, MI, MN, MS, MT, NV, NH, NJ, NM, NY, NC, ND, OH OK,OR,PA,RI,SC,SD,TN,UT,VA,WA,WV,WI,WY,AK,AZ,HI,KS,LA,ME

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2012

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

		or furidialsing event contributions and gr			·	oto greater triair 40,000:
			(a) Event #1 GALA	(b) Event #2 HONOR AT THE	(c) Other events NONE	(d) Total events (add col. (a) through
				CASTLE	(1.1.1.1.)	col. (c))
æ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	158,400.	55,520.		213,920.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	158,400.	55,520.		213,920.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	24,444.	0.		24,444.
irect E	7	Food and beverages	62,425.	25,000.		87,425.
	۰	Entartainment				
	8	Entertainment Other direct expenses	100 000	28,144.		216,099.
	_	Direct expense summary. Add lines 4 through				327,968
		. ,	. ,			-114,048.
Pa	rt	Net income summary. Combine line 3, colum Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a.				
			(-) Discours	(b) Pull tabs/instant	(-) Otherware makes	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	()
	8	Net gaming income summary. Combine line 1	I, column d, and line 7		>	
		ter the state(s) in which the organization opera	_			
		the organization licensed to operate gaming ac No," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · ·	erminated during the tax y	/ear?	Yes No
	_					
	_					

Schedule G (Form 990 or 990-EZ) 2012

NATIONAL LAW ENFORCEMENT OFFICERS

Schedule G (Form 990 or 990-EZ) 2012 MEMORIAL FUND, INC. 52-	1382926	Page 3
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:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party \blacktriangleright \$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	└─ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
		,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	KS:	
(I) NAME OF FUNDRAISER: PEP-DIRECT		
(I) ADDRESS OF FUNDRAISER: 19 STONEY BROOK DRIVE, WILTON, NH 0	3086	
(I) NAME OF FUNDRAISER: ODELL, SIMMS & LYNCH, INC.		
(I) ADDRESS OF FUNDRAISER: 7704 LEESBURG PIKE, FALLS CHURCH, VA	22043	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
SCHEDULE G, PART I, LINE 2B, COLUMN (V): PAYMENTS MADE TO ODELL	, SIMMS	&
232083 01-07-13 Schedule G (For		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

NATIONAL LAW ENFORCEMENT OFFICERS

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MEMORIAL	FUND, INC	Z.					52-1382926
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selec	
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the United	d States.			
Part II Grants and Other Assistance to		-			anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than			1		(f) Method of	_	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO RAISE AWARENESS OF LAW
POLICE UNITY TOUR							ENFORCEMENT OFFICERS WHO
PO BOX 528							HAVE DIED IN THE LINE OF
FLORHAM PARK, NJ 07932	22-3530541	501(C)(3)	240,000.	0.			DUTY.
							TO RAISE AWARENESS OF LAW
THIN BLUE LINE COMMUNITY BIKE							ENFORCEMENT OFFICERS WHO
RIDES - 901 E ST, NW - WASHINGTON,							HAVE DIED IN THE LINE OF
DC 20004	90-0630368	501(C)(3)	139,419.	0.			DUTY.
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				<u>2.</u>
3 Enter total number of other organization							

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. Part III can be duplicated 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			
Part IV Supplemental Information. Complete this part to provide	de the informatio	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	iformation.			
SCHEDULE I, PART I, LINE 2: NLEOMF	MAINTAI	NS RECORDS	AND DOCUM	ENTATION FOR				
EACH GRANTEE FINANCIALLY ASSISTED	BY THE P	ROGRAM TO	ENSURE THA	T ALL GRANT				
FUNDS ARE DISBURSED FOR THEIR INTE	NDED USE	. THE GRAN	ITS AWARDED	ARE ACTIVELY				
MONITORED BY RECEIVING PROGRESS RE	PORTS FR	OM THE GRA	NTEE AND B	Y HAVING				
FREQUENT MEETINGS WITH THE GRANTEE	'S OFFIC	ERS.						

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2012

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

NATIONAL LAW ENFORCEMENT OFFICERS

MEMORIAL FUND, INC.

Employer identification number 52-1382926

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b 2	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			v
	The organization?	6a		X
a	Any related organization?	6b		A
7	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			 -
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in prior Form 990
(1) CRAIG W. FLOYD	(i)	222,563.	0.	0.	23,687.	14,318.	260,568.	0.
CHAIRMAN & CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HERBERT GIOBBI	(i)	172,734.	0.	0.	15,520.	2,387.	190,641.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						İ	

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization NATIONAL LAW ENFORCEMENT OFFICERS
MEMORIAL FUND, INC.

Employer identification number 52-1382926

MEMORIAL FUND, INC.							52-1382926										
Part I Excess Bene	efit Trans	acti	ons (section 50	01(c)(3	and s	section 501(c)(4) org	aniz	ations only).									
Complete if the	organization	anev	wered "Yes" on	Form 9	aan Pa	art IV, line 25a or 25l	h 01	Form 990-F7 P	art V	line 40)h						
	Jigariizatioi						o, oi	1 01111 330 LZ, 1	art v,	111110 40	<i>.</i>	(d) Corrected?					
(a) Name of disqualified p	person	(b) Relationship between disqualified person and organization				illied ((c) Description of transaction				tion			No			
						`		<u>'</u>					Yes				
-												+					
												_					
2 Enter the amount of tax i	incurred by	the o	raanization man	aners	or disc	qualified persons du	rina	the year under									
	-		_	-			_	-		_ σ							
										> \$							
3 Enter the amount of tax,	if any, on li	ne 2,	above, reimburs	sed by	the or	ganization				▶ \$							
Part II Loans to and	d/or Fron	n Int	erested Per	sons	-												
Complete if the	organization	ansv	vered "Yes" on	Form 9	990-F7	, Part V, line 38a or I	Forn	n 990 Part IV lin	ne 26.	or if th	ne oraz	nizati	วท				
·	-					., 1 art v, iirio ooa or i	0111	11 000, 1 411 14, 111	10 20,	01 11 11	io orge	iiizati	511				
reported an amo	(b) Relation						_		 .		(h) An	roved	\				
(a) Name of	with	(c) i dipose		(d) Loan to or from the		l (e) Original	(f) Balance due		(g) In		(h) Ap	ard or	roved rd or agreeme				
interested person	organiza	tion	of loan	organization?		principal amount			default?		committee'		agree	ment?			
				To From					Yes	No	Yes	No	Yes	No			
				1.5					100	-110							
				-													
				-										\vdash			
				<u> </u>										\vdash			
														L			
Total				<u></u>		\$											
Part III Grants or As	sistance	Ber	nefiting Intel	reste	a Pe	rsons.											
Complete if the o	organization	ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 27.											
(a) Name of interested p						(c) Amount of		(d) Type	of		(e	Purn	ose of				
(a) Name of interested (5015011	'	(b) Relationship interested pers	Detwe	en d	assistance			ssistance			(e) Purpose of assistance					
			the organiza		u												
		+								-+							
		-								-+							
		+								-							

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 MEMORIAL FUND, INC.

Part IV Business Transactions Involv Complete if the organization answered	_		90.0	9b. or 99a				
(a) Name of interested person	(b) Relation	ship between interest and the organization		(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
FRANK & COMPANY, P.C.	FORMER	TREASURER	IS	317,143.	INDEPENDENT	Yes	No X	
Part V Supplemental Information Complete this part to provide additional	al information	for responses to que	stior	ns on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS T	'RANSAC'	TIONS INVOI	ΙVΙ	NG INTEREST	ED PERSONS:			
(A) NAME OF PERSON: FRANK	& COMP	ANY, P.C.						
(B) RELATIONSHIP BETWEEN I	NTERES	TED PERSON	AN	D ORGANIZAT	ION:			
FORMER TREASURER IS SHAREH	OLDER (OF ENTITY						
(D) DESCRIPTION OF TRANSAC	TION:	INDEPENDENT	C	ONTRACTOR A	RRANGEMENT			

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

Employer identification number 52-1382926

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of d noncash contrib	etermining	•	3
1	Art - Works of art			,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	1	23,897.	FAIR MARKET	' VALU	JE	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
14	Historic structures Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (HARDWARE & SO)	X	1	5,000,000	FAIR MARKET	' VALU	JE	
26	Other ()							
27	Other ()							
28	Other (<u> </u>				
29	Number of Forms 8283 received by the organi		-					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
20-	During the year, did the organization receive b		an any nyanasty ya	navtad in Davt I lines 1 00	that it must hold for	Ye	es	No
Sua	at least three years from the date of the initial	-	* ' ' ' '					
	•			•		30a		Х
h	the entire holding period? If "Yes," describe the arrangement in Part II.					30a		
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard cont	ributions?	31		Х
	Does the organization hire or use third parties							
	contributions?		-			32a	_	X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is	checked,			
	describe in Part II.							

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

Schedule M (Form 990) (2012)

NATIONAL LAW ENFORCEMENT OFFICERS

Schedule M (Form 990) (2012) MEMORIAL FUND, INC. 52-1382926 Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): THE AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) (2012)

232142 12-20-12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.

Employer identification number 52-1382926

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC AWARENESS: PROGRAMS AND ACTIVITIES TO HEIGHTEN AWARENESS THROUGH

PUBLIC EVENTS ABOUT THE SACRIFICES SUSTAINED BY THE LAW ENFORCEMENT

COMMUNITY ON THE PUBLIC'S BEHALF.

EXPENSES \$ 826,996. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF FORM 990 IS EMAILED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. QUESTIONS FROM THE BOARD CONCERNING THE FORM 990 ARE ADDRESSED BY THE MANAGEMENT OF THE ORGANIZATION PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

CONSISTENTLY MONITORED AND REVIEWED BY THE BOARD OF DIRECTORS TO ENSURE

COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE REVIEWS

CONTRACT AND SALARY REQUIREMENTS BASED ON SALARY COMPARISON DATA PROVIDED

BY INDEPENDENT SURVEY AND CONTEMPORANEOUS DOCUMENTATION OF THE DECISION WAS

MADE BY THE COMMITTEE FOR THE CEO EMPLOYMENT CONTRACT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CT, CO, FL, GA, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA

RI, SC, TN, UT, VA, WV, WI, AZ, AK, HI, ME

FORM 990, PART VI, SECTION C, LINE 18: NLEOMF COMPLIES WITH IRC SECTION

6104 AND MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION

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

Schedule O (Form 990 or 990-EZ) (2012)

322211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND, INC.	Employer identification number 52-1382926
	EBSITE.
FORM 990, PART VI, SECTION C, LINE 19: NLEOMF MAKES ITS O	
REQUEST. THE ORGANIZATIONS GOVERNING DOCUMENTS MAY BE MAI	
REQUEST.	DE IIVIIIII
112,02,01	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	339,595.
MANAGEMENT AND GENERAL EXPENSES	53,036.
FUNDRAISING EXPENSES	190,888.
TOTAL EXPENSES	583,519
COMPUTING SERVICES:	
PROGRAM SERVICE EXPENSES	326,561.
MANAGEMENT AND GENERAL EXPENSES	39,307.
FUNDRAISING EXPENSES	387,320.
TOTAL EXPENSES	753,188.
CAGING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	199,204.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	199,204.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,535,911.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: 232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990.

➤ See separate instructions.

2012 Open to Public Inspection

OMB No. 1545-0047

NATIONAL LAW ENFORCEMENT OFFICERS Employer identification number Name of the organization 52-1382926 MEMORIAL FUND, INC. Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.) (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No THIN BLUE LINE COMMUNITY BIKE RIDES -NATIONAL LAW 90-0630368 901 E STREET N.W. SUITE 100 ENFORCEMENT WASHINGTON DC 20004 SUPPORTS LAW ENFORCEMENT DISTRICT OF COLUMBIA 501(C)(3) LINE 7 OFFICERS MEMORIAL Х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2012

Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity Legal domicile (state or foreign			Share of total income	in a a man a la divisioni	Disproportion- ate allocations?		amount in box	partne	or Percentage ownership	
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes I	lo
	_										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sector 512(b) contract entition	tion b)(13) rolled ity?
		13					dula D (Farm		

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	X		
С	c Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)				1d		X		
	e Loans or loan guarantees by related organization(s)								
							Х		
f	f Dividends from related organization(s)								
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
- 1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		X		
m	Performance of services or membership or fundraising solicitations by related orga				1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n	Х			
	o Sharing of paid employees with related organization(s)								
	· · · · · · · · · · · · · · · · · · ·								
р	p Reimbursement paid to related organization(s) for expenses								
a q	Reimbursement paid by related organization(s) for expenses				1q		Х		
•									
r	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)				1s		X		
	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved/				
<u>(1)</u> T	HIN BLUE LINE COMMUNITY BIKE RIDES	В	139,419.	ACCRUAL METHOD					
<u>(2)</u>									
<u>(3)</u>									
<u>(4)</u>									
<u>(5)</u>									
(6)									

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tiona allocati Yes	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	(k) Percentage ownership

Part VII Supplemental Information																						
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).																						
PART	ART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:																					
NAME	OF	REI	LATE	D OI	RGAI	NIZ	ATI	ON:														
THIN	BL	UE I	LINE	COI	MMU	NIT	Y B	IKE	RI	DES	1											
DIREC	СТ	CON	rol	LING	G E	NTI	TY:	NA	TIC	NAL	LA	W	ENF	ORCE	EMEN	T C	FFIC	ERS	ME	MOR	IAL	FUND
-																						

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

	• • •	
>	Information about Form 8621 and its separate instructions	is at www.irs.gov/form8621

OMB No. 1545-1002 Attachment

Department of the Treasury Internal Revenue Service Sequence No. 69 Identifying number (see instructions) Name of shareholder NATIONAL LAW ENFORCEMENT OFFICERS 52-1382926 MEMORIAL FUND, INC. Shareholder tax year: calendar year 2012 or other tax year beginning Number, street, and room or suite no. (If a P.O. box, see instructions.) 901 E STREET, NW, NO. 100 and ending City or town, state, and ZIP code or country WASHINGTON. DC 20004 Individual X Corporation Check type of shareholder filing the return: Partnership S Corporation Nongrantor Trust Estate Employer identification number (if any) Name of passive foreign investment company (PFIC) or qualified electing fund (QEF) PSAM GLOBAL EVENT UCITS FUND Address (Enter number, street, city or town, and country.) Reference ID number (see instructions) 70 SIR JOHN ROGERSON'S QUAY 2012 or other DUBLIN, IRELAND 2 Tax year of PFIC or QEF; calendar year tax year beginning and ending Summary of Annual Information Part I is reserved for future use (see instructions). Provide the following information with respect to all shares of the PFIC held by the shareholder: Description of each class of shares held by the shareholder: Check if shares jointly owned with spouse. Date shares acquired during the taxable year, if applicable: Number of shares held at the end of the taxable year: Value of shares held at the end of the taxable year (check the appropriate box, if applicable): (b) \$50.001-100.000 (c) \$100.001-150.000 \$150.001-200.000 (e) If more than \$200,000, list value: Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, or inclusion or deduction under section 1296: Section 1291 \$ (b) Section 1296 (Mark to Market) \$ (c) Part II Elections (See instructions.) Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III. Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits В of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.

Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election. Election To Mark-to-Market PFIC Stock. I. a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e), Complete Part IV. Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V. Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V. Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V. Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) G PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V. Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as Н defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

Form 8621 (Rev. 12-2012) Page **2**

Pa	Income From a Qualified Electing Fund (QEF). All QEF shatelection B, also complete lines 8a through 9c. (See instructions.)	areholde	rs complete lines 6a through 7	7c. If yo	u are making
6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a			
b	Enter the portion of line 6a that is included in income under section 951 or that may be				
	excluded under section 1293(g)	6b			
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income \dots			6с	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a			
b	Enter the portion of line 7a that is included in income under section 951 or that may be				
	excluded under section 1293(g)				
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amou	nt in Par	t II of the Schedule D		
	used for your income tax return. (See instructions.)			7c	
	Add lines 6c and 7c			8a	
b	Enter the total amount of cash and the fair market value of other property distributed				
	or deemed distributed to you during the tax year of the QEF. (See instructions.)	8b		4	
C	Enter the portion of line 8a not already included in line 8c that is attributable to shares				
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year			_	
d	Add lines 8b and 8c			8d	
е	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in branches)	,		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is including	ble in in	come under section 951,		
	you may make Election B with respect to the amount on line 8e.	ء ا	1		
	Enter the total tax for the tax year (See instructions.)	9a		_	
b	Enter the total tax for the tax year determined without regard to the amount entered	١,,,			
	on line 8e	9b	I becauseld as		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is	extended	D by making		
D,	rt IV Gain or (Loss) From Mark-to-Market Election (See in	otruot	ione)	9c	
	, ,			100	
	Enter the fair market value of your PFIC stock at the end of the tax year Enter your adjusted basis in the stock at the end of the tax year			10a 10b	
	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this am		ordinary income	100	
	on your tax return. If a loss, go to line 11			10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))			11	
	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Incl			H'''	
	loss on your tax return		•	12	
	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the				
	Enter the fair market value of the stock on the date of sale or disposition			13a	
				13b	
	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as c				
	tax return. If a loss, go to line 14	-	-	13c	
	Enter any unreversed inclusions (as defined in section 1296(d))			14a	
	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Inc				
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, o		•	14b	
	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a.				
	return according to the rules generally applicable for losses provided elsewhere in the Code	e and reg	gulations	14c	

Form **8621** (Rev. 12-2012)

 $\textbf{Note.} \ See \ instructions \ in \ case \ of \ multiple \ dispositions.$

Form 8621 (Rev. 12-2012) Page 3 Distributions From and Dispositions of Stock of a Section 1291 Fund (See instructions.) Part V Complete a separate Part V for each excess distribution (see instructions). 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, 1. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year. b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.) 16c **d** Foreign tax credit. (See instructions.) 16d e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.) 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.) 16f Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Complete a separate column for each outstanding election. Complete lines 25 and 26 only if there is a partial termination of the section 1294 election. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return 24 Accrued interest due with this return 25 Deferred tax outstanding after partial termination of election

Form 8621 (Rev. 12-2012)

26 Interest accrued after partial termination of election

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund
Information about Form 8621 and its separate instructions is at www.irs.gov/form8621.

Name of shareholder	Identifying number (see instructions)
NATIONAL LAW ENFORCEMENT OFFICERS	
MEMORIAL FUND, INC.	52-1382926
Number, street, and room or suite no. (If a P.O. box, see instructions.) 901 E STREET, NW, NO. 100	Shareholder tax year: calendar year 2012 or other tax year beginning , and ending , .
City or town, state, and ZIP code or country WASHINGTON, DC 20004	
Check type of shareholder filing the return: Individual X Corporation Partn	nership S Corporation Nongrantor Trust Estate
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF) YUEXIU REIT	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) N/A	Reference ID number (see instructions) 2
HONG KONG	Tax year of PFIC or QEF: calendar year 2012 or other
	tax year beginning , and
	ending , .
Part I Summary of Annual Information Part I is reserved for fu	
Provide the following information with respect to all shares of the PFIC held by the shareholder:	
1 Description of each class of shares held by the shareholder:	
Check if shares jointly owned with spouse.	
2 Date shares acquired during the taxable year, if applicable:	
3 Number of shares held at the end of the taxable year:	
4 Value of shares held at the end of the taxable year (check the appropriate box, if applicable	
(a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,00	
(e) If more than \$200,000, list value:	
5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution	ion under section 1291, inclusion under section
1293, or inclusion or deduction under section 1296:	
(a) Section 1291 \$	
(b) Section 1293 (Qualified Electing Fund) \$	
(c) Section 1296 (Mark to Market) \$	
Part II Elections (See instructions.)	
A Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PF	
B Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to ext of the QEF until this election is terminated. Complete lines 8a through 9c of Part Note: If any portion of line 6a or line 7a of Part III is includible under section 1294(c) and 1294(f) and the related regulations for events that terminate the	t III to calculate the tax that may be deferred. n 951, you may _{not} make this election. Also, see sections
C Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to 1296(e). Complete Part IV.	
D Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a PFIC. Enter gain or loss on line 15f of Part V.	a QEF, elect to recognize gain on the deemed sale of my interest in the
E Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year amount equal to my share of the post-1986 earnings and profits of the CFC as an exexcess distribution is greater than zero, also complete line 16 of Part V.	- · · · · · · · · · · · · · · · · · · ·
F Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former distribution the gain recognized on the deemed sale of my interest in the PFIC on the gain on line 15f of Part V.	
G Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a sharehold 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 12 PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3 distribution is greater than zero, also complete line 16, Part V.	297(e) PFIC. My holding period in the stock of the Section 1297(e)
H Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a for elect to make a deemed dividend election with respect to the former PFIC. My holdin defined in Regulations section 1.1298-3(d). Enter the excess distribution on line complete line 16. Part V.	ng period in the stock of the former PFIC includes the termination date, as

Form 8621 (Rev. 12-2012) Page **2**

Pa	Income From a Qualified Electing Fund (QEF). All QEF shatelection B, also complete lines 8a through 9c. (See instructions.)	areholde	rs complete lines 6a through 7	7c. If yo	u are making
6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a			
b	Enter the portion of line 6a that is included in income under section 951 or that may be				
	excluded under section 1293(g)	6b			
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income			6с	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a			
b	Enter the portion of line 7a that is included in income under section 951 or that may be				
	excluded under section 1293(g)				
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amou	nt in Par	t II of the Schedule D		
	used for your income tax return. (See instructions.)			7c	
	Add lines 6c and 7c			8a	
b	Enter the total amount of cash and the fair market value of other property distributed				
	or deemed distributed to you during the tax year of the QEF. (See instructions.)	8b		4	
C	Enter the portion of line 8a not already included in line 8c that is attributable to shares				
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year			_	
d	Add lines 8b and 8c			8d	
е	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in branches)	,		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is including	ble in in	come under section 951,		
	you may make Election B with respect to the amount on line 8e.	ء ا	1		
	Enter the total tax for the tax year (See instructions.)	9a		_	
b	Enter the total tax for the tax year determined without regard to the amount entered	١,,,			
	on line 8e	9b	I becauseld as		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is	extended	D by making		
D,	rt IV Gain or (Loss) From Mark-to-Market Election (See in	otruot	ione)	9c	
	, ,			100	
	Enter the fair market value of your PFIC stock at the end of the tax year Enter your adjusted basis in the stock at the end of the tax year			10a 10b	
	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this am		ordinary income	100	
	on your tax return. If a loss, go to line 11			10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))			11	
	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Incl			H'''	
	loss on your tax return		•	12	
	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the				
	Enter the fair market value of the stock on the date of sale or disposition			13a	
				13b	
	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as c				
	tax return. If a loss, go to line 14	-	-	13c	
	Enter any unreversed inclusions (as defined in section 1296(d))			14a	
	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Inc				
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, o		•	14b	
	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a.				
	return according to the rules generally applicable for losses provided elsewhere in the Code	e and reg	gulations	14c	

Form **8621** (Rev. 12-2012)

 $\textbf{Note.} \ See \ instructions \ in \ case \ of \ multiple \ dispositions.$

Form 8621 (Rev. 12-2012) Page 3 Distributions From and Dispositions of Stock of a Section 1291 Fund (See instructions.) Part V Complete a separate Part V for each excess distribution (see instructions). 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a b Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and **do not** complete line 16 14. 15f 16 a Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year. b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax return as other income SEE STATEMENT 1 16b 14. c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.) 16c **d** Foreign tax credit. (See instructions.) 16d e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.) 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.) 16f Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Complete a separate column for each outstanding election. Complete lines 25 and 26 only if there is a partial termination of the section 1294 election. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return 24 Accrued interest due with this return 25 Deferred tax outstanding after

Form 8621 (Rev. 12-2012)

partial termination of election 26 Interest accrued after partial termination of election

FOR	M 8621 DISTRIBUTIONS OF STOCK IN A SECTION 1291 FUND	STATEMENT	1
1.	DATE STOCK PURCHASED		
2.	DATE STOCK DISPOSED OF OR DISTRIBUTED		
3.	EXCESS DISTRIBUTION ALLOCATED TO EACH DAY IN HOLDING PERIOD		
4.	TOTAL ALLOCABLE TO EACH TAX YEAR IN HOLDING PERIOD		
5.	TOTAL ALLOCABLE TO THE CURRENT TAX YEAR AND		
	PRE-PFIC TAX YEARS, IF DIFFERENT		14.
6.	TOTAL TO LINE 16B (LINE 4 OR 5)		14.
7.	TAX. TOTAL TO LINE 16C		
8.	FOREIGN TAX CREDIT. TOTAL TO LINE 16D		
9.	NET TAX. TOTAL TO LINE 16E		0.
10.	INTEREST. TOTAL TO LINE 16F		

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple are filing for an Additional (Not Automatic) 3-Month Ex					X			
	omplete Part II unless you have already been granted								
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	ne to file (6	6 months for a corp				
	o file Form 990-T), or an additional (not automatic) 3-mo								
	file any of the forms listed in Part I or Part II with the ex-	=							
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	n the elec	ctronic filing of this	form,			
visit www Part I	irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no copies nes	ded)					
	ation required to file Form 990-T and requesting an autor								
Part I only				•	_				
All other	/ corporations (including 1120-C filers), partnerships, REM ome tax returns.					т Ш			
Type or print	NAME ON A LAW ENDODGEMENT OFFICED C								
File by the	MEMORIAL FUND, INC.				52-138292	26			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 901 E STREET, NW, NO. 100	ee instruc	tions.	Social se	curity number (SSN	1)			
instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20004	oreign add	dress, see instructions.						
						01			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			[[]]			
Applicati	on	Return	Application			Return			
Is For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990	-BL	02	Form 1041-A			08			
Form 472	0 (individual)	03	Form 4720		09				
Form 990	-PF	04	Form 5227			10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	-T (trust other than above)	06	Form 8870			12			
	FRANK & COMPANY	Ý, P.	Ċ.						
• The bo	ooks are in the care of > 1360 BEVERLY RI	D. SU	ITE 300 - MCLEAN,	VA 22	101				
	none No. ► 703-821-0702		FAX No. ▶						
-	organization does not have an office or place of business	s in the Ur							
	s for a Group Return, enter the organization's four digit					check this			
box ▶ [. If it is for part of the group, check this box								
	quest an automatic 3-month (6 months for a corporation				ers the extension is	3 101.			
1 116		· =	tion return for the organization name		The extension				
io f	or the organization's return for:	t organiza	ilion return for the organization hame	d above.	THE EXTENSION				
	X calendar year 2012 or								
			d anding						
	tax year beginning	, an			<u> </u>				
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	inal retur	'n				
	Change in accounting period	incon rodo		man rotar					
	_ change in accounting period								
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any						
nor	refundable credits. See instructions.			3a	\$	0.			
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and						
est	mated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa								
	using EFTPS (Electronic Federal Tax Payment System).	•	· · · · · · · · · · · · · · · · · · ·	3с	\$	0.			
	If you are going to make an electronic fund withdrawal v			orm 8879-	EO for payment ins	tructions.			
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (R	ev. 1-2013)			

223841 01-21-13

Farm (3868 (Rev. 1-2013)					_		
						Page 2		
	ou are filing for an Additional (Not Automatic) 3-Month Ex					> \X		
	Only complete Part II if you have already been granted an a ou are filing for an Automatic 3-Month Extension, comple			iea Form 8	3868.			
Parl				al (no o	nica no	2424/		
rait	Additional (Not Automatic) 3-North	VIGUSIO						
T	Name of avament avamentation as attacked as inches		Enter filer's			see instructions		
Type or Name of exempt organization or other filer, see instructions Employer identification number (
print	NATIONAL LAW ENFORCEMENT OF		EO 11	2000				
File by the due date			1		52-138292			
filing you return. S	Sour See 901 E STREET, NW, NO. 100					oer (SSN) 		
instructi	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20004							
Entor	the Return code for the return that this application is for (file	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ita annication for each return			01		
CHICH	the Return code for the return that this application is for (file	a separa	tie application for each return)		************	0 1		
Applic	eation	Return	Application			I n.u.		
Is For		Code	Is For			Return		
	990 or Form 990-EZ	01	is For			Code		
Form 990-BL 02 Form 1041-A					08			
Form 4720 (individual) 03 Form 4720					09			
Form 990-PF 04 Form 5227					10			
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	990-T (trust other than above)	06	Form 8870			12		
	! Do not complete Part II if you were not already granted			iously file	d Form 88			
***************************************	FRANK & COMPAN			TOGOTY IIIC	GT OITH OC	 		
• The	books are in the care of \blacktriangleright 1360 BEVERLY R			VA 22	101			
	ephone No. ► 703-821-0702		FAX No. ▶					
• If th	ne organization does not have an office or place of busines	s in the U	nited States, check this box			>		
• If th	nis is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	If this is fo	r the whole	group, check this		
box								
4			BER 15, 2013.					
5	For calendar year 2012 , or other tax year beginning $_$, and endin	g		·		
6	If the tax year entered in line 5 is for less than 12 months, of	check reas	son: Initial return	Final r	eturn			
	Change in accounting period							
	State in detail why you need the extension			***************************************				
	THE TAXPAYER IS AWAITING RECE			OITAM	N IN (ORDER TO		
	ENSURE A COMPLETE AND ACCURAT	E FIL	ING.					
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
	nonrefundable credits. See instructions.			8a	\$	0.		
b	If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated					
	tax payments made. Include any prior year overpayment al							
	previously with Form 8868.		-	8 b	\$	0.		
С	Balance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using					
-	EFTPS (Electronic Federal Tax Payment System). See instr		_	8c	\$	0.		
	Signature and Verificat	tion mu	st be completed for Part II	only.				

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature > R. Math Frak

Title > CPA

Date ▶ 8-12-7013

Form **8868** (Rev. 1-2013)