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 F	or the	2011 calendar year, or tax year beginning $$ MAY $1,$ 2011 $$ and ending	g A	PR 30, 2012	
	Check if applicable			D Employer identific	cation number
а		THE INTREPID FALLEN HEROES FUND			
	Addres: change	ONE INTREPID SQUARE			
	□Name □change	Doing Business As		20-0	366717
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone numbe	r
	Termin- ated	WEST 46TH STREET & 12TH AVENUE		646-	381-5130
	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$	4,434,908.
	Applica tion pending	NEW TORK, NI 10036		H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: DAVID A. WINTERS		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) () (insert no.) 4947(a)(1) or 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	527		list. (see instructions)
		www.fallenheroesfund.org		H(c) Group exemptio	
			Year of	formation: 2003 N	A State of legal domicile: NY
Pa		Summary	ו מיז מ	וו האדר האד וו	EDOEC EIMD
Se	1 E	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{INTF}}$	VEG I	NU WATTEN U	EVMLITEG
Governance	-				
Ver	1	Check this box if the organization discontinued its operations or disposed of lumber of voting members of the governing body (Part VI, line 1a)			18
ဗ္		Number of independent voting members of the governing body (Part VI, line 1b)			18
Activities &	1	otal number of individuals employed in calendar year 2011 (Part V, line 2a)			6
iŧie		otal number of volunteers (estimate if necessary)			18
ċ		otal number of volunteers (estimate in necessary) otal unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Φ	8 (Contributions and grants (Part VIII, line 1h)	1	LO,428,419.	4,178,121.
ğ		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		166,195.	189,295.
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,787.	0.
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		L0,621,401.	4,367,416.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		56,445,330.	226,250.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		353,045.	367,776.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	30,000.
ă	1	otal fundraising expenses (Part IX, column (D), line 25) 182,812.		604 040	046 500
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		631,840.	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		57,430,215.	840,765.
<u>_ s</u>	19 F	Revenue less expenses. Subtract line 18 from line 12		16,808,814.	
ts o			_	inning of Current Year	End of Year
Net Assets or Fund Balances	20 7	otal assets (Part X, line 16)		20,974,353. 81,314.	24,659,594.
Jet /	21 7	otal liabilities (Part X, line 26)	<u> </u>	20,893,039.	24,419,690.
P	22 N art	let assets or fund balances. Subtract line 21 from line 20		20,000,000.	24,410,000.
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatemer	nts, and to the hest of m	v knowledge and helief it is
	•	, and complete. Declaration of preparer (other than officer) is based on all information of which pre		•	y Kilowiougo uliu bollol, it lo
1100	, 0011001	L	paror n	I I I I I I I I I I I I I I I I I I I	
Sig	n	Signature of officer		Date	
Her		DAVID A. WINTERS, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	OHOOK L	PTIN
Paid		MARK J. PISZKO, CPA MARK J. PISZKO, CPA	A	if self-employ	P01402796
Pre	- +		LP	Firm's EIN ▶	13-3385019
Use	Only	Firm's address 60 EAST 42ND STREET, 36TH FLOOR			
_		NEW YORK, NY 10165		Phone no. 2	12-286-2600
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	THE INTREPID FALLEN HEROES FUND	_
	990 (2011) ONE INTREPID SQUARE 20-0366717 Page 2	2
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	7
_		ᆚ
1	Briefly describe the organization's mission: THE INTREPID FALLEN HEROES FUND PROVIDES SERVICES IN SUPPORT OF	
	MILITARY PERSONNEL SEVERELY INJURED IN SUPPORT OF OUR NATION. THESE	-
	SERVICES ARE DESIGNED TO IMPROVE THE MEDICAL CARE PROVIDED TO THEM AND	_
	ENHANCE THEIR ABILITY TO RETURN TO MILITARY SERVICES OR A PRODUCTIVE	_
2	Did the organization undertake any significant program services during the year which were not listed on	_
	the prior Form 990 or 990-EZ?	5
	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.	o
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$129, 151. including grants of \$) (Revenue \$)	.)
	INITIATING CONSTRUCTION OF NATIONAL INTREPID CENTER OF EXCELLENCE	_
	(NICOE) SATELLITE CENTERS.	_
	ON JUNE 24, 2010, THE INTREPID FALLEN HEROES FUND COMPLETED	_
	CONSTRUCTION OF THE NATIONAL INTREPID CENTER OF EXCELLENCE, A 72,000	_
	SQUARE FOOT FACILITY, LOCATED AT THE NATIONAL NAVAL MEDICAL CENTER IN	_
	BETHESDA, MD. UPON COMPLETION OF THE NICOE, THE FACILITY WAS TURNED	-
	OVER TO THE UNITED STATES DEPARTMENT OF THE NAVY FOR STAFFING AND	_
	OPERATION. THE NICOE IS THE DEPARTMENT OF DEFENSES' PREMIERE FACILITY	_
	DEDICATED TO RESEARCH, DIAGNOSIS AND TREATMENT OF TRAUMATIC BRAIN	
	INJURY. (CONTIUNED ON SCHEDULE O).	
4b	(Code:) (Expenses \$226, 250 • including grants of \$226, 250 •) (Revenue \$.)
	PROVIDING SUPPORT MILITARY PERSONNEL OR THEIR FAMILY MEMBERS.	
	BEGINNING IN 2000, THE INTREPID FALLEN HEROES FUND PROVIDED FINANCIAL	_
	AND SCHOLARSHIP SUPPORT FOR DEPENDENT FAMILY MEMBERS OF MILITARY	_
	PERSONNEL WHO HAVE GIVEN THEIR LIVES IN SERVICE TO THEIR COUNTRY. THE	_
	FUND CONTINUED TO PROVIDED GRANTS IN AID AND SCHOLARSHIP FUNDS 2011. ONE (1) STUDENT WAS AWARDED A COLLEGE SCHOLARSHIP IN THE AMOUNT OF	_
	ONE (1) STUDENT WAS AWARDED A COLLEGE SCHOLARSHIP IN THE AMOUNT OF \$1,250. IN ADDITION, THE FUND AWARDED A \$100,000 GRANT TO THE UCLA	_
	FOUNDATION FOR THEIR WORK WITH OPERATION MEND FACIAL RECONSTRUCTION,	_
	AND A \$100,000 GRANT TO THE VIETNAM VETERANS HEALTH COUNCIL.	-
	ADDITIONALLY, A \$25,000 GRANT WAS AWARDED TO THE GREAT BRITIAN CHAPTER	_
	OF WALKING WITH THE WOUNDED.	_
		_
4c	(Code:) (Expenses \$)
		_
		_
		_
		_
		_
		_
		_
		_
		_

Other program services (Describe in Schedule O.)

including grants of \$ 355,401.) (Revenue \$

4e Total program service expenses

Form **990** (2011)

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	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	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			
Ū	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,			
-	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 Schedule D, Part III	8		
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			
Ū	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	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			
	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			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
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		х
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	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	12a	Х	
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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441	v	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	Х	
15	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	10	- 42	
10	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,	.5		
	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,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page 4 Part IV | Checklist of Required Schedules (continued) No Yes 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 23 Schedule J 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 X 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, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 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 $\overline{\mathbf{x}}$ 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 X contributions? If "Yes," complete Schedule M 30 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 X 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, Parts II, III, IV, and V, line 1 Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Х 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

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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

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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	3			
	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	eportab	le gaming			
	(gambling) winnings to prize winners?			1c	X	
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	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	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			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	account	t)?	4a		Х
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 A	Account	ts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		· · · · · · · · · · · · · · · · · · ·	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		ľ	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					77
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices pr	ovided to the neverO	_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		1	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ľ	7b		
·	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		•	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		ī	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the sup	pporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time	during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
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:	1				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	ŀ	12a		
	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.		+	120		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
^	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
	11 100, That is mod a 1 offir 120 to report those payments: If 110, provide an expandition in contount				990 (2011)

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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
Sec	tion A. Governing Body and Management					
			ام د		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	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.		4.0			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any oth	er			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the					37
	of officers, directors, or trustees, or key employees to a management company or other person?		T T	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		ī	5		X
6	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 a					37
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					37
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		-		37	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue Coae.,)			
40-	Did the averagination have lead shouters by analysis an affiliate 2		i	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
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		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		T T	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly belore filling	une lonnir	Ha	71	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120		
·	in Schedule O how this was done			12c	Х	
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	
15	Did the process for determining compensation of the following persons include a review and approv		T .			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	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	ment with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	= =				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►AL , AK , AZ , AR , C	A,CO,CI	',FL,GA	,HI	,IL	,KS
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Section 501)	(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	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, co	onflict of intere	st policy, and	d finar	ncial	
	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					
	THOMAS J. ALLETTO, TREASURER/CHIEF FINANCIAL OFFIC			513	0	
7327	ONE INTREPID SQUARE W, 46TH ST & 12TH AVE, NEW YOR	K, NY	10036			
01-23-	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990 (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.

Name and Title	(A)	(B)			(()			(D)	(E)	(F)
Note	Name and Title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
Companies Comp			box	, unle	ss pe	rson i	is bot	h an	•	•	
Tristed organizations File File			_	Lei ai	lu a u	recio	ii i us	iee)			
Tristed organizations File File		,	irecto							•	•
TI RICHARD T. SANTULLI			e or d	tee			sated			(88-2/1099-181130)	
TI RICHARD T. SANTULLI			truste	l trus		ee /ee	mpen		(W 27 1033 WIIGO)		_
TI RICHARD T. SANTULLI		"	dual	utions	<u></u>	mplo	est co oyee	e.			
CHAIRMAN		O)	Indivi	Instit	Office	Key e	Highe	Form			
C(2) ARNOLD FISHER	(1) RICHARD T. SANTULLI										
Note	CHAIRMAN	1.00	Х		X				0.	0.	0.
TRUSTEE TRUS	(2) ARNOLD FISHER										
PRESIDENT 20.00 X X 1,500. 0. 109.	HONORARY CHAIRMAN	1.00	Х						0.	0.	0.
TRUSTEE	(3) DAVID A. WINTERS										
TRUSTEE	PRESIDENT	20.00	Х		Х	١,			1,500.	0.	109.
TRUSTEE	(4) DENIS A. BOVIN										
TRUSTEE	TRUSTEE	1.00	X						0.	0.	0.
Columb	(5) JAMES CARRIER										
TRUSTEE 1.00 X 0. 0. 0. 0. (7) CHARLES DE GUNZBURG TRUSTEE 1.00 X 0. 0. 0. 0. (8) MARTIN L. EDELMAN TRUSTEE 1.00 X 0. 0. 0. 0. (9) FRANK FERTITTA TRUSTEE 1.00 X 0. 0. 0. 0. (10) LORENZO FERTITTA TRUSTEE 1.00 X 0. 0. 0. 0. (11) BRIAN D. FINN TRUSTEE 1.00 X 0. 0. 0. 0. (12) HONORABLE RAYMOND KELLY TRUSTEE 1.00 X 0. 0. 0. 0. (13) THOMAS MARANO TRUSTEE 1.00 X 0. 0. 0. 0. (14) JOSEPH PERELLA TRUSTEE 1.00 X 0. 0. 0. 0. (15) STEVEN ROTH TRUSTEE 1.00 X 0. 0. 0. 0. (16) ANTHONY SICHENZIO TRUSTEE 1.00 X 0. 0. 0. 0. 0. (16) ANTHONY SICHENZIO TRUSTEE 1.00 X 0. 0. 0. 0. 0. (17) E. ROE STAMPS, IV TRUSTEE 1.00 X 0. 0. 0. 0. 0.	TRUSTEE	1.00	X						0.	0.	0.
CTO CHARLES DE GUNZBURG TRUSTEE 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(6) GEN'L RICHARD A. CODY	1									
TRUSTEE	TRUSTEE	1.00	Х						0.	0.	0.
Reference	(7) CHARLES DE GUNZBURG										
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TRUSTEE	(8) MARTIN L. EDELMAN										
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TRUSTEE	(13) THOMAS MARANO										
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(15) STEVEN ROTH TRUSTEE 1.00 X 0. 0. 0. (16) ANTHONY SICHENZIO TRUSTEE 1.00 X 0. 0. 0. 1.00 X TRUSTEE 1.00 X 0. 0. 0.											
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(16) ANTHONY SICHENZIO TRUSTEE 1.00 X 0. 0. 0. (17) E. ROE STAMPS, IV TRUSTEE 1.00 X 0. 0. 0.	(15) STEVEN ROTH										
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(17) E. ROE STAMPS, IV TRUSTEE 1.00 X 0. 0. 0.	(16) ANTHONY SICHENZIO										
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	•										_
	TRUSTEE	1.00	X						0.	0.	

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Form **990** (2011)

THE INTREPID FALLEN HEROES FUND ONE INTREPID SQUARE 20-0366717 Form 990 (2011) Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (D) (F) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee) week from from related other (describe the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization ndividual trustee organizations em plo yee and related in Schedule organizations O) (18) GEORGETTE MOSBACHER Х TRUSTEE 1.00 0. 0 0. (19) NELSON PELTZ Х 1.00 0. 0. TRUSTEE UNTIL 2/22/12 0. (20) WILLIAM B. WHITE 0. TRUSTEE UNTIL 2/22/12 1.00 Х 0. 0. (21) THOMAS J. ALLETTO 40.00 Х 93,380. 0. 19,003. TREASURER/ CFO (22) LISA YACONIELLO 40.00 X 103,240 0. 14,897. SECRETARY/ASST VP 198,120. 0 Ο. c Total from continuation sheets to Part VII, Section A 198,120. d Total (add lines 1b and 1c). 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 Х 3 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х 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. (A) (B) (C) Name and business address Description of services Compensation TURNER CONSTRUCTION COMPANY, 3865 WILSON BLVD, SUITE 300, ARLINGTON, VA 22203 CONSTRUCTION 356,310.

Form **990** (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Noncash contributions included in lines 1a-1f: \$	20,212. 4157909. 74,418.	4170121			
Program Service C Revenue a	2 a b c d	Total. Add lines 1a-1f	Business Code	4178121.			
Pr		All other program service revenue					
	3 4	Total. Add lines 2a-2f Investment income (including dividends, intereother similar amounts) Income from investment of tax-exempt bond process.	st, and ▶	188,606.			188,606.
	5	Royalties	· · ·				
	b	Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities 68,181.	(ii) Other				
		Gain or (loss) 689. Net gain or (loss)		689.			689.
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
Othe	С	Less: direct expenses b	>				
		Less: direct expenses b Net income or (loss) from gaming activities	>				
	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Not income or (loss) from sales of inventory	•				
t	<u> </u>	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code				
	11 a b c	All other revenue					
		All other revenue					
13200	12	Total revenue. See instructions.		4367416.	0.	0.	189,295.
13200 01-23	ษ -12						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).

COIII	plete columns (B), (C), and (D). Check if Schedule O contains a response	se to any question in thi	s Part IX		T
	not include amounts reported on lines 6b,	(Á)	(B)	(C)	(D) .
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundráising expenses
1	Grants and other assistance to governments and			3	
	organizations in the United States. See Part IV, line 21	226,250.	226,250.		
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,				
	trustees, and key employees	113,992.	21,845.	76,585.	15,562
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	213,473.	94,333.	51,939.	67,201
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	15,165.	2,906.	10,189.	2,070 3,433
10	Payroll taxes	25,146.	4,819.	16,894.	3,433
11	Fees for services (non-employees):				
а	Management				
b		47,460.		47,460.	
С		37,500.		37,500.	
d					
е	D (' 1(1 ' ' O D ' N' '' 47	30,000.			30,000
f	Investment management fees				
g	Other	7,915.		7,915.	
12	Advertising and promotion	36,000.		8,640.	27,360 29,061
13	Office expenses	49,297.	5,248.	14,988.	29,061
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,350.		689.	2,661
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	250		2.70	
22	Depreciation, depletion, and amortization	370.		370.	
23	Insurance	20,144.		20,144.	
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.)	E = 0.0			
а		7,780.		7,780.	- 101
b		5,464.			5,464
С		778.		778.	
d	· · · · · · · · · · · · · · · · · · ·	681.		681.	
е	All other expenses	0.40 5.55	255 404	200 550	100 010
25	Total functional expenses. Add lines 1 through 24e	840,765.	355,401.	302,552.	182,812
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)				Form 990 (2011

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Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117, check here

X

and complete

Unrestricted net assets

Temporarily restricted net assets

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow SFAS 117, check here

and

Permanently restricted net assets

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

Part X | Balance Sheet (B) (A) Beginning of year End of year 7,662. 7,662. 1 Cash - non-interest-bearing 1 19,338,995. 23,884,724. 2 Savings and temporary cash investments 2 1,609,256. 534,836. 3 3 Pledges and grants receivable, net 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 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 Notes and loans receivable, net 7 Inventories for sale or use 8 8 7,991. Prepaid expenses and deferred charges 21,192. 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 7,073. 370. 0. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 10,079. 211,180. 15 Other assets. See Part IV, line 11 15 20,974,353. 24,659,594. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 70,176. 56,799. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities

> 24,659,594. Form **990** (2011)

> 24,419,690.

183,105.

239,904.

24,419,690.

22

23

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25

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32

33

34

11,138.

81,314.

100,000.

20,793,039.

20,893,039.

20,974,353.

23

24

25

27

28

31

32

33

Net Assets or Fund Balances

Schedule D

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Total liabilities and net assets/fund balances

complete lines 30 through 34.

orm 990 (INTREPID	SQUARE	
Part XI	Re	conciliation	of	Net	Assets		

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,36	<u>7,4</u>	<u> 16.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,7	
3	Revenue less expenses. Subtract line 2 from line 1	3	3,52		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,89	<u>3,0</u>	<u>39.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	24,41	9,6	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		X
				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
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	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 Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
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 ((2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Part I

(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

THE INTREPID FALLEN HEROES FUND ONE INTREPID SQUARE

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

Employer identification number 20-0366717

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization organization in col. in col. (i) listed in your organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No

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

Total

20-0366717 Page 2

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	ction 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.")	7,067,205.	31,800,873.	19,531,299.	10,583,821.	4,178,121.	73,161,319.
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	7,067,205.	31,800,873.	19,531,299.	10,583,821.	4,178,121.	73,161,319.
5	The portion of total contributions	, , ,	, , ,	, , ,	, , ,	, , ,	, ,
J	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,						
							2,002,164.
6	Column (†) Public support. Subtract line 5 from line 4.						71,159,155.
	ction B. Total Support						71,100,100.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	7,067,205.	31,800,873.	19,531,299.	10,583,821.	4,178,121.	73,161,319.
	Gross income from interest,	7,007,200.	02,000,010	17,001,177.	20,000,022.	1,110,111	, , , , , , , , , , , , , , , , , , , ,
0	, and the second						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	480 369	597,727.	351 698.	166,195.	188,606.	1,784,595.
0	Net income from unrelated business	100,303.	331,127.	331,030.	100,133.	100,000.	1,701,333.
9							
	activities, whether or not the						
40	business is regularly carried on						
IU	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						74,945,914.
	Total support. Add lines 7 through 10	-t- / in-tt				40	40,895.
	Gross receipts from related activities, First five years. If the Form 990 is for			ما در الما الما الما الما الما الما الما الم		7.501(5)(0)	40,000
ıs	_	-			•		. □
Sec	organization, check this box and storetion C. Computation of Publ						
	Public support percentage for 2011 (l			nolumn (fl)		14	94.95 %
	Public support percentage from 2010					15	94.89 %
	33 1/3% support test - 2011. If the o						, -
104	stop here. The organization qualifies	-					
L	33 1/3% support test - 2010. If the o		•			or more about th	
L	and stop here. The organization qual	•		•		•	
47.							
178	10% -facts-and-circumstances tes	ū					•
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				-		\
40	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) 2011

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

Section & Pliniic Slipport						
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-						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		U				
b Unrelated business taxable income (less section 511 taxes) from businesses						
anguired ofter June 20, 1075						
acquired after June 30, 1975						
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						
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						
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.)						
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.)	the organization	's first, second, thin	rd, fourth, or fifth ta	ax year as a sectic	on 501(c)(3) organiz	zation,
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 check this box and stop here				•		
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 check this box and stop here				•		
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 check this box and stop here Section C. Computation of Public	c Support Pe	ercentage				
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 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 check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2011 (line) 16 Public support percentage from 2010	c Support Pene 8, column (f) c	ercentage divided by line 13, of till, line 15	column (f))			
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 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 check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2011 (line) 16 Public support percentage from 2010	c Support Pene 8, column (f) c	ercentage divided by line 13, of till, line 15	column (f))		15	▶ □
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 check this box and stop here Section C. Computation of Public Public support percentage for 2011 (line Public support percentage from 2010 Section D. Computation of Inves	c Support Pe ne 8, column (f) c Schedule A, Part tment Incom	ercentage divided by line 13, of till, line 15	column (f))		15	▶ □
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	c Support Pene 8, column (f) c Schedule A, Part tment Incom	ercentage divided by line 13, of III, line 15 ne Percentage mn (f) divided by line	column (f)) ne 13, column (f))		15 16	<u>%</u> %
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 check this box and stop here Section C. Computation of Public Public support percentage for 2011 (line 16 Public support percentage from 2010 Section D. Computation of Inves 17 Investment income percentage for 20	c Support Pene 8, column (f) c Schedule A, Part trent Incom 11 (line 10c, colum 010 Schedule A,	ercentage divided by line 13, of till, line 15 ercentage mn (f) divided by line Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
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 check this box and stop here Section C. Computation of Publication D. Computation of Inves 17 Investment income percentage for 2018 18 Investment income percentage from 2	c Support Pene 8, column (f) of Schedule A, Partitment Incoming (10 Column 10 Column 1	ercentage divided by line 13, of till, line 15 ercentage mn (f) divided by line Part III, line 17 not check the box	ne 13, column (f))	e 15 is more than :	15 16 17 18 33 1/3%, and line	% % % 17 is not
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 check this box and stop here Section C. Computation of Publication Decision	c Support Pene 8, column (f) of Schedule A, Partitment Incoming (line 10c, column 10 Schedule A, organization did rid stop here. The	ercentage divided by line 13, of till, line 15 ercentage mn (f) divided by line Part III, line 17 not check the box e organization qual	ne 13, column (f)) on line 14, and line	15 is more than supported organiz	15 16 17 18 33 1/3%, and line	% % % 17 is not
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 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 check this box and stop here Section C. Computation of Public Public support percentage for 2011 (line Public support percentage from 2010 Section D. Computation of Investing Investment income percentage from 2018 Investment income percentage from 2019 33 1/3% support tests - 2011. If the comore than 33 1/3%, check this box and stop here 2019 and	c Support Pene 8, column (f) of Schedule A, Partitment Incoming (line 10c, column 10 Schedule A, proganization did stop here. The proganization did recommended to the stop here.	divided by line 13, of till, line 15 The Percentage The Percentage The Part III, line 17 The post the box The organization quality of the control of th	ne 13, column (f)) on line 14, and line lifies as a publicly so line 14 or line 19a	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and line ration ore than 33 1/3%,	% % % 17 is not

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.

OMB No. 1545-0047

2011

Employer identification number

THE INTREPID FALLEN HEROES FUND 20-0366717 ONE INTREPID SQUARE 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 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 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, total 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 total 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.

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) (2011)

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

Name of organization

THE INTREPID FALLEN HEROES FUND

ONE INTREPID SQUARE

Employer identification number

20-0366717

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	PUTNAM AVENUE FAMILY TRUST C/O CERTILMAN BALIN, 90 MERRICK AVE. 9TH FL EAST MEADOW, NY 11554	\$_	200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	ENTERTAINMENT INDUSTRY FOUNDATION 1201 WEST 5TH STREET, SUITE T-700 LOS ANGELES, CA 90017	\$_	130,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	STAMPS FAMILY CHARITABLE FOUNDATION 3725 LEAFY WAY MIAMI, FL 33133	\$_	100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4	MOTOROLA SOLUTIONS GRANT 1303 EAST ALGONQUIN ROAD SCHAUMBURG, IL 60196	\$_	100,000.	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
THE INTREPID FALLEN HEROES FUND
ONE INTREPID SQUARE

Employer identification number
20-0366717

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(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
		\$	
(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 THE INTREPID FALLEN HEROES FUND ONE INTREPID SOUARE 20-0366717 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(1), (8), or (10) organization 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. (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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (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.

2011
Open to Public Inspection

Name of the organization THE INTREPID FALLEN HEROES FUND

ONE INTREPID SQUARE

Employer identification number 20-0366717

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or co		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d 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
а	Total number of conservation easements		2a
b	-		•
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		1 I
3	Number of conservation easements modified, transferred, relea		
	year▶		
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it he	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an	nd enforcing conservation easements	during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and ent	forcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
_	conservation easements.		
Par	t III Organizations Maintaining Collections of A	-	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC $$	958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures		al gain, provide
	the following amounts required to be reported under SFAS 116		
а	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.

ONE	INTREPID	SOUARE

	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, d	or Othe	r Simil	ar Asse	ts (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	t are a si	gnificant	use of its	collectio	n items
	(check all that apply):			•		`				
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	on's exer	npt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pa	rt IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			J				,	,	
	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not i	included			
	on Form 990, Part X?								Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV								_ 100	140
	Tes, explain the arrangement in rare xiv	and complete the lo	mownig	tabic.					Amount	
_	Reginning halance						1c		Amoun	
	Beginning balance									
	Additions during the year									
e •	Distributions during the year									
f 20	Ending balance	orm 000 Part V lina	212		 4				Yes	□ No
	If "Yes," explain the arrangement in Part XIV.		211						J 162	NO
	rt V Endowment Funds. Complete i		ewered	"Ves" to Fo	rm 000 Part	IV line 10	<u> </u>			
· u	Endownient Funds: Complete	(a) Current year		rior year	(c) Two year			ears back	(a) Four	years back
4.	Deginning of year balance	(a) Current year	(b) F	Tior year	(C) Two year	3 Dack (u) Tillee y	cars back	(e) i oui	ycars back
	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance		A #11 .							
2	Provide the estimated percentage of the curr			g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	and administe	red for th	ie organiz	zation	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm			, line 10.						
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulate reciation	ed	(d) Bool	k value
	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other				7,073.		7,0	73.		0.
	I. Add lines 1a through 1e. (Column (d) must e		X colur	nn (R) line 1			, , 5	 		0.
1014	i. Add intes Ta thiough Te. (Oolahiin (d) Must e	quair oiiii 000, i ait	,, colui	(<i>D)</i> , III G I	• • (•)-/					

THE INTREPID FALLEN HEROES FUND ONE INTREPID SQUARE

Part VII Investments - Other Securities.	See Form 990, Part X, I	ine 12.		
(a) Description of security or category	(b) Book value		(c) Method of valuation:	
(including name of security)	(a) Book value	Cos	t or end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		" 10		
Part VIII Investments - Program Related.	See Form 990, Part X,		(a) Mathead of valuations	
(a) Description of investment type	(b) Book value		(c) Method of valuation: t or end-of-year market value	
(4)		003	it of cha of year market value	
(1)		4		
(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, lir				
	a) Description		(b) Book value	
(1)			' '	
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 15)		•	
Part X Other Liabilities. See Form 990, Part 3	X. line 25.			
1. (a) Description of liability	,	(b) Book value		
(1) Federal income taxes				
(2) CONSTRUCTION COSTS PAYAB	BLE	183,105.		
(3)		,		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 25.)	183,105.		
FIN 48 (ASC 740) Footpote in Part XIV provide the text of the footpote	e to the organization's financia	statements that reports the organiz	ration's liability for uncertain tay positions under	

2. FIN 48 (ASC 740).

132053 11-23-12

ONE INTREPID SQUARE 20-0366717 Page 4 Schedule D (Form 990) 2011 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 4,367,416. Total revenue (Form 990, Part VIII, column (A), line 12) 840,765. 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 3,526,651. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments 4

Donated services and use of facilities 5 5 6 6 Investment expenses Prior period adjustments 7 7 Other (Describe in Part XIV.) R R 9 Total adjustments (net). Add lines 4 through 8 9 3,526,651. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4,749,279. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part VIII. line 12: 2 a Net unrealized gains on investments 2a 381,863. Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIV.) 381,863. Add lines 2a through 2d 2e 4,367,416. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c 4,367,416. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,222,628. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 381,863. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses Other (Describe in Part XIV.) 381,863. 2e Add lines 2a through 2d 840,765. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b 840. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE FUND RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS

ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

MANAGEMENT HAS DETERMINED THAT THE FUND HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE FUND IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR FISCAL YEARS PRIOR TO 2010.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.
► See separate instructions.

Employer identification number

OMB No. 1545-0047

THE INTREPID FALLEN HEROES FUND ONE INTREPID SQUARE 20-0366717

Pa	rt I	General Info	rmation on A	ctivities Out	tside the United States. Compl	lete if the organization answered	d "Yes"
		to Form 990, Par	t IV, line 14b.				
1	For gr	antmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr		
	the gr	antees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? 🖸	Yes No
2	For gr	antmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance o	utside the
	United	d States.					
3	Activit	ies per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
			offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program	is a program service,	expenditures for and
			in the region	independent	services, investments, grants to	describe specific type	investments
				in region	recipients located in the region)	of service(s) in region	in region
				.,			
						GRANT TO WALKING WITH	
						THE WOUNDED - GREAT	
EUR	OPE		0	0	GRANT MAKING	BRITIAN	25,000.
							,
3 2	Sub-to	otal	0	0			25,000.
		rom continuation	<u> </u>				25,550.
D		4- D-41	0	0			0.
-		s to Part I	 				<u> </u>
C	and 3	(add lines 3a	١ ,	0			25 000.

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

Schedule F (Form 990) 201	ONE I	NTREPID SQUA	RE	20-0366717 Page				
		ganizations or Entities	Outside the United States. C	omplete if the o	rganization answered	I "Yes" to Form 9	90, Part IV, line 15, fo	
recipient who red	ceived more than \$5	,000. Check this box if n	o one recipient received more	than \$5,000				▶ ∐
Part II can be du	plicated if additional	space is needed.	·		1			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GENERAL SUPPORT FOR PROGRAM SERVICE	25 000	WIDE MDANCEED	0		
		EUROPE	ACTIVITIES	25,000.	WIRE TRANSFER	0.		
			recognized as charities by the					
			n 501(c)(3) equivalency letter			 _		1
3 Enter total number of	other organizations	or entities)		0
							Sched	lule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Page 3

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(5) (communication and complete the parties and parties and complete the parties and additional information.
SCHEDULE F, PART I, LINE 2: THE STAFF RESEARCHES ORGANIZATIONS FOR
FUNDING AND DETERMINES WHICH MERIT SUPPORT BASED ON THEIR MISSION, RECORD
OF ACTIIVITES, FINANCIALS AND OTHER INFORMATION. GRANT REQUESTS ARE
SUBMITTED TO THE BOARD OF TRUSTEES FOR APPROVAL. BENEFICIARY
ORGANIZATIONS ARE ASKED TO PROVIDE A REPORT ON USE OF GRANT FUNDS.

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

Employer identification number Name of the organization THE INTREPID FALLEN HEROES FUND 20-0366717 ONE INTREPID SQUARE 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. Mail solicitations e X Solicitation of non-government grants Internet and email solicitations $oxedsymbol{oxed}$ Solicitation of government grants Special fundraising events X 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) CONSTELLATIONS - ONE PENN DONOR & MAJOR GIFT Yes No PLAZA, STE 3600, NEW YORK, NY DEVELOPMENT SERVICES Х 30,000 0. **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, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, NH, NJ, NM, NY, NC, ND, OK OH, OR, PA, RI, SC, TN, UT, VA, WI, WA, WV

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Schedule G (Form 990 or 990-EZ) 2011

20-0366717 Page 2

		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events				
			(2) 210.00	(3) 21 5110 112	(c) cure creme	(d) Total events (add col. (a) through			
ane			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts							
	2	Less: Charitable contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
ses	5	Noncash prizes							
=xpen	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses							
	10	1 7 7							
Da	11 11	Net income summary. Combine line 3, colun Gaming. Complete if the organization	nn (d), and line 10	2 000 Port IV line 10 or r	anartad mara than				
Го	11 L I	\$15,000 on Form 990-EZ, line 6a.	ranswered tes to rom	1990, Part IV, line 19, or r	eported more trian				
_	Γ	\$15,000 OH FORM 990-EZ, line da.		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo bingo/progressive bingo (c) Other gam		(c) Other gaming	col. (a) through col. (c)			
eve									
Œ	1	Gross revenue							
es	2	Cash prizes							
irect Expenses	3	Noncash prizes							
Direct E	4	Rent/facility costs							
	5	Other direct expenses	 		T 1				
	6	Volunteer labor	Yes % No	Yes % No	└── Yes % ◯ No				
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		>	(
	7	Direct expense summary. Add lines 2 through Net gaming income summary. Combine line				(
	8	Net gaming income summary. Combine line	1, column d, and line 7			(
9	8 Ent	Net gaming income summary. Combine line ter the state(s) in which the organization oper	1, column d, and line 7 ates gaming activities:		>				
а	8 Ent	Net gaming income summary. Combine line ter the state(s) in which the organization oper the organization licensed to operate gaming a	1, column d, and line 7 ates gaming activities: _ activities in each of these		>	Yes No			
а	8 Ent	Net gaming income summary. Combine line ter the state(s) in which the organization oper	1, column d, and line 7 ates gaming activities: _ activities in each of these		>	Yes No			
а	8 Ent	Net gaming income summary. Combine line ter the state(s) in which the organization oper the organization licensed to operate gaming a	1, column d, and line 7 ates gaming activities: _ activities in each of these		>	Yes No			
b	Ent	Net gaming income summary. Combine line ter the state(s) in which the organization oper the organization licensed to operate gaming a	1, column d, and line 7 ates gaming activities: _ activities in each of these	states?	>				
a b	Entire Is to	Net gaming income summary. Combine line ter the state(s) in which the organization oper the organization licensed to operate gaming a No," explain:	1, column d, and line 7 ates gaming activities: _ ctivities in each of these	states?	>				

Schedule G (Form 990 or 990-EZ) 2011

THE INTREPID FALLEN HEROES FUND

Schedule G (Form 990 or 990-EZ) 2011 ONE INTREPID SQUARE	20-0366717 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 former	
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	l l
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name ▶ _	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
e ii 100, oiko haino ana adalodo oi tile tilia paky.	
Name ▶	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
, <u> </u>	
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 s	pent 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 (iii) and (v), and Part III.
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any addition	
	,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	DRAISERS:
(I) NAME OF FUNDRAISER: CONSTELLATIONS	
(I) ADDRESS OF FUNDRAISER: ONE PENN PLAZA, STE 3600, NEW	YORK, NY 10119
SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE FUND PAYS AN	ANNUAL FEE TO
<u> </u>	
THE PROFESSIONAL FUND RAISER, PAYABLE IN EQUAL MONTHLY IN	STALLMENTS, AS
<u> </u>	<u> </u>
OUTLINED IN THE AGREEMENT BETWEEN THE FUND AND THE PROFES	SIONAL FUND
RAISER. OTHER FEES MAY BE PAID AS MUTUALLY AGREED. THE	PROFESSIONAL
	dula C (Form 990 or 990 EZ) 2011

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

ONE INTREPID SQUARE						Employer identification number 20-0366717		
Part I General Information on Grants a	nd Assistance							
 Does the organization maintain records criteria used to award the grants or assist Describe in Part IV the organization's pro 	stance?							
Part II Grants and Other Assistance to		-						
recipient that received more than s 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UCLA FOUNDATION 10920 WILSHIRE BLVD, STE 1400 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	100,000.	0.			OPERATION MEND FACIAL RECONSTRUCTION	
VIETNAM VETERANS OF AMERICA 8719 COLESVILLE RD., STE 100 SILVER SPRING, MD 20910	13-2929110	501(C)(4)	100,000.	0.			VIETNAM VETERANS OF AMERICA HEALTH COUNCIL SUPPORT	
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations			ne line 1 table		l	1	<u> </u>	

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	
				1		
Part IV Supplemental Information. Complete this part to provide	de the informatio	n required in Part I,	line 2, and any other	additional information.		
SCHEDULE I, PART I, LINE 2: GRANT FUNDS DISTRIBUTED ARE NOT MONITORED AS						
THE RECIPIENTS HAVE MET THE ELIGIBILITY REQUIREMENTS TO RECEIVE THE GRANT						
AND ACCORDINGLY ALL FUNDS PAID TO AND RECEIVED BY THEM ARE UNRESTRICTED IN						
NATURE. GRANTS TO THE VIETNAM VETERANS OF AMERICA ARE PROVIDED TO SUPPORT						
THE VETERANS AND ARE NOT TO BE USED FOR LOBBYING OR POLITICAL PURPOSES.						

SCHEDULE M (Form 990)

Department of the Treasury

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

Internal Revenue Service

Name of the organization

THE INTREPID FALLEN HEROES FUND ONE INTREPID SQUARE Employer identification number 20-0366717

Pa	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 1g	(d) Method of de noncash contribu	etermin	-	:s
1	Art - Works of art			<u> </u>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		267.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	8	67,492.	FMV			
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 ► (OFFICE SUPPLI)	X	1	6,659.	FMV			
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for o	contributions			_	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contribution	on any property rep	ported in Part I, lines 1-28 that	at it must hold for			
	at least three years from the date of the initial			•				
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that r	equires the review	of any non-standard contrib	utions?	31		X
32a	Does the organization hire or use third parties	or related o	rganizations to soli	icit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in describe in Part II	column (c) 1	or a type of prope	rty for which column (a) is ch	iecked,			

132141 01-23-12

LHA

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

Schedule M (Form 990) (2011)

Schedule M (Form 990) (2011)

132142 01-23-12

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.

2011
Open to Public Inspection

Name of the organization

THE INTREPID FALLEN HEROES FUND ONE INTREPID SOUARE

Employer identification number 20-0366717

FORM 990, PART I, LINE 1:

ORGANIZATION'S MOST SIGNIFICANT ACCOMPLISHMENTS:

SINCE 2000, THE INTREPID FALLEN HEROES FUND HAS PROVIDED CLOSE TO \$120 MILLION IN SUPPORT FOR THE FAMILIES OF MILITARY PERSONNEL LOST IN SERVICE TO OUR NATION, AND FOR SEVERELY WOUNDED MILITARY PERSONNEL AND THESE EFFORTS ARE FUNDED ENTIRELY WITH DONATIONS FROM THE VETERANS. PUBLIC, AND HUNDREDS OF THOUSANDS OF INDIVIDUALS HAVE CONTRIBUTED TO THE FUND. UNTIL 2005 THE FUND PROVIDED CLOSE TO \$20 MILLION TO FAMILIES OF UNITED STATES AND BRITISH MILITARY PERSONNEL LOST IN MOSTLY IN SERVICE IN IRAQ AND AFGHANISTAN. PERFORMANCE OF THEIR DUTY, IN 2005 FEDERAL LEGISLATION SUBSTANTIALLY INCREASED THE BENEFITS THE FUND THEN REDIRECTED ITS SUPPORT TOWARD GRANTED TO THESE FAMILIES. SEVERELY INJURED MILITARY PERSONNEL. IN JANUARY 2007 THE FUND COMPLETED CONSTRUCTION OF THE CENTER FOR THE INTREPID, A \$55 MILLION WORLD-CLASS STATE-OF-THE-ART PHYSICAL REHABILITATION CENTER AT BROOKE ARMY MEDICAL CENTER IN SAN ANTONIO, TEXAS. THE CENTER SERVES MILITARY PERSONNEL WHO HAVE BEEN CATASTROPHICALLY DISABLED IN OPERATIONS IN IRAQ AND AFGHANISTAN. IN JUNE 2010 THE FUND OPENED THE NATIONAL INTREPID CENTER OF EXCELLENCE (NICOE), A 72,000 SQUARE FOOT FACILITY LOCATED AT THE NEW WALTER REED NATIONAL MILITARY MEDICAL CENTER IN BETHESDA, MD. NICOE IS NOW THE DEPARTMENT OF DEFENSE LEAD FACILITY FOR RESEARCH, DIAGNOSIS AND TREATMENT OF TRAUMATIC BRAIN INJURY, WHICH AFFLICTS HUNDREDS OF THOUSANDS OF VETERANS. THE INTREPID FALLEN HEROES FUND IS NOW LAUNCHING A NEW PROJECT TO BUILD SATELLITE TBI CENTERS AT SEVERAL MAJOR MILITARY DEPLOYMENT BASES AROUND THE COUNTRY, PROVIDING MORE

DIRECT CARE TO OUR WOUNDED HEROES IN UNIFORM.

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

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND INDEPENDENT CIVILIAN LIFE. THESE SERVICES ALSO DEMONSTRATE TO THE

ENTIRE MILITARY COMMUNITY THE CONCERN FOR THEM OF THEIR FELLOW

CITIZENS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE INTREPID FALLEN HEROES FUND HAS EXPANDED THE CAPABILITIES OF NICOE

BY IMPLEMENTING A PLAN TO CONSTRUCT NINE NICOE SATELLITE CENTERS AT

MAJOR MILITARY DEPLOYMENT BASES AROUND THE COUNTRY, ALLOWING CARE TO BE

PROVIDED CLOSE TO HOME FOR TROOPS RETURNING FROM DEPLOYMENT. EACH

SATELLITE CENTER WILL BE DIGITALLY TETHERED TO NICOE TO ENABLE SHARING

OF ADVANCES IN THE DEVELOPMENT AND TREATMENT OF MILITARY PERSONNEL WITH

TRAMATIC BRAIN INJURIES.

THE FUND LAUNCHED A \$100 MILLION CAMPAIGN TO RAISE FUNDS FOR THE

CONSTRUCTION OF THE SATELLITE CENTERS. CONSTRUCTION OF THE FIRST TWO

CENTERS AT FORT BELVOIR, VIRGINIA AND CAMP LEJEUNE, NORTH CAROLINA, ARE

EXPECTED TO BEGIN IN JUNE 2012. EACH SATELLITE CENTER WILL COST

APPROXIMATELY \$10 - \$12 MILLION TO BUILD.

FORM 990, PART VI, SECTION A, LINE 2: ARNOLD FISHER THE HONORARY CHAIRMAN

OF THE INTREPID FALLEN HEROES FUND AND MARTIN EDELMAN WHO IS A TRUSTEE OF

THE INTREPID FALLEN HEROES FUND BOTH HAVE BUSINESS RELATIONSHIPS WITH THE

INTREPID FALLEN HEROES FUND.

FRANK FERTITTA WHO IS A TRUSTEE OF THE INTREPID FALLEN HEROES FUND HAS A

FAMILY RELATIONSHIP WITH LORENZO FERTITTA WHO IS ALSO A TRUSTEE OF THE INTREPID FALLEN HEROES FUND.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT'S SUBMITTED ELECTRONICALLY TO MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH ONE WEEK TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE COMPLIANCE OFFICER OR COMMITTEE IN CHARGE OF FILING THE RETURN FOR THEIR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE INTREPID FALLEN HEROES FUND CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE CORPORATE COMPLIANCE OFFICER WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE CORPORATE COMPLIANCE OFFICER WILL NOTIFY MEMBER OF MANAGEMENT OR THE GOVERNING BODY ABOUT SUCH CONFLICT AND INVESTIGATE THE CONFLICT. THE RESULTS OF THE INVESTIGATION WILL BE SUMMARIZED AND DOCUMENTED BY THE

CORPORATE COMPLIANCE OFFICER AND BE REPORTED TO THE GOVERNING BODY. IF THE 132212 01-23-12

CORPORATE COMPLIANCE OFFICER ESTABLISHES THAT AN ACTUAL CONFLICT EXISTS,

THE MEMBER OF MANAGEMENT OR THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY

AND WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY

SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME THERE

IS NO LONGER A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE INTREPID FALLEN HEROES FUND HAS ESTABLISHED A WRITTEN COMPENSATION POLICY FOR THEIR BOARD TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE BOARD AND THAT THE BOARD SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE BOARD REVIEWS APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED. THE BOARD USES A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES. THE BOARD'S DECISION REGARDING THE AMOUNT OF COMPENSATION PAID MUST BE ADEQUATELY DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT, DOCUMENTED WITH THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE DECISION AND THOSE WHO VOTED ON IT, THE FULL TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE DECISION.

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

AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND

OK,OH,OR,PA,RI,SC,TN,UT,VA,WI,WA,WV

Name of the organization THE INTREPID FALLEN HEROES FUND ONE INTREPID SQUARE	Employer identification number 20-0366717
SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT C	N THEIR WEBSITE AS
WELL AS GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. IN ADD	ITION FORMS 990 AS
WELL AS THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST PO	LICY AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART XII,LINE 2C	
AUDIT SELECTION AND REVIEW OF FINANCIAL DOCUMENTS	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS COMPRISED	OF MEMBERS OF
THE BOARD OF TRUSTEES, THE FUND'S PRESIDENT AND CFO. THI	S COMMITTEE
REVIEWS ALL FINANCIAL REPORTS AND STATEMENTS, TAX RETURNS	, AND AUDIT
REPORTS THROUGHOUT THE FISCAL YEAR; SUPERVISE THE AUDIT P	ROCESS AND
SELECTION OF THE INDEPENDENT AUDITOR. THIS PROCESS HAS N	OT CHANGED
FROM THE PRIOR FISCAL YEAR.	