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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Wet Balances Expenses Expenses Activities & Governance A I		e zu i Laieile	dar year, or tax year beginning,	ZU11, a	ana e	enaing	l			,			
HS Sund Balances & Expenses Partivities & Governance Activities & Governance A	Check if	f applicable	C Name of organization Drug Enforcement Administration Surv	vivors'	Bene	fit Fu	nd, Inc.	D Employ	er Ideni	tification Number			
HS Sund Balances & Expenses Partivities & Governance Activities & Governance A	Ad	dress change	Doing Business As					31-	1574	115			
HS Sund Balances & Expenses Partivities & Governance Activities & Governance Partivities & Governance Participation Par	Na	me change	Number and street (or P O box if mail is not delivered to street addr)		F	Room/su	ııte	E Telepho	one num	ber			
HS Sund Balances & Expenses Partivities & Governance Activities & Governance Partivities & Governance Participation Par	Init	tial return	75 Spring Street SW, Suite 800		1			(404) 893-7390					
HS Sund Balances & Expenses Partivities & Governance Activities & Governance Partivities & Governance Participation Par	Ter	rminated	City, town or country	State	ZIP co	de + 4							
HS Sund Balances & Expenses Partivities & Governance Activities & Governance Partivities & Governance Participation Par	Am	nended return	Atlanta	GA	303	303		G Gross r	eceipts	\$3,610,617			
HS Sund Balances & Expenses Partivities & Governance Activities & Governance Partivities & Governance Participation Par	П	plication pending	F Name and address of principal officer				(a) Is this	a group retur			X No		
HS Sund Balances & Expenses Partivities & Governance Activities & Governance Partivities & Governance Participation Par			RICHARD CROCK 75 SPRING STREET SW, ST ATLANTA	GA	303	103		affiliates inc		Yes	No		
HS Sund Balances & Expenses Partivities & Governance Activities & Governance Partivities & Governance Participation Par	Tax-e	exempt status	X 501(c)(3) 501(c) ()		$\overline{}$	27	If 'No,'	attach a list	(see ins	structions)			
HS Sund Balances & Expenses Partivities & Governance Activities & Governance Partivities & Governance Participation Par			W.DEAMEMORIAL.ORG	/\-/	1 1		(c) Group	exemption ni	ımber •	•			
HS Sund Balances & Expenses Partivities & Governance Activities & Governance Partivities & Governance Participation Par		of organization	X Corporation Trust Association Other ►	l ve	ar of F		n 1997			legal domicile GA	_		
H Sapera A Rund Balances C Expenses Expenses Activities & Governance	rt l				201 01 1	Onnacio		, , , , ,	tate of i	egar connene G11			
Signature Balances or Expenses Processes or Expenses Processes or Expenses Processes or Expenses Processes			be the organization's mission or most significant activities:	PRO	OVT	DES	BENEF	TTS FO	R SI	TRVIVING			
Signature Balances or Expenses Processes or Expenses Processes or Expenses Processes or Expenses Processes			EMBERS OF DRUG ENFORCEMENT EMPLOYEE										
Signature Balances or Expenses Processes or Expenses Processes or Expenses Processes or Expenses Processes	-		AND PROVIDES PROGRAMS TO PRESERVE T						AIN				
Signature Balances or Expenses Processes or Expenses Processes or Expenses Processes or Expenses Processes	-		AND EMPLOYEES.										
Signature Balances or Expenses Processes or Expenses Processes or Expenses Processes or Expenses Processes	2	Check this bo	x If the organization discontinued its operations or	disposi	ed of	more	than 259	% of its ne	et asse				
Signature Balances or Expenses Processes or Expenses Processes or Expenses Processes or Expenses Processes	3	Number of vo	ting members of the governing body (Part VI, line 1a)						_ 3 _		10		
Signature Balances or Expenses Processes or Expenses Processes or Expenses Processes or Expenses Processes			lependent voting members of the governing body (Part VI,)				4		10		
Signature Balances or Expenses Properties Signature Sign			of individuals employed in calendar year 2011 (Part V, line	e 2a)					5				
Signature Balances or Expenses Properties Signature Sign			of volunteers (estimate if necessary)						6		50		
Pari Under Isomple Sign Here			d business revenue from Part VIII, column (C), line 12						7a 7b		0.		
Pari Under Isomple Sign Here	D	Net unrelateu	business taxable income from Form 990-T, line 34						<u> / D</u>	C1 V-			
Pari Under Isomple Sign Here	8 (Contributions	and grants (Part VIII, line 1h)				<u> </u>	rior Year	40	Current Ye			
Pari Under Isomple Sign Here			and grants (Fart VIII, line 111) ice revenue (Part VIII, line 2g)				-	743,7	20.	1,096,	041.		
Pari Under Isomple Sign Here		_	come (Part VIII, column (A), lines 3, 4, and 7d)					179,6	08	329	194.		
Pari Under Isomple Sign Here			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					1/3,0	0.		0.		
Pari Under Isomple Sign Here			— add lines 8 through 11 (must equal_Part-VIII) column (A) line	12)			923,3		1,426,			
Pari Under Isomple Sign Here			milar amounts paid (Part-IX) column (A), lines 1-3)	9, 11110	12)			170,2			787.		
Pari Under Isomple Sign Here			to or for members (Part IX,-column-(A), line(4))					1,0,2	/ - ·	2131	/ 0 / .		
Pari Under Isomple Sign Here			r compensation employee benefits (Part IX, column (A), I	noc 5	10)								
Pari Under Isomple Sign Here			undraising fees (Part IX, Column (A), line 11ey)	iiies J.	10)		<u> </u>		-	<u>-</u>			
Pari Under Isomple Sign Here			i !				<u> </u>				· ś. · · · · · ·		
Pari Under Isomple Sign Here			ng expenses (Part IX, column_(D), line-25)			0.		¥		<u> </u>			
Pari Under r comple			es (Part IX, column (Á), lines 11a-11d, 11f-24e)					126,5	61.	119,	<u>796.</u>		
Parl Under It comple	18	Total expense	s Add lines 13-17 (must equal Part IX, column (A), line 2	5)				296,8	35.	393,	<u>583.</u>		
Pari Under I Comple	19 F	Revenue less	expenses Subtract line 18 from line 12					626,5	21.	1,032,	<u>452.</u>		
Pari Under I Comple								g of Current		End of Yea			
Parl Under r comple Sign Here			Part X, line 16)				5	,531,5		5,955,	<u>665.</u>		
Parl Under r comple Sign Here	21 7	Fotal liabilities	(Part X, line 26)					4,1	20.	6,	<u>434.</u>		
Sign Here	22 N	Net assets or	fund balances. Subtract line 21 from line 20				5	,527,3	90.	5,949,	231.		
Sign Here	rt]	Signature	e Block										
Sign Here	penaltie	es of perjury, I dec	clare that I have examined this return, including accompanying schedules and officer) is pased on all information of yhich preparer has any l	stateme	ents, ai	nd to the	best of my	knowledge	and belie	ef, it is true, correct,	and		
	ele Dec	- Tarattori or prepa		Milowieug									
			repard that							/			
	n	Spritur	e of officer	a			Date	。 フ	/. /	19			
Paid	e		stora w - Goery	ron	w	noe	<u>M</u>	0/	41	<u>/</u>			
Paid			print name and title			1	211 3	2 /	<u> </u>				
Paid		Print/Type pr	eparer's name Preparer's signature	!!	Date	الم	ابري	Check] if ¹	PTIN			
	d	Jennif	er L. Burmester WMW6 LBWN	rest	e)	CP	4	self employe	d 1	P00448313			
Prep	parei		MASHBURN AND BURMESTER, P.C.										
Use	Only	Firm's addres	s - 1827 POWERS FERRY RD BLDG 10 STI	3 301	L			Fırm's EIN	20-	3127931			
		1		0339				Phone no) 384-972	<u> </u>		
May t	the IR	S discuss this	return with the preparer shown above? (see instructions)							X Yes	No		
			duction Act Notice, see the separate instructions.	-		TEEA	0101 07/0	05/11		Form 990			

	1990 (2011) Drug Enforcement Administration Survivors' Benefit Fund, Inc.	<u> 31-1</u>	5741	15		Page 2
Par	Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III					X
1	Briefly describe the organization's mission					
	PROVIDES BENEFITS FOR SURVIVING					
	FAMILY MEMBERS OF DRUG ENFORCEMENT EMPLOYEES KILLED IN THE LINE					
	See Form 990, Page 2, Part III, Line 1 (continued)					
	Dut the account of the latest of the control of the	o prior				
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior		V		Ma
	Form 990 or 990-EZ?		Ш	Yes	X	No
	If 'Yes,' describe these new services on Schedule O.		_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.					
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	s, as me unt of gr	easured ants ar	by ex d allo	pense cation	es s to
4a	(Code:) (Expenses \$ 125,650. including grants of \$ 125,650.) (Re		\$			0.)
	EDUCATION BENEFITS PROVIDED TO DEPENDENTS OF DEA					_
	AGENTS KILLED IN THE LINE OF DUTY				. .	
						-
					- - -	
4h	(Code:) (Expenses \$ 148,137. including grants of \$ 148,137.) (Re	venue	Ś			0.)
	RECOGNITION AND PROMOTION: THE DEA CONDUCTS AN ONGOING			•		
						- <i>-</i>
	PROGRAM OF RECOGNIZING AGENTS KILLED IN THE LINE OF					
	DUTY BY DEDICATING MEMORIALS TO THEM IN VARIOUS DEA					
	OFFICES AROUND THE COUNTRY					
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue	\$)
					-	
						 -
			- -			- - -
4 d	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
_	Total program service expenses ► 273,787.				•	
BAA	TEEA0102 07/05/11			Forr	n 990	(2011)
	I EGIOTOL OTTOGET				_	. ,

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI
 - **b** Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII
 - **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If* 'Yes,' *complete Schedule F, Parts I and IV*
- 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
- 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
- 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 (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III
- 20 aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H
 - b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

	_		Yes	5	No
	1		x		
	2			-	х
		•	-		
	3	_			X
	4				x
	5				x
	6				x
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	19				<u>x</u>
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Form 990 (2011) Drug Enforcement Administration Survivors' Benefit Fund, Inc.

Partile 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		х
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	x	
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		x
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
	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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
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		x
	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	28a		<u> </u>
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
	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	28c		<u>x</u>
29	general desired and the second control of th	29		<u> </u>
30	contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
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		<u>x</u>
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? <i>If</i> 'Yes,' complete Schedule R, Part I	33		<u>x</u>
	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		<u>x</u>
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\rightarrow	<u>x</u>
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		<u>x</u>
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		<u>x</u>
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	x	
BAA		Form	990 (2	011)

	m 990 (2011) Drug Enforcement Administration Survivors' Benefit Fund, Inc.	31-15741	15	F	⊃age
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	**			
	Check if Schedule O contains a response to any question in this Part V				Г
`				Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0		19.4
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	o 🔻		
	c Did the organization comply with backup withholding rules for reportable payments to vendors	and reportable gaming			
	(gambling) winnings to prize winners?	s and reportable garring	1 c		х
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this return	2a		25 A.	F. 1
	b If at least one is reported on line 2a, did the organization file all required federal employment		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ins	structions)	THE		
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3Ь	L	
4	a At any time during the calendar year, did the organization have an interest in, or a signature	or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other fir	nancial account)?	4a	Wilder during	X
	b If 'Yes,' enter the name of the foreign country.			1 174	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fi				99 Y I
	f a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	_ 5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	nd did the organization	6a	į	x
	b If 'Yes,' did the organization include with every solicitation an express statement that such coinot tax deductible?	ntributions or gifts were	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		31. 7	1300	Že .
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and	7a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it was required to file	<u> </u>		
	Form 8282?		7с		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	W	KW.	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	enefit contract?	7e		x
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract?	_7f		X
	g If the organization received a contribution of qualified intellectual property, did the organization	n file Form 8899			-
	as required?		7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the of Form 1098-C?	organization file a	7 h		
R	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	n organizations. Did the	,	. 4, 4	
Ĭ	Supporting organization, or a donor advised fund maintained by a sponsoring organization, ha				
^	holdings at any time during the year?		8		<u> </u>
	Sponsoring organizations maintaining donor advised funds.				5× 1
	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	. 5,	X
	Section 501(c)(7) organizations. Enter	l 1		Çi.	Ì
	Initiation fees and capital contributions included on Part VIII, line 12	10a	4.5	* / T	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	- Lid	3.4	i J
	Section 501(c)(12) organizations. Enter	1			
	Gross income from members or shareholders	11 a	- - ` ·	;'``-	
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 ь	3577		76
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b]	· , [-]
	Section 501(c)(29) qualified nonprofit health insurance issuers.		à' Ya!		*.
â	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.	. :	T	-3
Ł	Enter the amount of reserves the organization is required to maintain by the states in	1	,	, g 🗐	§
	which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	1,38	1. 3 4.	۲.
42	Did the organization receive any payments for indoor tanning services during the tay year?		1 14-1	- 1	v

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2011) Drug Enforcement Administration Survivors' Benefit Fund, Inc. 31-1574115 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 \mathbf{x} Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing 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 1 b 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 Х 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, stockholders, or other persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х 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 X 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers of key employees of the organization 15_b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 30.5 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16_b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ District of Columbia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20

______75 SPRING ST, SW, STE. 800, ATLANTA, ____ GA 30303 (404) 893-7390

Form 990 (20	11) Drug	Rnforcement	Administration	Survivora!	Benefit Rund	Tnc
1 01111 000 (20	,,, DIG	PHIOLOGICAL	MODITHIBLIACION	DOTATION .	Benerit Fund.	THC.

31-1574115

Para VIII 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.
- 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

X Check this box if neither the organization	nor any r	elated	i org	anız	zatio	n com	npen	sated any current offi	cer, director, or truste	e
(A) Name and title	(B) Average hours per week	(do no unle:	ot che	Pos ck mo	C) lition ore the	nan one h an offi rustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	-adivich ਕੀ frustee or director	anstitutional trustee	Officer	Key employee	Higl est വേന്റ്രണയിലേ employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) RICHARD CROCK										
CHAIRMAN	10.00	Х					_	0.	0.	0.
(2) DAVID JACOBSON									_	_
TREASURER	2.00	X		_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(3) RICHARD CRAWFORD DIRECTOR	2.00	х						0.	0.	0.
(4) KEITH KRUSKALL										-
DIRECTOR	2.00	X						0.	0.	0.
(5) JON GOLDBERG										
DIRECTOR	2.00	х						0.	0.	0.
(6) SHANNON SCHEEL										
DIRECTOR	2.00	х						0.	0.	0.
_(7)_MICHAEL_NUSSBAUM										
DIRECTOR	2.00	X						0.	0.	0.
(8) JIM MCGIVNEY										
DIRECTOR	2.00	X	\Box			_		0.	0.	0.
(9) HARRY SWAIN										
DIRECTOR	2.00	Х						0.	0.	0.
(10)										
(11)										
(12)				Ì						.
<u>(13)</u>										
<u>(14)</u>										

Part VII Section A. Officers, Directors, Trust	ees, l	Key	En	ıplo	oye	es,	an	d Highest Con	pensated Emp	oloyees (cont)		
,					C)							
(A) Name and title	(B) Average hours per	offic	, unle cer ar	heck ss pe	rson Irect	than is bot or/trus	th an stee)	Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	week (describ e hours for related organi- zations	or dire	Institu	Officer	Key e	Highe	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related		
	hours for related	dual to	tional	1	employee	st con	¤			organizations		
	organi- zations in Sch O)	ıstee	nstitutional trustee		æ	Highest compensated employee						
(15)	36.11 0)											
(16)												
(17)							-					
(18)					<u> </u>	<u> </u>	<u> </u> 			1		
(19)												
(20)										<u></u>		
(21)			-				-			<u> </u>		
(22)												
(23)												
(24)												
(25)												
1 b Sub-total		LA	'	1				0.	0.	0.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	L						>	0.	0.			
Total number of individuals (including but not limited	to thos	e lis	ted a	abov	/e) v	vho	rece			0. le compensation		
from the organization										Yes No		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc	or truste	e, k	ey e	mple	oyee	e, or	hıg	hest compensated	employee	Yes No		
4 For any individual listed on line 1a, is the sum of represented the organization and related organizations greater that	ortable	com							m			
such individual 5 Did any person listed on line 1a receive or accrue col	mpensa	ation	fror	n ar	ıv u	rela	ated	organization or inc	dıvıdual	4 X		
for services rendered to the organization? If 'Yes,' co Section B. Independent Contractors	mplete	Sch	edui	e J	tor s	uch	per	son		5 X		
Complete this table for your five highest compensated compensation from the organization. Report compensation.	d indep	ende	ent c	ontr	acto	rs th	hat r	received more than	1 \$100,000 of	2v vear		
(A) Name and business address		01 111	ie ce	ileric	<u> </u>	cai	erid	(B) Description o		(C) Compensation		
						-						
Total number of independent contractors (including but	ut not li	mıte	d to	thos	se li	sted	abo	ove) who received	more than			
\$100,000 in compensation from the organization ►												

Fo	m	99 V	0 (2011) Drug Enforce III Statement of Re	cement Admi	nis	tration Survi	vo	rs' Benefit Fun	d, Inc.		31-15	74115	Page 9
	- 4	,	in Statement of Re	· · · · ·		; ;		(A) Total revenue	e: fu	(B) lated or kempt nction venue	Unrel busir reve	ated ness	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS		d d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, similar amounts not included Noncash contributions included	grants, and above	1a 1b 1c 1d 1e	930,690 85,378) .			,	*		
PROGRAM SERVICE REVENUE		2a b c d				Business Code		1,096,841.	3				
PROG	.	g	All other program service Total. Add lines 2a-2f Investment income (incother similar amounts) Income from investment Royalties	luding divide			A A A	182,840.		0.		0.	182,840.
	 	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (lo			(II) Personal	•	р н	35.		-	, ,	17.72,
		b	Less: cost or other basis	(i) Securitie 1,838,4 1,692,1 146,3	69. 15.	(ii) Other		,	\$	•	*** + ********************************		, ;
OTHER REVENUE	٤	3a	Net gain or (loss) Gross income from fund (not including \$	raising even	ts	492,467 492,467	_	146,354.		0.	ŧ	0.	146,354.
М	g	c a	Net income or (loss) from Gross income from gam See Part IV, line 19 Less direct expenses		eve		•	0.				0.	0.
	10	c la b	Net income or (loss) from Gross sales of inventory and allowances Less cost of goods sold Net income or (loss) from	, less returns	a b		A						
	11	a b c	Miscellaneous Revenu	ие		Business Code					-		
		e '	All otner revenue Total. Add lines 11a-11d Total revenue. See instr		L.,	,	•	1,426,035.		0.		0.	329,194.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a	response to any question	ın this Part IX		
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and organizations in the United States See Part IV, line 21				
_	Grants and other assistance to individuals in the United States. See Part IV, line 22	273,787.	273,787.	and the	
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees 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				
8					11
9 10	_				
	Fees for services (non-employees)	· · · · · · · · · · · · · · · · · · ·			
	a Management				
	b Legal	··-			
	c Accounting	11,890.	0.	11,890.	0.
	d Lobbying			22,050.	<u> </u>
	e Professional fundraising services. See Part IV, line 17		· 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	(4.// ** \	
	f Investment management fees	32,086.	0.	32,086.	0.
	g Other	32,0001		32,000.	
	Advertising and promotion				·
	Office expenses				
14	·				
	Royalties				· · · · · · · · · · · · · · · · · · ·
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
-	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
9	MISCELLANEOUS	3,053.	3,053.	0.	
	BANK FEES	24,164.	0.	24,164.	0.
	TELEPHONE	999.	0.	999.	0.
	NATIONAL FUND EXPENSE	47,604.	47,604.	0.	0.
	All other expenses	2//002.	1/,001.		<u></u>
	Total functional expenses. Add lines 1 through 24e	393,583.	324,444.	69,139.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	3337303.		00,200.	
	Check here ► if following				
	SOP 98-2 (ASC 958-720)				

Part X Balance Sheet (B) End of year (A) Beginning of year Cash - non-interest-bearing 89,691 1 112,964. Savings and temporary cash investments 2 2 916,110 762,405. Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a **b** Less. accumulated depreciation 10b 32,858 10 c 11 Investments - publicly traded securities 4,492,851 11 5,080,296. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,531,510. 16 5,955,665. 17 Accounts payable and accrued expenses 4,120. 17 6,434. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 4,120 26 6,434 Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. 5,527,390. 27 Unrestricted net assets 27 5,949,231. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets R and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 5,527,390. 5,949,231. Total liabilities and net assets/fund balances 5,531,510. 34 34 5,955,665.

BAA

Form 990 (2011)

Form 990 (2011) Drug Enforcement Administration Survivors' Benefit Fund, Inc.	31 <u>-</u> 157411!	Page 12
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI		
·	1 1	
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,426,035.
2 Total expenses (must equal Part IX, column (A), line 25)	2	<u>393,583.</u>
3 Revenue less expenses. Subtract line 2 from line 1	3	1,032,452.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,527,390.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	-610,611.
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	5,949,231.
Part XIII Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		П
		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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a 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 oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c X
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both:	ere issued on a	
Separate basis Consolidated basis Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to or audits, explain why in Schedule O and describe any steps taken to undergo such audits	he required audit	3b
BAA	-	Form 990 (2011)

TEEA0112 07/06/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule A (Form 990 or 990-EZ) 2011



		_	nization										Employ	er identific	ation number		
Dri	ıg	Enf	orcement	A	dministra	tion	Survi	vors' B	enefit	:_Func	d, In	c.		57411			
Pai	t là	Re	eason for P	ub	lic Charity S	Status	s (All org	anızatıon	s must	compl	ete thi	s part.) See	instruc	ctions.		
					te foundation b												
1] A cl	hurch, conven	tion	of churches o	r asso	ciation of c	hurches des	cribed in	section	170(b)	1)(A)(i).					
2	Г				section 170(l						•						
3	Г	٦.			erative hospital					tion 170	KbY1YA	Yiii).					
4	Г	4			organization op		_						/hV1VA	Viii) En	tar tha hosr	utal's	
	_		ne, city, and s				00,		loopital c		500		(5)(1)(7	,,,,, _,,	ter the riosp	ntai 3	
5] An (organization o (b)(1)(A)(iv).	pera (Co	ated for the be mplete Part II)							mental	unit desc	cribed in se	ction	
6		A fe	ederal, state, o	or lo	cal governmer	nt or go	overnmenta	al unit descri	ibed in se	ection 17	70(b)(1)	(A)(v).					
7	X	And	organization th	hat i	normally received (Complete Complete Co	ves a s	substantial	part of its si	upport fro	m a gov	/ernmer	ntal unit	or from	the gene	eral public o	describ	ed
8	Г	1					•	· · · · · · · · · · · · · · · · · · ·	4- D U								
9	F	•			scribed in sec					-							
9		An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)															
10		An d	organization o	rgar	nized and oper	ated e	xclusively	to test for pu	ublic safe	ty See	section	509(a)(4	l).				
11		mor	e publicly sup	port	nized and oper ted organizatio supporting org	ns des	scribed in s	ection 509/a	a)(1) or s	ection 50	09 <i>(a)(2</i>)	tions of, See se	or carr ection 5	y out the 09(a)(3).	e purposes of Check the	of one box t	or hat
		_	Type I			pe II		c Type		_		ted		a 🗀	Type III -	_ Othe	ar
е		. –		אחר	ر، لیا د certify that tl	•				-	-		r mora /	اللامانية	31		<i>;</i> 1
		othe sect	er than founda ion 509(a)(2).	tion	managers and	dother	than one	or more pub	licly supp	orted or	ganızat	ions des	cribed i	n section	n 509(a)(1)	or	
f		chec	ck this box		ceived a writtei												
g		Sinc	e August 17,	200	6, has the orga	anızatı	on accepte	d any gift o	r contribi	ution froi	m any o	f the foll	owing p	ersons?			
		•														Yes	No
		(i)	A person wh	10 di	rectly or indire	ectly co	ontrois, eith	ner alone or	together	with per	sons de	scribed	ın (ıı) a	nd (III)	1100	1	ł
		(ii)	_		er of a person										11 g (i)	├	┼─
		٠,			d entity of a pe				hava?						11 g (ii)	╁	├
h															11 g (iii)	<u> </u>	
				ing	information ab	out the			T .		T				1		
		(I) Na	me of supported organization		(ii) EIN		(describe	of organization d on lines 1-9 ir IRC section structions)	organı column your g	Is the zation in (i) listed in overning iment?	the orga	you notify nization in in (i) of upport?	organi colu organiz	Is the zation in mn (i) sed in the S ?	(vii) Amou	nt of sup	port
									Yes	No	Yes	No	Yes	No	1		
									1]		1			·	-	
(A)																	
				\Box					 								
(B)									ļ								
-																	
(C)																	
<u>(D)</u>														<u> </u>			
<u>(E)</u>				_	····				<u> </u>	<u> </u>						_	
Total						~							-				

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

Schedule A (Form 990 or 990-EZ) 2011 Drug Bnforcement Administration Survivors' Benefit Fund, Inc. 31-1574115 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(vi) 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)

Se	ction A. Public Support							
Cal- beg	endar year (or fiscal year inning 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')	761,497.	559,363.	933,719.	743,748.	1,096,841.	4,095,168.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	761,497.	559,363.	933,719.	743,748.	1,096,841.	4,095,168.	
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)	4, 1,8° 3.						
6				Tank .	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	4,095,168.	
Sec	ction B. Total Support		• •			,	4,093,108.	
Cale beg	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4	761,497.	559,363.	933,719.	743,748.	1,096,841.	4,095,168.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,082.	207,011.	92,432.	120,521.	182,840.	743,886.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	, n si	. (.* //		₹ · (te	. 8. 4	4,839,054.	
12	Gross receipts from related activi	ties, etc (see instr	uctions)			12		
	First five years. If the Form 990 organization, check this box and	stop here		l, third, fourth, or	fifth tax year as a	section 501(c)(3)	►□	
	tion C. Computation of Pul							
	Public support percentage for 201		=	11, column (f))		14	84.63%	
	Public support percentage from 2 33-1/3% support test – 2011. If the			ox on line 13, and	the line 14 is 33-1	15 /3% or more, che	84.09 % ck this box	
	16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
E	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	10%-facts-and-circumstances termore, and if the organization in the organization meets the 'facts-	neets the 'facts-an	d-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	0% how ► □	
	b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
18 BAA	Private foundation. If the organization	ation did not check	k a box on line 13	, 16a, 16b, 17a, o			otions	

Partill 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.)

Se	ction A. Public Support			·			
	endar year (or fiscal yr 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]			
	received. (Do not include any 'unusual grants.')]		1		
2	Gross receipts from admis-			 	1	 	
	sions, merchandise sold or				}		
	services performed, or facilities furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3					 	 - .	
	that are not an unrelated trade or business under section 513						
4			 			 	
	organization's benefit and						
	either paid to or expended on its behalf		ļ		1		
5	The value of services or facilities furnished by a						
	governmental unit to the					1	
_	organization without charge			_		ļ	
	Total. Add lines 1 through 5 a Amounts included on lines 1.					 	
•	2, and 3 received from					1	
	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						
8	c Add lines 7a and 7b Public support (Subtract line	L'ALLES TO THE CONTRACT		i i i i i i i i i i i i i i i i i i i	Self-self-self-self-self-self-self-self-s	and the second conse	
_	7c from line 6.)	Marin P.		APT F	ialanti.	3.47.44.34	
Sec	ction B. Total Support						
	ndar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6			_			
10.	a Gross income from interest, dividends, payments received					1	
	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						
	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					İ	
	čapital assets (Explain in						
12	Part IV.) Total support. (Add Ins 9, 10c, 11, and 12)						
14		s for the organizat	tion's first second	t third fourth or	fifth tax year as a	section 501(e)(3)	
	organization, check this box and			i, triird, fourtri, or	ililii tax year as a	section 501(c)(5)	
	tion C. Computation of Pul			· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 201		=	13, column (f))		15	<u> </u>
	Public support percentage from 2					16	
	tion D. Computation of Inv					1 1	
17	Investment income percentage for			•	ın (f))	17	
18 19 a	Investment income percentage from 33-1/3% support tests – 2011. If				d line 15 ie mere 1	18 han 33 1/3% and h	% no 17
	out no re auphore rears - 20 i i. ii	ine vigariizativii ü	in nor check the t	JON OIT III E J4, and	a unue i o la moue i	ııaıı əə∙ı/ə%, a⊓d II	IIC 1/
	is not more than 33-1/3%, check	this box and stop	here. The organiz	tation qualifies as	a publicly support	ed organization	▶
	33-1/3% support tests - 2010. If	the organization d	id not check a bo	x on line 14 or line	e 19a and line 16	is more than 33-1/3	№ [] 3%, and
b		the organization d check this box an	id not check a bo nd stop here. The	x on line 14 or line organization qual	e 19a, and line 16 ifies as a publicly	is more than 33-1/3 supported organizat	3%, and

Scriedule A	(FORM 990 or 990-EZ) 2011 Dri	ig Enforcement Administra	tion Survivors' Benefit Fun	d. Inc. 31-1574115	Page 4
(Part IV)	Supplemental Information Part II, line 17a or 17b; and (See instructions).	Complete this part to Part III, line 12. Also	provide the explanation complete this part for	ons required by Part II, line any additional information.	10;
				· 	
				·	
-				·	
 -					
					
				·	- -
					
					- -
					
			·		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

Openito Public

1 In Spection

Employer identification number

Dr	ug Enforcement Administration	Survivors' Benefit Fund, In	31-1574115
	rt 📳 Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	
	the organization answered 'Yes' t		do Foods and other constant
1	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1 2	Total number at end of year Aggregate contributions to (during year)		
3			
Л	333 3 (3) /		
*	Aggregate value at end of year	L	
5	funds are the organization's property, subject t	to the organization's exclusive legal control?	∐Yes ∐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for to purpose conferring impermissible private bene	he benefit of the donor or donor advisor, or for	ds can be any other Yes No
Pa	rt III Conservation Easements. Comp	lete if the organization answered 'Yes	s' 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., re	ecreation or education) Preservation	of an historically important land area
	Protection of natural habitat	☐ Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution in	
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation easer		
	c Number of conservation easements on a certifi	ied historic structure included in (a)	2c
	d Number of conservation easements included in structure listed in the National Register		
3	Number of conservation easements modified, t tax year ►	ransferred, released, extinguished, or terminat	ted by the organization during the
4	Number of states where property subject to cor	nservation easement is located >	<u></u>
5	Does the organization have a written policy regand enforcement of the conservation easement	parding the periodic monitoring, inspection, har is it holds?	ndling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conservation easement	ts during the year
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	ction Yes No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	d expense statement, and balance sheet, and escribes the organization's accounting for
Pa	Organizations Maintaining Colle Complete If the organization answ	ctions of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	or Other Similar Assets. e 8.
1 4	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	held for public exhibition, education, or resear	nue statement and balance sheet works of rch in furtherance of public service, provide,
I	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue : d for public exhibition, education, or research in	statement and balance sheet works of art, n furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art amounts required to be reported under SFAS 1		or financial gain, provide the following
á	Revenues included in Form 990, Part VIII, line	1	► \$
<u> </u>	Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2011 Drug E	nforcement Adr	inistration :	Survivors'	Benefit Fund, Inc	:	31-15	74115		Page:
Part III Organizations Mainta						Similar As	sets (d	contini	ued)
3 Using the organization's acquisition items (check all that apply).	on, accession,	and other reco	ords, check a	any of the following	g that are a	significant u	se of its	collectio	on
a 🔲 Public exhibition		d [\Box Loan or ϵ	exchange programs	5				
b Scholarly research		e [Other						
c Preservation for future gener	ations	_							
4 Provide a description of the organ Part XIV.	nization's colle	ctions and exp	lain how the	y further the organ	iization's ex	cempt purpos	e ın		
5 During the year, did the organiza assets to be sold to raise funds r							Yes		No
Part IV. Escrow and Custodia line 9, or reported an	I Arrangem amount on	ents. Comp Form 990, F	lete if the art X, lin	organization a e 21.	nswered	'Yes' to F	orm 99	0, Par	t IV,
1 a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian,	or other interi	mediary for	contributions or oth	ner assets r	not	П _V		7.1.
b If 'Yes,' explain the arrangement							∐ Yes	; L	_ No
							Amour	nt	
c Beginning balance					1c				
d Additions during the year					1 d				
e Distributions during the year					1e				
f Ending balance					<u>11</u>	L	П.,		
2a Did the organization include an a		1 990, Part X,	ine 217				Yes	· L	No
b If 'Yes,' explain the arrangement Part'V Endowment Funds. Co		o organizat	ion onciu	arad 'Vas' to E	vrm 000	Dort IV Ju	10		
Raidy Endowment Funds. Co	1								ro book
1 a Reginning of year halance	(a) Current y	real (D) Prior year	(c) Two years b	ack (a)	Three years bac	((e)	Four year	SDACK
1 a Beginning of year balance b Contributions	<u> </u>		·	 			100 m	Total C	2010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				-	_		21 18 ME	PORTOR	A 2 7 2
c Net investment earnings, gains, and losses						_ 			M
d Grants or scholarships	ļ						13.863	A SAN AND	
Other expenditures for facilities and programs									
f Administrative expenses	ļ			 			7 to 12 to		***
g End of year balance	L						#1.42 P	7.54	CA NEW
2 Provide the estimated percentage		year end bala	nce (line 1g.	, column (a)) held	as:				
a Board designated or quasi-endow	ment •								
b Permanent endowment	*								
c Temporarily restricted endowmen									
The percentages in lines 2a, 2b, a	and 2c should e	equal 100%							
3a Are there endowment funds not in organization by:	the possessio	n of the organ	ization that	are held and admir	nistered for	the	Г	Yes	No
(i) unrelated organizations							3a(i)	103	
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ıı), are the related or	rganizations lis	ted as require	d on Schedu	lle R?			3b		
4 Describe in Part XIV the intended	•	•							
Part VI Land, Buildings, and I							-		
Description of property		a) Cost or othe (investment	er basis ((b) Cost or other basis (other)	(c) Acc	cumulated eciation	(d) E	Book va	lue
1a Land	1			<u> </u>	. 5				
b Buildings	<u> </u>				1				
c Leasehold improvements				_	1				
d Equipment	Γ								
e Other									
Total. Add lines 1a through 1e. (Columi	n (d) must equ	al Form 990, F	art X, colun	nn (B), line 10(c).)					
BAA						Sche	dule D (F	orm 99	0) 2011

TEEA3302 01/16/12

	dule D (Form 990) 2011 Drug Enforcement Administration Survivors' Benefit		<u>31-1574115</u>	Page
Pai	核XI翻 Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		:	1,426,035
2	Total expenses (Form 990, Part IX, column (A), line 25)			393,583
3	Excess or (deficit) for the year. Subtract line 2 from line 1			1,032,452
4	Net unrealized gains (losses) on investments		<u> </u>	-610,611
5	Donated services and use of facilities		<u> </u>	
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8			-610,611
_10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9		421,841
Pai	隊划團 Reconciliation of Revenue per Audited Financial Statemen	its With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements		1	1,307,891
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
ā	Net unrealized gains on investments	2a610,63	11.	
t	Donated services and use of facilities	2 b		
C	Recoveries of prior year grants	2 c		
c	Other (Describe in Part XIV)	2d 492,40	57.	
e	Add lines 2a through 2d		2 e	-118,144
3	Subtract line 2e from line 1		3 :	1,426,035
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		
	Other (Describe in Part XIV.)	4b	1	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,426,035
	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses		
	Total expenses and losses per audited financial statements		1	886,050
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
ь	Prior year adjustments	2 b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d 492,46	57.	
	Add lines 2a through 2d		2 e	492,467
3	Subtract line 2e from line 1		3	393,583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1984	
	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	393,583.
Par	XIV Supplemental Information			
Part '	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part /, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line dditional information	t III, lines 1a and 4, Part I' es 2d and 4b Also comple	V, lines 1b and 2b te this part to pro	o, vide
Pt_	KII Line 2d EXPENSES OF SPECIAL EVENTS			
Pt_	KIII Line 2d EXPENSES OF SPECIAL EVENTS			
				_
				

TEEA3304 05/25/11

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Schedule **D** (Form 990) 2011

Schedule D (Form 990) 2011	Drug Enforcement Administration Survivors' Benefit Fund, Inc. al Information (continued)	31-1574115	Page 5
Part XIV Supplementa	al Information (continued)		
•			
			. – – – -
		· 	
		. -	
		·	
		-	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization						Employer Identific	
Drug Enforcement Adminis	tration S	urvivo	rs' Be	nefit Fund, Inc	c.	31-157411	.5
Part 19 Fundraising Activities. Comp	lete if the organ	nization an	iswered 'Yo	es' to Form 990, Part IV	, line 17	•	·
1 Indicate whether the organization				wing activities. Check a	II that an	vlac	
a Mail solicitations		ough uny	е				
			e	—	-	-	
b Internet and email solicitations	5		f	Solicitation of gove		grants	
c Phone solicitations			g	Special fundraising	events		
d In-person solicitations							
2a Did the organization have a writter employees listed in Form 990, Par	or oral agreen	nent with a	any individi	ual (including officers, d	rectors,	trustees or key	
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or enti le organization.	ities (fundi	aisers) pu	rsuant to agreements u	nder whi	ch the fundraise	er is to be
(i) Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts		nount paid to	(vi) Amount paid to
or entity (fundraiser)	1		dy or control	from activity		etained by)	(or retained by)
		or conti	ributions?			alser listed in olumn (i)	organization
		Yes	No				
1			· ·				
	_		1				·
2							
3							
4							
5	 	 					
<u> </u>							
6				,			
7	t.						
8					_		
9							· · · · · · · · · · · · · · · · · · ·
10							
Total			-				
3 List all states in which the organiza	tion is registera	ed or licens	sed to solv	cit contributions or back	neen not	fied it is ever-	t from registration
or licensing.	dion is registere	or neers	seu to som	cit contributions of has t	Jeen nou	neu it is exemp	t ironi registration
	- 						
	· -						
	·						
							
		. _					
		. 					
	· 	. 					
						- -	
							

		G (Form 990 or 990-EZ) 2011 Drug Enfo							
Pa	nt W	Fundraising Events. Complete if	the organization ai	nswered 'Yes' to Fo	orm 990, Part IV, I	ne 18, or reported			
		more than \$15,000 of fundraising List events with gross receipts gi	g event contribution reater than \$5,000	s and gross income	e on Form 990-EZ,	lines I and 6b.			
	1	List overlie with gross receipts gi	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			GOLF TOURNAMENT			(add column (a) through column (c))			
R			(event type)	(event type)	(total number)	through column (c)			
REVERUE	1	Gross receipts	1,423,157.			1,423,157.			
Ě	2	Less Charitable contributions							
	3	Gross income (line 1 minus line 2)	1,423,157.			1,423,157.			
	4	Cash prizes							
	5	Noncash prizes							
D R E C T	6	Rent/facility costs							
	7	Food and beverages							
E X P	8	Entertainment							
EXPENSES	9	Other direct expenses	492,467.			492,467.			
S	10	Direct expense summary Add lines 4 thr	ough 9 in column (d)		•	492,467.			
	11				<u> </u>	930,690.			
Pa	لللانة	Gaming. Complete if the organiz	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or re	ported more than			
	_	\$15,000 on Form 990-EZ, line 6a	l.	<u> </u>	T				
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
N E	1	Gross revenue		_					
Ę	2	Cash prizes							
DIRECT	3	Non-cash prizes	-						
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes%				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Combine I	ines 1, column (d) and li	ne 7	>				
		er the state(s) in which the organization op ne organization licensed to operate gaming				Yes No			
b	If 'N	lo,' explain:		·	·				
10 -	~ - 	e any of the organization's gaming license	e rovokod suspended s	torminated during the		Yes No			
		es,' explain: sgaming license							
						·			

	Eddle G (Off 990 of 990-L2) 2011 brug Enforcement Administration Survivors Benefit Fund, Inc. 51-	137		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 administer charitable gaming?	to	Yes	No
13	Indicate the percentage of gaming activity operated in	- 1		
		13a		%
		13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords.		
	Name >			
	Address			
15	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		Yes	Пио
	b If 'Yes,' enter the amount of gaming revenue received by the organization \$\sim \frac{1}{2} = \f	amou		
	of gaming revenue retained by the third party > \$	iiioui		
	c If 'Yes,' enter name and address of the third party			
	Name •			
	Address ►			i
16	Gaming manager information.			
	Name •	. – –		
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	· · · · · · · · · · · · · · · · · · ·			
	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	€	
Dai	organization's own exempt activities during the tax year > \$, Da	rt L lino 2	h
<u>rzei</u>	Supplemental Information. Complete this part to provide the explanations required by columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicab this part to provide any additional information (see instructions).	le. A	llso comp	lete
			-	
				
			 	
	 		·	

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attatch to Form 990.

2011

OMB No 1545-0047

්මානෝරා වැඟ්ලීමේ (භනුදෙන්ගා

ş (h) Purpose of grant or assistance Employer identification number 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. X Yes **<u>Parall</u>** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 31-1574115 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Drug Enforcement Administration Survivors' Benefit Fund, Inc. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table Ration on Grants and Assistance (b) EIN ---------------------1 (a) Name and address of organization 1111111 1111111 or government 1 1111 11111 1 ١ 1 İ 1 ı 1 ı 8 8 ତ୍ର g **€ €** 6 8

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

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

Page 2 (Form 990) (2011) Drug Enforcement Administration Survivors' Benefit Fund, Inc.

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. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information RICHARD CROCK IS MADE AWARE OF ANY DRUG ENFORCEMENT EMPLOYEES KILLED IN THE LINE OF (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 125,650 71,350 76,787 (c) Amount of cash grant 10 60 (b) Number of recipients GIFTS/HARDSHIP/MEMORIALS (a) Type of grant or assistance Schedule I (Form 990) (2011) DEATH BENEFITS EDUCATION Part IV Part III

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DUTY AND THEN CONTACTS THE FAMILY REGARDING DEATH BENEFITS AND SUPPORT. CHILDREN OF SLAIN EMPLOYEES MAY CONTACT MR. CROCK FOR THE PAYMENT OF Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2

ISSUES PAYMENT.

Pt_I Line_2

Pt_I Line 2

EDUCATION EXPENSES. MR. CROCK REVIEWS THE EXPENSE DOCUMENTATION AND

TEEA3902 01/25/12

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2011	
্রাটেড তি বিদ্যান্তি আইন্ডের্নাটা	

	Employer Identification number
Drug Enforcement Administration Survivors' Benefit Fund, Inc.	31-1574115
Pt_VI, Line 2 THE OFFICERS AND DIRECTORS WORK TOGETHER AT THE	
DRUG_ENFORCEMENT_ADMINISTRATION.	
Pt_VI, Line 11a _ THE CHAIRMAN REVIEWS THE 990 BEFORE IT IS FILED	:
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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

OF DUTY AND PROVIDES PROGRAMS TO PRESERVE THE MEMORY OF THOSE SLAIN OFFICERS AND EMPLOYEES.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Reveni	ue Service	► File a separate application for each return.						
If you are filing for an Automatic 3-Month		Automatic 3-Month Extension, con	h Extension, complete only Part I and check this box				▶ 3	
				, complete only Part II (on page 2 of this	form	າ).	_	
				atic 3-month extension on a previously fi				
request an Associated	required to file extension of tim With Certain Pe	Form 990-T), or an additional (not e to file any of the forms listed in l	automatic) Part I or Paust be sent	I a 3-month automatic extension of time 3-month extension of time. You can elect II with the exception of Form 8870, Infoto the IRS in paper format (see instruction Charities & Nonprofits.	tronic	cally file Form 8	B868 to Transfers	
		<u> </u>		nit original (no copies needed).				
				month extension — check this box and co	ample	ete Part I only	▶ [
	rporations (inclu			nd trusts must use Form 7004 to request	an ex	xtension of time		
	Name of exempt	Enter filer's ident						
Type or	Name of exempt organization or other filer, see instructions					Employer identification number (EIN) of		
print File by the						W 22 2554115		
	Drug Enforcement Administration Survivors' Benefit Fund, Inc. Number, street, and room or suite number If a P O box, see instructions					X 31-1574115 Social security number (SSN)		
due date for filing your						Social security number (35/4)		
return See instructions		g Street SW, Suite 80 office, state, and ZIP code For a foreign add		intions	_111			
	Actanca					GA 3030	3	
Enter the Re	eturn code for th	e return that this application is for	(file a sepa	rate application for each return)			01	
Application Is For			Return Code	Application Is For			Return Code	
Form 990			01	Form 990-T (corporation)			07	
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 (section 401(a) or 408(a) trust)			05	Form 6069			11	
Form 990-T (trust other than above)			06	Form 8870			12	
Telephon If the org If this is f check this	e No. \(\bigcup \left(\frac{404}{04} \) anization does if or a Group Retries box \(\bigcup \left(\frac{1}{5} \) sion is for.	e of RICHARD J CROCK 893-7390 not have an office or place of busing the service of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group, chart of the group.	igit Group E neck this bo	United States, check this box Exemption Number (GEN) If If If and attach a list with the nan		s for the whole nd EINs of all n		
until _ A The ext	ug 15 , ension is for the	20 12 , to file the exempt organization's return for	nization ref	to file Form 990-T) extension of time turn for the organization named above.				
X calendar year 20 11 or tax year beginning, 20, and ending, 20 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period								
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions						\$	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 allowed as a credit						ş	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions						ş	0.	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)