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

Subcommittee on Public Lands and Environmental Regulation legislative hearing on H.R. 588, H.R. 716 and H.R. 819. March 14, 2013, 10a.m. in 1334 Longworth House Office Building

For Individuals:

1. Name:

2. Address:

3. Email Address:

4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

1. Name:

Jan Scruggs

2. Name of Organization(s) You are Representing at the Hearing:

Vietnam Veterans Memorial Fund

3. Business Address:

2600 Virginia Ave NW Suite 104 Washington DC, 20037

4. Business Email Address:

[Information redacted for privacy]

5. Business Phone Number: 202-393-0090

For all Witnesses

<u>Name/Organization</u>: Jan C. Scruggs, Esq./Vietnam Veterans Memorial Fund <u>Title/Date of Hearing</u>: Subcommittee on Public Lands and Environmental Regulation legislative hearing on H.R. 588, H.R. 716 and H.R. 819. March 14, 2013.

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

Training, Certificates American University Bachelor of Science 1976 American University Master of Education 1977 University of Maryland School of Law, JD, 1990

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

Member of DC Bar Selective Service National Appeals Board 1993 to present. Appointed Chairman in 2012 Veterans for National Security ,Board Member

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

I have been President of Vietnam Veterans Memorial Fund (VVMF) since 1979. I oversaw planning, funding, construction, design issues and placing additional elements to the Memorial including the Three Servicemen Statue in 1984. We provided funding for the In Memory Plaque in 2000, which was redesigned and again installed in 2012

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

Federal Grants From Interior

We have a contract *giving* the Interior Department approximately \$150,000 over 18 months. The money pays for them to hire staff to look at items left at the Vietnam Veterans Memorial for the Education Center at The Wall. Please note here that we gave them funding.

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

VVMF has no lawsuits against the government

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

There are none

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

VVMF has been a solid and consistent partner with Interior since 1982. We have put millions of dollars into the area of America's Mall around the Vietnam Veterans Memorial. We have brought in and paid for respected experts in areas that include landscaping, geology, and engineering to take care of the Memorial and its related elements. We have a private contractor provide annual maintenance using the proper chemical treatment for the statue

Name/Organization: Jan C. Scruggs, Esq./Vietnam Veterans Memorial Fund

<u>Title/Date of Hearing</u>: Subcommittee on Public Lands and Environmental Regulation legislative hearing on H.R. 588, H.R. 716 and H.R. 819. March 14, 2013.

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

President

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

N/A

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

N/A

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

N/A

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

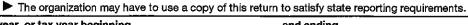
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Form	JJV

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)





A	For t	he 2011 calendar year, or tax year beginning and ending)					
в	Check appl.ca	if C Name of organization	D Emple	oyer identif	ication number			
	cha							
	Nan	nge Doing Business As		52-1	149668			
Initial Number and street (or P.O. box if mail is not delivered to street address) Termin- 2600 VIRGINIA AVENUE, N.W. Room/suite E Telephone number 202-393-0090								
	Am	ceipts \$	16,324,917.					
	App tion pen		H(a) is th	is a group r				
		F Name and address of principal officer: DANIEL REESE 2600 VIRGINIA AVENUE, N.W. SUITE 104, WASE		iffiliates? Il affiliates ind	Cluded? Yes No			
1	Tax-e				list. (see instructions)			
		ite: ► WWW.VVMF.ORG			n number 🕨			
ĸ	Form	of organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other Þ 🛛 L			M State of legal domicile: DC			
	art I	Summary						
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PRESE VIETNAM VETERANS MEMORIAL, TO PROMOTE NATION	RVE THE	LEGAC ING, A	Y OF THE ND TO			
Ľ	2	Check this box						
0VG	3	Number of voting members of the governing body (Part VI, line 1a)		1	7			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7			
ŝŝ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			26			
ļţi	6	Total number of volunteers (estimate if necessary)			750			
vcti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
4		Net unrelated business taxable income from Form 990-T, line 34			0.			
			Prior Y	'ear	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)	<u> 10</u> ,03'	7,188.	7,560,161.			
Revenue	9	Program service revenue (Part VIII, line 2g)		B,500.	119,000.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,513.	805,522.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100	5,047.	53,881.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,78	1,248.	8,538,564.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	343,567.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,684.	1,609,795.			
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	27.	3,396.	227,437.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 1,988,171.	F 0.67		6 100 000			
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,950.	6,127,007.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,030.	8,307,806.			
- S	19	Revenue less expenses. Subtract line 18 from line 12		5,218.	230,758.			
Net Assets or Fund Balances	~~	The Long star (Dect.) (Har 10)	Beginning of Co 30,721		End of Year 29,962,849.			
Asse Bali	20	Total assets (Part X, line 16)		2,948.	1,849,624.			
Vet /	21	Total liabilities (Part X, line 26) Net assets or fund balances, Subtract line 21 from line 20	28,778		28,113,225.			
	22 rt	Signature Block	20,110	,152.	20,113,223.			
1		atties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to t	he heet of m	knowledge and belief it is			
		and so perjury, recease that r nove examined this retain, including accompanying schedules and sta st, and complete. Declaration of preparer (other than officer) is based on all information of which prep		-	KIIOMIGUYO AIIU DEIIGI, IL IS			
	00110	N Daven		1251	18/18			
Sign		Signature of officer	Da	te				
Here		▶ DANIEL REESE, CFO, COO						
		Type or print name and title		•				
Dald		Print/Type preparer's name Preparer's signature	Date	Check	PTIN DODAT CRCF			
Pald		JOAN M.RENNER	5/18/12	self-employer				
Prep		Firm's name RENNER AND COMPANY, CPA, P.C	Fir	m's EIN 🕨	54-1498950			
Use (uniy	Firm's address 700 NORTH FAIRFAX ST, SUITE 400			13 E3E 1300			
	AL - 11	ALEXANDRIA, VA 22314	· Ph	one no. 70	3-535-1200			
		RS discuss this return with the preparer shown above? (see instructions)	<u></u>					
13200	1 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (201 1)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

 ERA. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. If 'Yes,' describe these new services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule 0. Describe the organization's program service accomplianments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g others, the total sepenses, and revenue. ff any, for each program service required to report the amount of g others, the total sepenses, and revenue. ff any, for each program service second the program services as 3 (2, 300, 1866. Including genue of g = 1) (sepreses 2, 2, 300, 1866. Including genue of g = 1) (sepreses 2, 2, 300, 1866. Including genue of g = 1) (sepreses 2, 2, 300, 1866. Including genue of g = 1) (sepreses 2, 2, 300, 1866. Including genue of g = 1) (sepreses 2, 2, 300, 1866. Including genue of g = 1) (sepreses 2, 2, 602, 256. Including genue of g = 1) (sepreses 2, 2, 602, 256. Including genue of g = 1) (sepreses 1, 656, 256. Including genue of g = 1) (sepreses 1, 656, 256. Including genue of g = 1) (sepreses 1, 656, 256. Including genue of g = 1) (sepreses 1, 2, 662, 256. Including genue of g = 1) (sepreses 1, 2, 662, 256. Including genue of g = 1) (sepreses 2, 14, 673. Including genue of g = 1) (sepreses 2, 14, 673. Including genue of g = 1) (sepreses 2, 214, 673. Including genue of g = 1) (sepreses 2, 214, 673. Including genue of g = 1) (sepreses 2, 214, 673. Including genue of g = 1) (sepreses 2, 214, 673. Including genue of g = 1) (sepreses 2, 214, 673. Including genue of g = 1) (sepreses 2, 214, 673. Including genue of g = 1) (sepreses 2, 214, 673. Including genue of g = 1) (sepreses 2, 214, 673. Including genue of g = 1) (sepreses 2) (sepreses 2) (sepreses 2) (sepre	119,000.) Form 990 (2
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ERA.	
	VIETNAM WAR
TO PRESERVE THE LEGACY OF THE VIETNAM VETERANS MEMORIAL,	
Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission:	

	1.2		1.1
Form		(201)	11

VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Page 3

Pa	nt IV Checklist of Required Schedules			
<u> </u>			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization required to complete concerns by concerns of contractors of contractors of the organization of the organi			
5	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
~	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	⊢-́		
8		8		x
~	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9		9		x
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	Х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~~	
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,		х	
	Part VI	<u>11a</u>	~	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>	Δ	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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	<u> </u>	
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1 <u>4</u> a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		.	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011)

132003 01-23-12

Form 990 (2011) VIETNAM VETERANS M Part N Checklist of Required Schedules (continued) VIETNAM VETERANS MEMORIAL FUND, INC.

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		105	
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
26	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
94a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2-74	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	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	_	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		_	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		ł	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2011)

132004 01-23-12

Forn	990 (2011) VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149	668	P	age 5
Pa	Transmission of the terminal 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 26			
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	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 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		i.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: VIETNAM			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-,
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-	1	
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		_
10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:		Í	
а	Gross income from members or shareholders11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			:
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand	i Accession		an a
		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_

Form 990 (2011)

132005 01-23-12

	-	2
Form	990	(2011)

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
action A. Coverning Rody and Management	

	ction A. Governing Body and Management			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year		7	1	1			
	If there are material differences in voting rights among members of the governing body, or if the governing		1		÷			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1				
b	Enter the number of voting members included in line 1a, above, who are independent1b 7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?		2	1	Î X			
3	Did the organization delegate control over management duties customarily performed by or under the direct		_					
Ť	of officers, directors, or trustees, or key employees to a management company or other person?		3	Į	X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X			
6	Did the organization have members or stockholders?		6		X			
7a								
10	more members of the governing body?		7a		X			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho		10	<u> </u>				
U			7b		X			
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the		10					
8			0	X	i			
a	• • • •		8a	X	-			
b	, , , , , , , , , , , , , , , , , , , ,		8b	<u> </u>	\vdash			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				X			
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		-			
200	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)		~				
			-	Yes	N			
	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 chapters,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	v	-			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a	X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v	ŀ			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	i –			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confi		12b	X	┣			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," dec							
	in Schedule O how this was done		12c	X				
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 approval by ind	ependent			1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		15a	X	_			
b	, , , , , , , , , , , , , , , , , , , ,		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 arrangement wit	ha						
	taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its pa	ticipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'	3						
	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 SEE SCHEDULE O			_				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio	n 501(c)(3)s only) a	availab	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, conflict of	interest policy, an	d finan	cial				
	statements available to the public during the tax year.	interest policy, all	e man	0101				
20	State the name, physical address, and telephone number of the person who possesses the books and recor	is of the organiza	tion-	•				
20	THE ORGANIZATION - 202-393-0090							
	2600 VIRGINIA AVE., NW, SUITE 104, WASHINGTON, DC 200	37			_			

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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.

• 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.

ł

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

(A) Name and Title	(B) Average hours per	box	box, unless person is both a		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	er Institutional trustee			Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) JAN C. SCRUGGS	40.00							010 000		20.000		
PRESIDENT	40.00	X		Х			<u> </u>	219,888.	0.	39,899.		
(2) JOHN C. DIBBLE	1 00	37		37		1		0		0		
CHAIRMAN	1.00	Х		Х	<u> </u>			0.	0.	0.		
(3) GEORGE W. MAYO JR.	1 00	v]						^		
DIRECTOR	1.00	X						0.	0.	0.		
(4) HARRY G. ROBINSON III, FAIA, AIC	1 00	~			ļ	Í		0.	0.	0		
DIRECTOR	1.00	X						0.	0.	0.		
(5) JOHN O. WOODS JR.	1 00			x				0.	0.	0.		
TREASURER	1.00	X		Δ				V.	0.	<u> </u>		
(6) JAMES V KIMSBY	1.00	x			Í			0.	Ο.	0.		
DIRECTOR	1.00	A						· · ·	0.	<u>0.</u>		
(7) LT. COL. JANIS NARK, USAR (RET.)	1.00	x						o.	ο.	0.		
DIRECTOR (8) JUDY HEISLEY BISHOP	1.00	Δ										
DIRECTOR	1.00	x			[0.	ο.	0.		
(9) DANIEL W. REESE	1.00	-								````		
EXECUTIVE VP/CFO/COO	40.00			х				220,912.	ο.	37,246.		
										.,		
					-							
	5											
			F									
132007 01-23-12	· ·									Form 990 (2011)		

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					_				UND, INC.		1496	68	Page 8
Par	VII Section A. Officers, Directors, Tr		mple	oyee			ligh	est		rees (continued)			
	(A) Name and title	(B) Average hours per week	Average Positi ours per do not check mo box, unless pers week officer and a dire					h an	compensation	(E) Reportable compensatio from related	on d	(F) Estima amour oth	ated nt of
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-Mi	SC)	compen from organiz and rel organiza	the ation ated
_ .				-									
		_											
1b	Sub-total								440,800.		0.	77,	145.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0. 440,800.		0.	77,	0. 145.
2	Total number of individuals (including but r							o r	eceived more than \$100	,000 of reportab	le		2
	compensation from the organization											Yes	No
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3	x
	For any individual listed on line 1a, is the su and related organizations greater than \$15		e co	mpe	ensa	tion	and	ot	her compensation from			4 X	
5	Did any person listed on line 1a receive or a	accrue comper	nsati	on f	rom	any	unre	əlat	ed organization or indivi			-	x
	rendered to the organization? If "Yes," com ion B. Independent Contractors	plete Sched <u>ule</u>	e J te	or sl	icn j	oers	<u>on .</u> .				<u></u>	5	<u> </u>
1	Complete this table for your five highest co the organization. Report compensation for										ipensatik	on from	
	(A) Name and business			, , , , ,	.9				(B) Description of s		Соп	(C) ipensati	on
	EAD ARCHITECTS WEST 13TH STREET, NEW	VORK	NV	r 1	.00	14	L		ARCHITECTURE	FTRM		96,	518.
RAL	PH APPLEBAUM ASSOCIATI	ES					•	Ż	ARCHITECTURE DESIGN FIRM			936,9	
88 PINE STREET, NEW YORK, NY 10005DESIGN FIRMCREATIVE DIRECT RESPONSEPROFESSIONAL													
1682 VILLAGE GREEN, CROFTON, MD 21114FUNDRAISINGTISHMAN CONSTRUCTION CORP OF DCGENERAL CONSTRUCTION									5	515,	704.		
115	0 18TH ST NW #475, WAS	SHINGTON						K	CONTRACTOR		3	308,0	000.
	NER AND COMPANY, CPA, EET #400, ALEXANDRIA,			· •	FĀ	IR	RFA		CERTIFIED PU ACCOUNTANTS	BLIC	2	203,	560.
2 Total number of independent contractors (including but not limited to those listed above) who received more than													
	\$100,000 of compensation from the organia												

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Form 990 (2011)

Form 990 (2011)	VIETNAM	VETERANS	MEMORIAL	FUND,	INC.	52-1149668	Page 9
Part VIII 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
nts	1 :	a Federated campaigns	1a	69,501.				
Contributions, Gifts, Grants and Other Similar Amounts	í I	b Membership dues	<u>1b</u>					
S, (c Fundraising events	1c	179,431.				
Gift Iar		d Related organizations	1d					
ini,		e Government grants (contribu	itions) 1e	629,394.				1
stion Stion	1	f All other contributions, gifts, gra	ints, and					
the		similar amounts not included ab	ove 1f 6,	681,835.				
di	9	9 Noncash contributions included in line	es 1a-1f: \$					
aS		h Total. Add lines 1a-1f		🕨	7,560,161.			1
				Business Code				
8	2 8	a <u>SITE FEES-TRAV</u>	ELING WA	900099	119,000.	119,000.		
Ξe	i	b						
Program Service Revenue	c	3						
am eve	c	d						
<u>е</u> н	e	э						
ā	f	All other program service rev	enue					
		Total. Add lines 2a-2f		🕨	119,000.			1 1 1
	3	Investment income (including	g dividends, inter	est, and				
		other similar amounts)		►	488,870.			488,870.
	4	Income from investment of ta	ax-exempt bond p	proceeds 🕨 🕨				
	5	Royalties	<u></u>	🕨	2,311.			2,311.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	I Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	8028616.	360.				
	b	Less: cost or other basis						
		and sales expenses	7711925.	399.				
ļ	С	Gain or (loss)	316,691.	-39.				
		Net gain or (loss)			316,652.			316,652.
a	8 a	Gross income from fundraisin	ng events (not					ļ
anue		including \$ 179,4	431. of					
Other Revel		contributions reported on line						
<u>ب</u>		Part IV, line 18	a	74,029.				
Ť	b	Less: direct expenses	b	74,029.		4		
0	с	Net income or (loss) from fund	draising events	►	0.			
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	a					t t
	b	Less: direct expenses	b					
	с	Net income or (loss) from gam	ning activities	►				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
L	c	Net income or (loss) from sale	es of inventory	▶				
		Miscellaneous Revenu	le	Business Code				
ſ	11 a	LIST RENTAL		900099	51,570.			51,570.
	b							
	с							
	d	All other revenue						
ĺ	е	Total. Add lines 11a-11d			51,570.			
	12	Total revenue. See instructions.		🕨	8,538,564.	119,000.	0.	859,403.
132009 01-23-	12							Form 990 (2011)

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and				
~	organizations in the United States. See Part IV, line 21				
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	343,567.	343,567.		
	United States. See Part IV, lines 15 and 16	545,507.	545,507.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	517,946.	272,051.	215,180.	30,71
~	trustees, and key employees	<u>J17,940.</u>	272,031.		50,71.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	Í			
_	persons described in section 4958(c)(3)(B)	802,978.	484,782.	263,039.	55,15
7	Other salaries and wages	002,970.	404,/02.	203,039.	55,15
8	Pension plan accruals and contributions (include	58,024.		58,024.	
	section 401(k) and section 403(b) employer contributions)	149,010.		149,010.	
9	Other employee benefits	81,837.	52,195.	23,269.	6 27
)	Payroll taxes	01,03/.	52,195.	23,209.	6,37
	Fees for services (non-employees):				
а	Management	20 010	0 ()1	21 200	
b	Legal	30,019.	8,631.	21,388.	
¢	Accounting	241,929.	4,806.	237,123.	F1 60
d	Lobbying	51,600.			51,60
e	3	227,437.		07.010	227,43
f	Investment management fees	87,242.	405 051	87,242.	10 60
g	Other	467,746.	407,371.	40,745.	19,630
2	Advertising and promotion	248,473.	217,213.	9,182.	22,078
ļ	Office expenses	269,234.	129,836.	120,820.	18,578
ł.	Information technology	216,442.	120,398.	53,816.	42,228
5	Royalties	49,545.	49,281.	264.	
;	Occupancy	234,282.	2,053.	232,229.	
	Travel	185,749.	169,754.	7,190.	8,80
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	157,874.	87,309.	7,350.	63,215
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	119,099.	40,269.	78,830.	
	Insurance	8,199.	5,177.	3,022.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	DIRECT MAIL EXPENSES	3,397,875.	2,125,305.		1,272,570
	VIETNAM PROGRAM	215,926.	215,926.		_,,010
	REPAIRS AND MAINTENANCE	107,328.	104,384.	2,944.	
-	DIRECT CALLING FOR PHOT	28,160.			28,160
	All other expenses SEE SCH O	10,285.	1,304,180.	-1,435,520.	141,625
	Total functional expenses. Add lines 1 through 24e	8,307,806.	6,144,488.	175,147.	1,988,171
	Joint costs. Complete this line only if the organization				1,00,11
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	3,270,778.	2,144,702.	ο.	1,126,076
	Greak nere F (ASC 958-720)	512101110.	41-111/02.	V •	Form 990 (201

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132011	01-23-12

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Form 99 <u>0 (</u>	2011)		V
Part X	Balance	Sheet	

		F	533,393.	1	389,215		
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net		F			JUJ / ZIJ		
Pledges and grants receivable, net			2,826,235.		1,149,423		
Accounts receivable, net		F	12,074,448.	3	8,189,418		
	Accounts receivable, net						
	Receivables from current and former officers, directors, trustees, key						
employees, and highest compensated employe							
of Schedule L				5			
Receivables from other disgualified persons (as							
4958(f)(1)), persons described in section 4958(c							
employers and sponsoring organizations of sec							
				6			
				t t			
			104 678		87,015		
• • •			104,070.	9	077015		
	10-	1 086 225					
basis. Complete Part VI of Schedule D	108	682 758	5/1 692	10.	403,467		
	J41,092.		403,407				
	0 060 022		12,522,704				
	9,909,032.		12, 322, 104				
		1 502 706		7 105 734			
			4,302,790.		7,185,734		
			30,721,100.		29,962,849		
			1,012,727.		1,017,814		
		10 500		00 000			
	10,500.		20,000				
			21				
		£		ŧ			
highest compensated employees, and disqualifi-	ed person	s. Complete Part II					
		The second		22			
	-			23			
Unsecured notes and loans payable to unrelated	d third par	ties		24			
Other liabilities (including federal income tax, pay	yables to r	related third					
parties, and other liabilities not included on lines	: 17 - 24). C	omplete Part X of					
Schedule D				25	811,810.		
			1,942,948.	26	1,849,624.		
Organizations that follow SFAS 117, check he	ere 🕨 🗋	X and complete					
lines 27 through 29, and lines 33 and 34.							
Unrestricted net assets				27	9,581,211.		
Temporarily restricted net assets				28	16,632,014.		
Permanently restricted net assets			1,900,000.	29	1,900,000.		
Organizations that do not follow SFAS 117, ch	neck here	▶ and					
complete lines 30 through 34.				Į.			
Capital stock or trust principal, or current funds				30			
Paid-in or capital surplus, or land, building, or eq	uipment fu	und		31			
Retained earnings, endowment, accumulated ind	come, or o	ther funds		32			
			28,778,152.	33	28,113,225.		
			30,721,100.	34	29,962,849.		
	Notes and loans receivable, net	Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Investments - publicly traded securities Investments - publicly traded securities Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of S Payables to current and former officers, directors, trusteer highest compensated employees, and disqualified person of Schedule L Secured mortgages and notes payable to unrelated third part Other liabilities (including federal income tax, payables to partiles, and other liabilities not included on lines 17-24). C Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here [ines 27 through 29, and lines 33 and 34. Unrestricted net assets Permanently restricted net assets	basis. Complete Part VI of Schedule D 10a 1,086,225. Less: accumulated depreciation 10b 682,758. Investments - publicly traded securities 10b 682,758. Investments - other securities. See Part IV, line 11 11 Intangible assets 0 682,758. Other assets. See Part IV, line 11 11 Intangible assets 0 Other assets. See Part IV, line 11 11 Intangible assets 0 Other assets. See Part IV, line 11 11 Intangible assets 0 Other assets. Add lines 1 through 15 (must equal line 34) 0 Accounts payable and accrued expenses 0 Grants payable 0 Deferred revenue 0 Tax-exempt bond liabilities 0 Escrow or custodial account liability. Complete Part IV of Schedule D 0 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including fe	Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 104,678. Land, buildings, and equipment: cost or other 10a 1,086,225. Less: accurulated depreciation 10b 682,758. 541,692. Investments - publicly traded securities investments - cother securities. See Part IV, line 11 9,969,032. Investments - other securities. See Part IV, line 11 9,969,032. 4,582,796. Total assets. Add lines 1 through 15 (must equal line 34) 30,721,100. 30,721,100. Accounts payable and accrued expenses 1,012,727. 1,012,727. Grants payable 0 500. 500. Deferred revenue 100,500. 100,500. Tax-exempt bond liabilities 2 2 Escrow or custodial account liability. Complete Part IV of Schedule D 2 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and isqualified persons. Complete Part II 6 919,721. Grant Builtities not included on lines 17-24). Complete Part X of Schedule D 919,721. 919,721. Total Ilabilities. Add lines 17 through 25. 1,942,948. 1,900,000. Organizations that f	Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 104,678.9 Land, buildings, and equipment: cost or other 10a 1,086,225. Lass: accurrulated depreciation 682,758.541,692.10c Investments - program-related. See Part IV, line 11 13 Intrestments - other securities. See Part IV, line 11 13 Intrestments - other securities. See Part IV, line 11 13 Intrestments - other securities. See Part IV, line 11 13 Intrestments - other securities. See Part IV, line 11 13 Intrestments - program-related. See Part IV, line 11 13 Intrestments - program-related. See Part IV, line 11 13 Intrestments - program-related. See Part IV, line 11 13 Intrestments - program-related. See Part IV, line 11 13 Intrestments - program-related. See Part IV, line 11 10 Total assets. 10,012,727.100.16 Accounts payable and accrued expenses 1,012,727.17 Grants payable 10 500.500.19 Deferred revenue 200 21 Peayables to current and former officers, directors, trustees, key employees, highest compensated employees, and d		

Form **990** (2011)

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Forn	1990 (2011) VIETNAM VETERANS MEMORIAL FUND, INC.	52-114	<u>49668</u>	Pa	age 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,30		
3	Revenue less expenses. Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,77		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-89		
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	28,11	3,2	25.
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				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	0.			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	ļ
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			ļ
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				ŧ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			Х	
			Form	990 (2011)

132012 01-23-12

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Department	of the Treasury			(1) nonexempt cl				Open t		
Internal Reve	enue Service	🕨 🕨 Att	ach to Form 990 o	or Form 990-EZ.	See sepa	rate instructions.		Inspi	ection	
Name of	the organizati	on					Employer id	entificat	ion nu	mber
		VIETNAM	VETERANS	MEMORIAL	FUND,	INC.	52	-1149	668	}
Part I	Reason	for Public Chari	ty Status (All or	ganizations must	complete this	s part.) See instructio	ns.			
The organ	ization is not a	private foundation b	ecause it is: (For li	nes 1 through 11,	check only d	one box.)				
1	A church, cor	nvention of churches,	, or association of	churches describ	ed in sectior	170(b)(1)(A)(i).				
2	A school des	cribed in section 170)(b)(1)(A)(ii). (Attac	h Schedule E.)						
3 🛄	A hospital or	a cooperative hospita	al service organizat	tion described in :	section 170(b)(1)(A)(iii).				
4	A medical res	earch organization o	perated in conjunc	tion with a hospit	al described	in section 170(b)(1)(/	4)(iii). Enter the	e hospital	l's nan	ne,
	city, and state	ə:								
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170	(b)(1)(A)(iv). (Complet	ie Part II.)							
6	A federal, sta	te, or local governme	nt or governmenta	l unit described in	section 170)(b)(1)(A)(v).				
7 X	An organizati	on that normally rece	ives a substantial p	part of its support	from a gove	rnmental unit or from	the general pu	blic desc	ribed i	in
	section 170(I	b)(1)(A)(vi). (Complete	ə Part II.)							
8	A community	trust described in se	ction 170(b)(1)(A)	(vi). (Complete Pa	rt il.)					
9	An organizati	on that normally recei	ives: (1) more than	33 1/3% of its su	pport from c	ontributions, member	ship fees, and	gross red	ceipts	from
	activities relat	ed to its exempt fund	ctions - subject to a	certain exceptions	s, and (2) no	more than 33 1/3% o	f its support fro	om gross	invest	:ment
	income and u	nrelated business tax	kable income (less	section 511 tax) f	rom busines	ses acquired by the c	rganization aft	er June 3	0, 197	'5.
	See section &	509(a)(2). (Complete	Part III.)							
10	An organizatio	on organized and ope	erated exclusively t	o test for public s	afety. See se	ection 509(a)(4).				
11 🛄	An organizatio	on organized and ope	erated exclusively f	or the benefit of,	o perform th	e functions of, or to c	ar ry out the pu	irposes c	fone	or
		supported organizati					09(a)(3). Checl	the box	that	
		type of supporting o					_			
	a 🛄 Type I		Type li	c 🛄 Type II				ype III · C		
e 📖		his box, I certify that								
		anagers and other tha					509(a)(1) or se	ction 509	(a)(2).	
f	_	ation received a writte		om the IRS that it	is a Type I, 1	⊺ype II, or Type III				
	• •	ganization, check this							·····	
9		17, 2006, has the org								
	•	who directly or indire		-	-	•••			Yes	No
	-	rning body of the sup						11g(i)		
		member of a person of						11g(ii)		
		ontrolled entity of a p			•••••	•••••		11g(iii)		

the following information about the supported organization(s).

(i) Name of supported organization	(fi) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organizat	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total		1							
LHA For Paperwork Re	duction Act Notice	e, see the Instructions f	or				Schedule	A (Form	n 990 or 990-EZ) 2011

Form 990 or 990-EZ.

OMB No. 1545-0047

2011

132021 01-24-12

Schedule A (Form 990 or 990-EZ) 2011 VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		-	_						
Cal	endar 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.")	8635870.	8688291.	8156094.	10037188.	7560161.	43077604.			
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	8635870.	8688291.	8156094.	10037188.	7560161.	43077604.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included					l'u en li				
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						5388664.			
6	Public support. Subtract line 5 from line 4.						37688940.			
Se	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
7	Amounts from line 4	8635870.	8688291.	8156094.	10037188.	7560161.	43077604.			
8	Gross income from interest,									
	dividends, payments received on		ĺ							
	securities loans, rents, royalties									
	and income from similar sources	336,405.	314,859.	280,043.	469,083.	809,532.	2209922.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain			ļ						
	or loss from the sale of capital									
	assets (Explain in Part IV.)	115,131.	10,973.	43,326.	85,758.		306,758.			
11	Total support. Add lines 7 through 10						45594284.			
	Gross receipts from related activities,					12	637,140.			
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or f ifth ta	x year as a sectior	n 501(c)(3)				
	organization, check this box and stop	here					▶∟_			
	ction C. Computation of Publi						00 ((
	Public support percentage for 2011 (li					14	82.66 %			
	Public support percentage from 2010					15	76.34 %			
16a	33 1/3% support test - 2011. If the o	-								
	stop here. The organization qualifies a									
D	33 1/3% support test - 2010. If the o	-								
47-	and stop here. The organization qualit									
178	a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
	meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
F	b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
Þ	more, and if the organization meets the	-								
	organization meets the "facts and circl				-					
18	Private foundation. If the organization						. —			
		, and hot oncon a b	<u></u>			dule A (Form 990				

132022 01-24-12

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

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

Je	cuori 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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-			Í			ĺ
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			ļ	}		ļ
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	·			1		
	3 received from disgualified persons	1					
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					-	
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)					1	
Sec	tion B. Total Support				7		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Totai
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income					}	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
¢	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,
	check this box and stop here						►
Sec	tion C. Computation of Publi	<u>c Support Pe</u>	rcentage			1	
15	Public support percentage for 2011 (li	ne 8, column (f) d	ivided by line 13, d	column (f))		15	. 9
	Public support percentage from 2010					16	
Sec	tion D. Computation of Inves	tment Incom	e Percentage			<u></u>	
17	Investment income percentage for 201	11 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	9
	Investment income percentage from 2					18	9
19a	33 1/3% support tests - 2011. If the o	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2010. If the c	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is ma	ore than 33 1/3%, a	ind
	ine 18 is not more than 33 1/3%, chec			•			
20	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, ch <u>eck th</u>			
132023	01-24-12				Sch	nedule A (Form 990) or 990-EZ) 201 ⁻

¹⁵ 2011.03050 VIETNAM VETERANS MEMORIAL F 0403-001

Identification of Excess Contributions Included on Part II, Line 5

52-1149668

2011

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name		Total Contributions	Excess Contributions
LOCKHEED MARTIN		1,055,000.	143,114
CONOCO PHILLIPS		2,000,000.	1,088,114
HOLT COMPANIES		1,000,000.	88,114
HEISLEY FAMILY FOUNDATION		2,500,000.	1,588,114
GOVERNMENT OF AUSTRALIA		3,201,148.	2,289,262
ESTATE OF ALINE KLUSSMAN		1,015,718.	103,832
TRIWEST HEALTH		1,000,000.	88,114
	-		
otal Excess Contributions to Schedule A, Part II, Line 5			5,388,664.

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number

Ν	ame	of	the	organi	izati	ion
---	-----	----	-----	--------	-------	-----

Organization type (check one):

VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

X	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 crueity 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.

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

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

	\$			
Schedule B	(Form 990,	990-EZ, or	990-PF)	(2011)

Name of organization

VIETNAM VETERANS MEMORIAL FUND, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	TRIWEST HEALTH 6010 N. 28TH AVENUE PHOENIX, AZ 85053	\$,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ALAN AND CHRISTINE BUCKELEW 3212 COLBY AVENUE LOS ANGELES, CA 90066	\$250,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	WHS ACQUISITION & PROCUREMENT OFFICE 1155 DEFENSE PENTAGON WASHINGTON, DC 20301	\$492,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
123452 01-23		\$ Schedule B (Form 9	Person Payroll On Complete Part II if there is a noncash contribution.) 90, 990-EZ, or 990-PF) (2011)

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Employer identification number

52-1149668

2011.03050 VIETNAM VETERANS MEMORIAL F 0403-001

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Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
Name of organization

y

Employer identification number

52-1149668

VIETNAM VETERANS MEMORIAL FUND, INC.

(a) No. from Part I	(b) Descripti on 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

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Page 3

ETNA art III	M VETERANS MEMORIAL FU <i>Exclusively</i> religious, charitable, etc., ind	ividual contributions to section 501(c)	<u>52–1149668</u> (7), (8), or (10) organizations that total more than \$1,000				
acae gara	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e	the following line entry. For organization tc., contributions of \$1,000 or less for	is completing Part III, enter				
No.	Use duplicate copies of Part III if addition	nal space is needed.					
orn irt l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
		(e) Transfer of gift					
-	Transferee's name, address, a		Relationship of transferor to transferee				
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u>rt I</u>							
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
No. om rtl	(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				
m t[–	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-							
-							

12030514 783690 0403-001

Employer identification number

SCHEDULE'C	Po	olitical Campaign	and Lobbyi	na Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		anizations Exempt From Incon	-		2011
Department of the Treasury Internal Revenue Service	Complete	e if the organization is describe See separ	ed below. ► Attach ate instructions.	to Form 990 or Form 990-E	Z. Open to Public Inspection
If the organization answ	vered "Yes" to	Form 990, Part IV, line 3, or Fo		ne 46 (Political Campaign A	ctivities), then
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.		
		11(c)(3)) organizations: Complete	Parts I-A and C below	w. Do not complete Part I-B.	
 Section 527 organiza 		-			
-		Form 990, Part IV, line 4, or Fol nave filed Form 5768 (election ur			
		nave NOT filed Form 5768 (election al			
		Form 990, Part IV, line 5 (Proxy			
-		ions: Complete Part III.			
lame of organization					over identification number
		VETERANS MEMORI			52-1149668
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 527 of	ganization.
4. D		- 41 11		in Dart IV	
		ation's direct and indirect politic			

		anization is exempt und			
1 Enter the amount of	any excise tax i	ncurred by the organization und	er section 4955	Þ\$	
2 Enter the amount of	any excise tax i	ncurred by organization manage	rs under section 495	5 🏲 \$.	
-		h 4955 tax, did it file Form 4720 i			
					Li Yes L_ N
b If "Yes,' describe in		anization is exempt und	er section 501(c)	except section 501(s)(3)
		by the filing organization for sec			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		zation's funds contributed to oth			
		Add lines 1 and 2. Enter here ar			
line 17b				► \$.	
4 Did the filing organiz	ation file Form *	120-POL for this year?			Yes N
made payments. Fo contributions receive	r each organizat ed that were pro	ployer identification number (EIN ion listed, enter the amount paid mptly and directly delivered to a dditional space is needed, provi	from the filing organi separate political org	zation's funds. Also enter the anization, such as a separat	amount of political
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received an promptly and directly
					delivered to a separate political organization. If none, enter -0

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12030514 783690 0403-001

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Schedule C (Form 990 or 990-EZ) 2011 VI Part II-A Complete if the organi					1149668 Page 2
(election under section		empt under secut		a Form 5700	
A Check 🕨 🗌 if the filing organization	belongs to an at		n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share of	-	-			
B Check 🕨 🛄 if the filing organization	checked box A	and "limited control" pr	ovisions apply.		
Limits or (The term "expenditur	Lobbying Exp es" means amo		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influenc		(grass roots lobbying)	· · · · · · · · · · · · · · · · · · ·		
b Total lobbying expenditures to influence	• •				
— • • • • • • • • • • • • • • • • • • •					
	-				
		-D			
e Total exempt purpose expenditures (ac					
f Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b)	ls: The lo	bbying nontaxable an	ount is:		
Not over \$500,000	20% o	f the amount on line 1e)		
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,0	00 \$175,0	00 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000				
 h Subtract line 1g from line 1a. If zero or l i Subtract line 1f from line 1c. If zero or le j If there is an amount other than zero on reporting section 4911 tax for this year 	ess, enter -0- either line 1h oi		ation file Form 4720		Yes No
	is that made a		Section 501(h) n do not have to compl es 2a through 2f on pag		
· · · · · · · · · · · · · · · · · · ·	Lobbying Expe	nditures During 4-Ye	ar Averaging Period	·····	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount				· ···· · · · · · · · · · · · · · · · ·	
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount		1			
e Grassroots ceiling amount					
(150% of line 2d, column (e))]
		<u>}</u>		<u></u>	
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

132042 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		(a))(c
of the lobbying activity.			Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter	1			
or referendum, through the use of:	1			
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		Х		-
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		51	,600
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		_
i Other activities?		X	= 1	600
j Total. Add lines 1c through 1i			51	,600
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/-1/			
Part III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(5), or se	ction	
501(c)(6).		I	Yes	No
				OVI
			140	
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		_
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 	<u></u>	2		
 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 	n 501(c)(2 3 5), or se	ction	e 3, is
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." 	n 501(c)("No" OR	2 3 5), or se (b) Part	ction	e 3, is
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 	n 501(c)("No" OR	2 3 5), or se (b) Part	ction	e 3, is
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered ''Yes.'' 1 Dues, assessments and similar amounts from members 	n 501(c)("No" OR	2 3 5), or se (b) Part	ction	e 3, is
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132043 01-27-12

SCHEDULE D

(Form	990)
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Part I

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.



Namo	of the	organization
name	or the	organization

Employer identification number 52–1149668

	VIETNAM	VETERANS	MEMORIAL	FUND,	INC.	52-1149668		
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
organization answered "Yes" to Form 990, Part IV, line 6.								
			(a) Dor	or advised f	unds	(b) Funds and other accounts		
umbor of and of								

1	Total number at end of year				_	
2	Aggregate contributions to (during year)					-
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur		г			
	are the organization's property, subject to the organization's exclusive legal control?		********	Yes	Li	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe		г	_		
	impermissible private benefit?			Yes		No
B-70-070	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	line /	<u>'-</u>		_	_
1	Purpose(s) of conservation easements held by the organization (check all that apply).					
	Preservation of land for public use (e.g., recreation or education)					
	Protection of natural habitat Preservation of a certified h	istoric	structur	e		
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onser	/ation ea	sement on	the last	t
	day of the tax year.		۳			_
			Held at	the End of t	he lax Y	(ear
а	Total number of conservation easements	2a				
b	Total acreage restricted by conservation easements	2b				
c	Number of conservation easements on a certified historic structure included in (a)	2c	<u> </u>			
d						
_	listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	izatio	n during	the tax		
	year ▶					
4	Number of states where property subject to conservation easement is located					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		г			
•	violations, and enforcement of the conservation easements it holds?			Yes		No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year and a line $Q(d)$ share exting the requirements of eachier 170/b/0//		ф		-	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E		Г	Yes		No
9	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense stater					NO
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the org					
	conservation easements.	Janiza		counting it	1	
Dat	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simi	lar Ass	ets		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.			0101		
- 1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd bai	ance she	et works c	fart.	_
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of					av.
	the text of the footnote to its financial statements that describes these items.	P	,	[F101100] II		,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alanc	e sheet v	vorks of art	. histori	ical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser					
	relating to these items:				•	
	(i) Revenues included in Form 990, Part VIII, line 1		\$			
	(ii) Assets included in Form 990, Part X		\$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,		le			
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1		\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedul	le D (Form	990) 20	011
132051 01-23-	2					

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Sehr	dule D (Form 990) 2011 VIETNAM	VETERANS	MEMORIAL F	UND. T	NC.		52-11	4966	8 P	2 ana
	t III Organizations Maintaining C									
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d	I 🛄 Loan or exc	hange progr	ams					
þ	Scholarly research	е	Other							
c	Preservation for future generations									
4	Provide a description of the organization's ca	ollections and explai	n how they further t	he organizat	ion's exe	empt purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or oth	ter simila	ar assets		_		_
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's c	ollection?		<u></u>		Yes		No
Pa	Part V Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other as	ssets no	t included				
	on Form 990, Part X?							Yes		No
Ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:							
								Amoun	t	
c	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year	,				1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	1,900,000.	1,900,000.	1,90	0,000.	1,9	00,000.			** * *
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									-
f	Administrative expenses							e		
g	End of year balance	1,900,000.	1,900,000.	1,90	0,000.	1,9	00,000.			
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 100.00	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administe	ered f or t	he organiz	ation			
	by:								Yes	No
	(i) unrelated organizations		,					3a(i)		X
	(ii) related organizations							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?					3b		
4	Describe in Part XIV the intended uses of the									
Par	VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.							
	Description of property	(a) Cost or ot basis (investm				ccumulate preciation	d	(d) Bool	k valu	θ
1 a	Land									
	Buildings									
	Leasehold improvements			8,420.		104,40		174	1,0	13.
	Equipment		74	2,825.		531,97	4.	210	7, 8	51.
	Other		6	4,980.	··	46,37	7.		3,6	
	Add lines 1a through 1e. (Column (d) must ed		K, column (B), line 1	0(c).)				403	3,4	67.
							chedule	D (Form	990)	2011

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Schedule D (Form 990) 2011	VIETNAM V	/ETERANS	MEMORIAL	FUND,	INC.	52-1149668	Page 3
Part VII Investments - Other Securities. See Form 990, Part X, line 12.							
(a) Description of securi (including name of	(b) B	ook value			thod of valuation: d-of-year market value		
(1) Financial derivatives							

(2)	Closely-held equity interests				
(3)	Other				
	(A) PUBLICLY TRADED				
	(B) SECURITIES	12,483,553.	END-OF-YEAR	MARKET	VALUE
	(C) PRIVATE EQUITY				
	(D) COMMODITIES	39,151.	END-OF-YEAR	MARKET	VALUE
	(E)				
	(F)				
	(G)				
	(H)				
	()				
	I. (Col (b) must equal Form 990, Part X, col (B) line 12.) 🕨	12,522,704.			
1 mil.					

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) 🕨		

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

(a) Description	(b) Book value
(1) EDUCATION CENTER - CONSTRUCTION IN PROGRESS	7,160,649.
(2) SECURITY DEPOSIT	25,085.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	7,185,734.

Part X Other Liabilities. See Form 990, Part X, line 15.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEFERRED RENT	416,011.	
(3)	DEFERRED COMPENSATION		
(4)		257,661.	
(5)	REFUNDABLE ADVANCES		
(6)		138,138.	
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	811,810.	
2. FIN	48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial 48 (ASC 740).	statements that reports the organiz	ation's liability for uncertain tax positions under

132053 01-23-12

Schedule D (Form 990) 2011

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1000000000	edule D (Form 990) 2011 VIETNAM VETERANS MEMORIAL					-1149668 Page 4
WE. 1997			1		men	8,538,564.
1	Total revenue (Form 990, Part VIII, column (A), line 12)			2		8,307,806.
2	Total expenses (Form 990, Part IX, column (A), line 25)		·····	3		230,758.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-751,551.			
4	Net unrealized gains (losses) on investments			4 5		-101,300.
5	Donated services and use of facilities			3		-101,5001
6	Investment expenses			7		
7	Prior period adjustments			3		-42,834.
8	Other (Describe in Part XIV.)			<u>,</u>		-895,685.
9	Total adjustments (net). Add lines 4 through 8			0		-664,927.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9 nonte Wi	ith Revenue		otur	
1	Total revenue, gains, and other support per audited financial statements				1	11,381,090.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					11/001/0500
	Net unrealized gains on investments	2a	-751	551.		
a 5			3,724			
b						
c L			-42	834.		
d	Add lines 2a through 2d		•		2e	2,929,729.
е 3	Subtract line 2e from line 1		3	8,451,361.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				Ň	0,101,001
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	87.	242.		
a b	Other (Describe in Part XIV.)			-39.		
	Add lines 4a and 4b				4c	87,203.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	8,538,564.
	XIII Reconciliation of Expenses per Audited Financial State	ments W	ith Expens	es per		urn
1	Total expenses and losses per audited financial statements				-1-	12,046,017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	3,825,	414.		
b	Prior year adjustments	2b				
¢	Other losses	2c				
d	Other (Describe in Part XIV.)	2d (
e	Add lines 2a through 2d				2e	3,825,414.
3	Subtract line 2e from line 1				3	8,220,603.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	87,	242.		
b	Other (Describe in Part XIV.)	4b		-39.		
c	Add lines 4a and 4b				4c	87,203.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	8,307,806.
Par	t XIV Supplemental Information					
Comp	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a	a and 4; Part I	, lines 1t	and 2	2b; Part V, line 4; Part
-	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con					

PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PROVIDE A

PERMANENT SOURCE OF INCOME TO FURTHER THE MISSION OF THE ORGANIZATION.

PART X, LINE 2: THE FUND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(C)(3) OF THE

U.S. INTERNAL REVENUE CODE. IN ADDITION, THE FUND QUALIFIES FOR CHARITABLE

CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS

NOT A PRIVATE FOUNDATION. BUSINESS INCOME, WHICH IS NOT RELATED TO EXEMPT

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Schedule D (Form 990) 2011

VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Page 5 Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE FUND HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2011. THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE FUND MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT EVALUATED THE FUNDS TAX POSITIONS AND CONCLUDED THAT THE FUND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE FUND IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS FROM FOREIGN CURRENCY ADJUSTMENT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS FROM FOREIGN CURRENCY ADJUSTMENT

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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-42,834.

-42,834.

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Schedule D (Form 990) 2011 Part XIV Supplemental Info	VIETNAM VETERANS MEMO		52-1149668 Page
LOSS ON SALE OF EQU			-39
		· · · · · · · · · · · · · · · · · · ·	- <u></u>
PART XIII, LINE 4B	- OTHER ADJUSTMENTS:		
LOSS ON SALE OF EQU			30

·····			
		_	
· · ·			
			** *** * *****************************
		· · · · · ·	
- A. A.			

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VIETNAM VETERAN	IS MEMORI	AL FUND,	INC.	52-11496	68
			tside the United States. Comp	•	
to Form 990, Pa	rt IV, line 14b.				
-	-		ds to substantiate the amount of its g		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award th	e grants or assistance?	Yes X No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of i	ts grants and other assistance or	utside the
3 Activities per Region. (T	he following Par	t I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA & THE				REMOVAL OF UNEXPLODED ORDNANCE - SEE SCHEDULE	
PACIFIC - VIETNAM	1	1	PROGRAM SERVICES	F, PART IV	513,109.
		<u>.</u>			
		Í			
·					
3 a Sub-total	1	1			513,109.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			513,109.

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

Schedule F (Form 990) 2011

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Name of the organization		

-----_ _ _ _ ____ ----

SCHEDULE F **Statement of Activities Outside the United States** (Form 990) Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions. Department of the Treasury Internal Revenue Service



Employer identification number

5, for any	n (i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2011
990, Part IV, line 15	(h) Description of non-cash assistance						Sc
52-1149668 answered "Yes" to Form §	(g) Amount of non-cash assistance	o				xempt by	
52–11 janization answered	(f) Manner of cash disbursement	ELECTRONIC 343 567 FUNDS TRANSFER	,			recognized as taxe	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
INC . complete if the or than \$5,000	(e) Amount of cash grant	343 567				e foreign country,	
- (Form 990) 2011 VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	(d) Purpose of grant	HUMANITARIAN MINE ACTION IN QUANG BINH PROVINCE IN VIETNAM.				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or antities.	
VIETNAM VETERANS In the to Organizations or Entities C et an \$5,000. Check this box if no	space is needed. (c) Region	EAST ASIA AND THE F PACIFIC - VIETNAM I				ns listed above that are r el has provided a section r entities	
VIETN/ r Assistance to Org eived more than \$5,0	Part II can be duplicated if additional space is needed. (b) IRS code section and EIN (if applicable) (c) Region					recipient organization he grantee or counse other organizations o	
Schedule F (Form 990) 2011 Past# Grants and Othe	Part II can be dur (a) Name of organization					 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or antitias 	1

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Page 3		(h) Method of valuation (book, FMV, anoraisal, other)	I to 1 to fermion to delate					Schedule F (Form 990) 2011
	V, line 16.	(g) Description of non-cash assistance						Schedu
52-1149668	to Form 990, Part	(f) Amount of non-cash assistance		;				
, INC. 5	he organization answered "Yes"	(e) Manner of cash disbursement						
RIAL FUND	t es. Complete if t	(d) Amount of cash grant					<u> </u>	
ANS MEMOI	e the United Sta d.	(c) Number of recipients						
VIETNAM VETERANS MEMORIAL FUND,	e to Individuals Outsid Iditional space is neede	(b) Region						
Schedule F (Form 990) 2011 V.	Patrants 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.	(a) Type of grant or assistance						

		VETERANS	MEMORIAL	FUND,	INC.	 5
Part IV Foreign Form	s					

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

Schedule F (Form 990) 2011

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Schedule F (Form 990) 2011	VIETNAM VET	ERANS MEMORIA	L FUND, INC.	52-1149668	Page 5
Part V Supplementa	I Information				
Complete this par	t to provide the informa	tion required by Part I, line	2 (monitoring of funds); Part I, li	ne 3, column (f) (accounting n	nethod;
amounts of invest	tments vs. expenditures	per region); Part II, line 1 (a	accounting method); Part III (acc	ounting method); and Part III	, column
(c) (estimated nur	nber of recipients), as a	oplicable. Also complete th	s part to provide any additional	information.	
SCHEDULE F, PAR	r I, LINE 2:	THE ORGANIZA	ION DOES NOT MA	KE GRANTS IN	
CONNECTION WITH	ITS PROGRAM	SERVICE ACTIV	VITIES OUTSIDE T	HE U.S. THE	
PROGRAM SERVICE	ACTIVITIES	DESCRIBED ON S	CHEDULE F, PART	I, LINE 3	
REPRESENT A PRO	GRAM FOR THE	REMOVAL OF UN	EXPLODED ORDNAN	CE IN VIETNAM.	

SCHEDULE F, PART I, LINE 3: ALL EXPENDITURES IN THE REGION ARE ACCOUNTED FOR UNDER THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE F, PART I, LINE 3: PROJECT RENEW IS THE FIRST COMPREHENSIVE MANAGEMENT APPROACH UNDERTAKEN IN VIETNAM TO RESTORE THE ENVIRONMENT AND NEUTRALIZE THE EFFECTS OF WAR. ITS WORK IS TO HELP REDUCE THE RISK OF THE MORE THAN 350,000 TONS OF UNEXPLODED ORDNANCE (UXO) LEFT FROM THE WAR, MUCH OF IT IN CENTRAL VIETNAM IN AREAS WHERE FARMERS WORK AND CHILDREN PLAY. PROJECT RENEW WAS LAUNCHED IN DECEMBER 2000 BY THE VIETNAM VETERANS MEMORIAL FUND IN PARTNERSHIP WITH THE QUANG TRI PROVINCE PEOPLE'S COMMITTEE. IN ADDITION TO CLEARING LANDMINES AND UXO FROM CONTAMINATED AREAS, PROJECT RENEW PERFORMS MANY OTHER VALUABLE SERVICES: IT PURSUES MINE-RISK EDUCATION THROUGH TELEVISION AND RADIO SPOTS AND A VARIETY OF IN-PERSON PROGRAMS. IT PROVIDES EMERGENCY MEDICAL SERVICES AND PROSTHETIC LIMBS FOR AMPUTEES. IT GIVES JOB TRAINING AND ASSISTANCE TO LANDMINE VICTIMS TO HELP THEM ATTAIN SUSTAINABLE INCOME.

Schedule F (Form 990) 2011 33 2011.03050 VIETNAM VETERANS MEMORIAL F 0403-001

SCHEDULE G

(Form	990	or	990-	EZ]
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Departn	nent of t	he Tr	easury
Internal	Revenu	e Ser	vice

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open To Public Inspection

Employer identification number

52-1149668

OMB No. 1545-0047

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Eundraising Activities 000 Part IV lin -

Part I required to complete this pa	s. Complete if the organization answe	erea	res t	o Form 990, Part IV,	Ine 17. Form 990-E2	niers are not
 a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written 	ns f X Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) purs	tion of tion of fundra l (inclu- profess	non-g gover aising ding o ional l	overnment grants mment grants events fficers, directors, tru fundraising services	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itro) of utlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CREATIVE DIRECT RESPONSE -		Yes	No			
16900 SCIENCE DRIVE #210,	DIRECT MAIL FUNDRAISING	<u> </u>	<u>x</u>	3,957,916.	515,704.	3,442,212
ADVANTAGE - 208 PASSAIC AVENUE, FAIRFIELD, NJ 07004	PLANNED GIVING CONSULTANTS		x		138,000.	0
	,					
Fotal	1	L,		3,957,916.	653,704.	3,442,212

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

Schedule G (Form 990 or 990-EZ) 2011

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Schedule G (Form 990 or 990-EZ) 2011 VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Page 2 Part II Fundraising Events. Complete if the organization answered 'Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990 EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

- 1			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL GALA (event type)	(event type)	(total number)	- col. (c))
enu			(orone typo)	(0101121)00)	(contained)	
Revenue	1	Gross receipts	253,460.			253,460.
ł	2	Less: Charitable contributions	179,431.			179,431.
	3	Gross income (line 1 minus line 2)	74,029.			74,029.
	4	Cash prizes				
3	5	Noncash prizes	3,578.			3,578.
	6	Rent/facility costs	5,560.			5,560
JILECT EXPENSES	7	Food and beverages	46,507.			46,507.
		Fatastolamont	13,563.			13,563.
	8 9	Entertainment	1 0 0 1			<u>13,563</u> 4,821
	, 10	Direct expenses summary. Add lines 4 throug	•		L	(74,029
	11	Net income summary. Combine line 3, colum				0.
5		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1	Gross revenue				
2	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	☐ Yes %	Yes %	└── Yes % └── No	
,	6		No	No	No	()
	6 7	Volunteer labor	No	<u>No</u>	<u>No</u> No	()
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 througi Net gaming income summary. Combine line 1	No No	<u>No</u>	<u>No</u> ▶	()
) E	6 7 8 Ente	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Combine line 1</u> or the state(s) in which the organization opera	No h 5 in column (d) 1, column d, and line 7	<u>No</u>	No ▶	
e E	6 7 8 Ente	Volunteer labor Direct expense summary. Add lines 2 througi Net gaming income summary. Combine line 1	No	No	▶ No	
) E a l: b [1	6 7 Ente Is th f "N	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line 1 er the state(s) in which the organization opera ne organization licensed to operate gaming ad lo," explain:	No No	No	▶ No	()
E E I I I I I I I I I I I I I I I I I I	6 7 Ente s th f "N Wer	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Combine line 1</u> or the state(s) in which the organization opera ne organization licensed to operate gaming ac	No No h 5 in column (d) 1, column d, and line 7 ttes gaming activities: ctivities in each of these st	ininated during the tax	No	()

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Schedule G (Form 990 or 990-EZ) 2011

				1 1
12		 ¥	es	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	L Y	es	
	Indicate the percentage of gaming activity operated in:			
	The organization's facility			
	An outside facility	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			_
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	'es	
	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party 🕨 \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17	Director/officer Employee Independent contractor			
3	Mandatory distributions:	Y	es	
3	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to	 Y	es	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<u> </u>	es	[
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			Part
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	and (v),	and	
a b Par	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	and (v), (see ins	and	
a b Par	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	and (v), (see ins	and	
a b Par	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a	and (v), (see ins	and	
a b Par	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	and (v), (see ins	and	
a b Par SCF	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	and (v), (see ins	and	
a b Par 5CH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE	and (v), (see ins 5 :	and	
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE	and (v), (see ins	and	
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE	and (v), (see ins 5 :	and	
* * * * * * * * * * * * * * * * * * *	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER: NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE ADDRESS OF FUNDRAISER: 16900 SCIENCE DRIVE #210, BOWIE, MD	and (v), (see ins 5 :	and	
*	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE ADDRESS OF FUNDRAISER: 16900 SCIENCE DRIVE #210, BOWIE, MD 2 NAME OF FUNDRAISER: ADVANTAGE 	and (v), (see ins 5 : 2071	and	
* Par 5Cf (1) (1) (1)	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information. HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE ADDRESS OF FUNDRAISER: 16900 SCIENCE DRIVE #210, BOWIE, MD 2 NAME OF FUNDRAISER: ADVANTAGE ADDRESS OF FUNDRAISER: 208 PASSAIC AVENUE, FAIRFIELD, NJ 07(2) 	and (v), (see ins 5 : 2071	and struct	
* Par SCF (I) (I) (I) (I) (I)	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER: NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE ADDRESS OF FUNDRAISER: 16900 SCIENCE DRIVE #210, BOWIE, MD 2 NAME OF FUNDRAISER: ADVANTAGE 	and (v), (see ins 5 : 2071	and struct	
* Par (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information. HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER: ADDRESS OF FUNDRAISER: CREATIVE DIRECT RESPONSE ADDRESS OF FUNDRAISER: 16900 SCIENCE DRIVE #210, BOWIE, MD 2 NAME OF FUNDRAISER: ADVANTAGE ADDRESS OF FUNDRAISER: 208 PASSAIC AVENUE, FAIRFIELD, NJ 07(HEDULE G, PART I, LINE 2B, COLUMN (V): THE AGREEMENT BETWEEN VX 101-28-12 Schedule G (Form	and (v), (see ins 5 : 2071)04 /MF	and struct	
a b SCH (1) (1) (1) (1) SCH 32083	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) a line 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE ADDRESS OF FUNDRAISER: 16900 SCIENCE DRIVE #210, BOWIE, MD 2 NAME OF FUNDRAISER: ADVANTAGE ADDRESS OF FUNDRAISER: 208 PASSAIC AVENUE, FAIRFIELD, NJ 070 IEDULE G, PART I, LINE 2B, COLUMN (V): THE AGREEMENT BETWEEN V 	and (v), (see ins 5 : 2 0 7 1 0 0 4 7MF 990 or	and struct	D EZ) :

Schedule G (Form 990 or 990-EZ) 2011 VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Page 4 Part IV Supplemental Information (continued) CREATIVE DIRECT RESPONSE PROVIDES FOR THE REIMBURSEMENT OF EXPENSES SEPARATE FROM THE PAYMENT OF FEES RELATED TO FUNDRAISING SERVICES. THE FUNDRAISER LISTS THESE EXPENSES AS DIFFERENT LINE-ITEMS ON INVOICES TO DISTINGUISH THEM FROM FUNDRAISING SERVICE FEES. IN 2011, VVMF REIMBURSED

THE FUNDRAISER FOR EXPENSES IN THE AMOUNT OF \$2,871,819.

Schedule G (Form 990 or 990-EZ) 2011

132084 05-01-11

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60	HEDULE J	Compensation Information	ОМВ	No. 1545-	-0047	
	orm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	01	1	
(, ,	Compensated Employees Complete if the organization answered "Yes" to Form 990,					
D	the state of the Transver	Complete if the organization answered "Yes" to Form 990, Part IV, line 23.		n to Pu		
Inter	ntment of the Treasury nal Revenue Service	Attach to Form 990. See separate instructions.	and the second second	spectio		
Nar	ne of the organization		Employer identific		umber	
100000		VIETNAM VETERANS MEMORIAL FUND, INC.	52-1149	568		
	art I Question	s Regarding Compensation				
	O	and the state of t	000	Ye	s No	
Та		ate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items. harter travel Housing allowance or residence for perso				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
Discretionary spending account						
	,					
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		b X		
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire	ectors,			
	trustees, and the Cl	EO/Executive Director, regarding the items checked in line 1a?		2 X		
					1	
3		y, of the following the filing organization used to establish the compensation of the organiza				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to		ł	
		tion of the CEO/Executive Director. Explain in Part III.				
	Compensation	Two I			100	
		ompensation consultant X Compensation survey or study				
		her organizations	ommittee			
A	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	erene er			
4	organization or a rela			Ť		
а	•	according and a second se	4	a	X	
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c Participate in, or receive payment from, an equity-based compensation arrangement?				c	X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					T	
		(3) and 501(c)(4) organizations must complete lines 5-9.				
5	For persons listed in	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1			
	contingent on the re				1 22	
	-			_	X	
b	, .	tion?		<u>o</u>	A	
_		5b, describe in Part III.				
6		Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1			
	contingent on the ne	a earnings of:	6	a	X	
	-	tion?			X	
U	• -	6b, describe in Part Iil.				
7		Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		Ì	1	
-		s 5 and 6? If "Yes," describe in Part III		,]	X	
8		eported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
		tion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X	
9	•	the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	rm 990) 2011	

132111 01-23-12

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Schedule J (Form 990) 2011 VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668	AM	VIETNAM VETERANS	MEMORIAL FUND,	UND, INC.	52-1149668	68		Page 2
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(h-(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	e repo	orted in Schedule J 90, Part VII. Vidual must equal th	report compensation report compensation retotal amount of F	overs. Use duplication from the organization of the organization o	e copies if additional sp tion on row (i) and from ction A, line 1a, applice	pace is needed. related organizations able column (D) and (E	, described in the inst amounts for that inc	iructions, on row (ii).
	-	(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	C	(0)	Ð	E
(A) Name	l	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(î)-(D)	Compensation reported as deferred in prior Form 990
	Ξ	158,031.	0.	61,857.	22,329.	17,570.	259.787.	0.
1 JAN C. SCRUGGS	8			.0	0			
2 DANTEL W. REESE	6	184,988.	13,500.	22,42	21,532.	15,714.		
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132112 01-23-12				39			Schedu	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 VIETNAM VETERANS MEMORIAL FUND, INC. 5.	52-1149668 Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	so complete this part for any
PART I, LINE 1A: A TAX GROSS-UP PAYMENT WAS MADE ON BEHALF OF DAN	
REESE, EXECUTIVE VP/CFO/COO, FOR \$540 IN RELATION TO A NON-CASH BENEFIT	
PROVIDED IN 2011. BOTH THE VALUE OF THE NON-CASH BENEFIT, \$4,510, AND THE	
RELATED GROSS-UP, WERE REPORTED TO THE IRS AS 2011 COMPENSATION.	
PART I, LINE 4B: IN RECOGNITION OF THEIR SERVICES TO VVMF, THE	
ORGANIZATION MAKES CONTRIBUTIONS TO DEFERRED COMPENSATION PLANS ON BEHALF	
OF VVMF'S FOUNDER AND PRESIDENT, JAN SCRUGGS, AND EXECUTIVE VP/CFO/COO, DAN	
REESE .	
	5
MR. SCRUGGS' REPORTED SALARY FOR 2011 INCLUDES DEFERRED COMPENSATION UNDER	
SECTION 457(B), IN THE AMOUNT OF \$16,500, AND SECTION 457(F), IN THE AMOUNT	
OF \$45,537, FOR A TOTAL OF \$61,857 IN DEFERRED COMPENSATION. MR. REESE'S	
REPORTED SALARY FOR 2011 INCLUDES DEFERRED COMPENSATION UNDER SECTION	
457(B), IN THE AMOUNT OF \$16,500.	
	}
	Schedule J (Form 990) 2011

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	2
SCHEDU	JLE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

VIETNAM VETERANS MEMORIAL FUND, INC. Excess

Employer identification number 52-1149668

Benefit	Transactio	ns (section 501(c)(3) and section	501(c)(4) organ	izatior	ns only).	
		1 11 / 1				-		

Complete if the organization answered "Yes" on Form	m 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Nerro of discussified server	(b) Description of two postion	(c) Corrected?		
	(a) Name of disqualified person	(b) Description of transaction	Yes	No	
	er the amount of tax imposed on the organization managers	s or disqualified persons during the year under			

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		• \$	<u>ا</u>
---	--	------	----------

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan the orga	to or from nization?	(c) Original principal amount	(d) Balance due	(e) defa) In ault?	(f) App by bo comm	oroved ard or ittee?	(g) W agree	'ritten ment'
	То	From			Yes	No	Yes	No	Yes	No
					<u> </u>					_
									[
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				·						
	1									
	•		> \$							

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

Schedule L (Form 990 or 990-EZ) 2011

132131 01-19-12

Business Transactions Invol Complete if the organization answere (a) Name of interested person	-	een interested	3b, or 28c. (c) Amount of transaction	(d) Description of transaction	organiz	aring of ation's nues?
IAN SCRUGGS	FOUNDER AND	PRESIDE	360.	MR. SCRUGGS	Yes	No X
Part V Supplemental Information Complete this part to provide addition						

(A) NAME OF PERSON: JAN SCRUGGS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOUNDER AND PRESIDENT

(D) DESCRIPTION OF TRANSACTION: MR. SCRUGGS PURCHASED A SURPLUS PIECE OF

COMPUTER EQUIPMENT AT FMV FROM VVMF IN 2011 FOR \$360. THE EQUIPMENT WAS

ORIGINALLY PURCHASED IN 2010 FOR \$598. FMV WAS ESTABLISHED BY COMPARING

THE PRICES FOR IDENTICAL PIECES OF USED EQUIPMENT FOUND ON AN ONLINE

AUCTION SITE.

Schedule L (Form 990 or 990-EZ) 2011

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047 ſ

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

L **Open to Public** Inspection

	ervice			Attach to Form	990.		Inspection
ame of the o	rganization						Employer identification number
		VIETNAM VET	ERANS M	EMORIAL F	UND, INC.		52-1149668
Part T	Types of Pr	operty					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported c Form 990, Part VIII, lin	on i	(d) Method of determining noncash contribution amounts
1 Art - Woi	rks of art						
2 Art - Hist	torical treasure	S					
3 Art - Frac	ctional interest	S					
		S					
5 Clothing	and househol	d goods					
6 Cars and	d other vehicle	s					
7 Boats an	nd planes						
8 Intellectu	al property						
9 Securitie	s - Publicly tra	ded	X	1	5,439). SEI	LING PRICE
0 Securitie	s - Closely hel	d stock					
1 Securitie	s · Partnership	o, LLC, or					
trust inte	erests						
2 Securitie	s - Miscellaneo	ous	1				
3 Qualified	conservation	contribution -					
Historic s	structures						
		contribution · Other					
5 Real esta	ate • Residentia	ai					
6 Real esta	ate - Commerci	ial					
7 Real esta	ate - Other						
3 Collectib	les						
Food inve	entory						
Drugs an	d medical sup	plies					
I Taxiderm	ıy						
Phistorical	l artifacts						
Scientific	specimens						
Archeolog	gical artifacts						
6 Other	()					
i Other 🖡	• ()					
Other)					
3 Other 🕨	• ()					
Number of	of Forms 8283	received by the organ	ization during	the tax year for c	ontributions		
for which	the organizati	on completed Form 82	83, Part IV, D	onee Acknowledg	ement 29		

	at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for			i i
	the entire holding period?	30a		X
b	If *Yes,* describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

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SCHEDULE O (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. OMB №. 1545-0047 Attach to Form 990 or 990-EZ. Omega No. 1545-0047				
Name of the organization	VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668			
FORM 990, PAR	T I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:			

EDUCATE ON THE IMPACTS OF THE VIETNAM WAR ERA.

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

DISPLAYED IN THE EDUCATION CENTER.

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

THE ORGANIZATION PLANS, ORGANIZES AND CONDUCTS A NUMBER OF CEREMONIES AT THE MEMORIAL AND ELSEWHERE TO BRING PEOPLE TOGETHER TO REMEMBER AND HONOR THE MEN AND WOMEN WHO SERVED IN THE VIETNAM WAR AND THOSE WHO DIED. CEREMONIES ARE CONDUCTED EACH YEAR ON MEMORIAL DAY, VETERANS DAY, FATHERS DAY, MOTHERS DAY, IN MEMORY DAY AND CHRISTMAS TO RECOGNIZE, REMEMBER AND HONOR THOSE WHO SERVED AND DIED AS WELL AS TO BRING HEALING TO THEIR FAMILIES, THEIR FRIENDS AND OUR NATION. EXPENSES \$ 377,903. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE ORGANIZATION PROMOTES HEALING AND PROVIDES EDUCATION ABOUT THE IMPACT OF THE VIETNAM WAR THROUGH ITS TRAVELING MEMORIAL CALLED "THE WALL THAT HEALS". THE ORGANIZATION EXHIBITS A HALF-SCALE REPLICA OF THE VIETNAM VETERANS MEMORIAL IN CITIES AND LOCATIONS THROUGHOUT THE UNITED STATES, MAKING IT POSSIBLE FOR MILLIONS OF INDIVIDUALS WHO ARE UNABLE TO TRAVEL TO WASHINGTON, D.C. TO RECOGNIZE, REMEMBER AND HONOR THOSE WHO SERVED AND DIED, AND TO EXPERIENCE A CONNECTION WITH LOST COMRADES AND LOVED ONES. THE TRAVELING MEMORIAL ALSO INCLUDES AN EDUCATIONAL MUSEUM AND AN INFORMATION CENTER TO ASSIST VISITORS IN FINDING NAMES ON THE MEMORIAL. THIS YEAR, THE ORGANIZATION BROUGHT THE LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 07-28-12 44

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	Page 2
Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
VIEINAM VEIERAND MEMORIAL FOND, INC.	52-1145000
WALL THAT HEALS AND THE TRAVELING MUSEUM AND INFORMATION	CENTER TO 23
LOCATIONS IN THE UNITED STATES AND BROUGHT THE MUSEUM COM	PONENT TO TWO
ADDITIONAL LOCATIONS REACHING THOUSANDS OF VISITORS.	
EXPENSES \$ 536,487. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 119,000.
THE ORGANIZATION WORKS IN COOPERATION WITH THE NATIONAL P.	ARK SERVICE TO
THE OTOMULATION WORLD IN COOLHEITON WITH THE MILLONIN I	
PROVIDE FOR SPECIAL MAINTENANCE NEEDS OF THE VIETNAM VETE	
	RANS MEMORIAL
PROVIDE FOR SPECIAL MAINTENANCE NEEDS OF THE VIETNAM VETE	RANS MEMORIAL

THE VIETNAM WAR, A PLACE OF HONOR, RECOGNITION AND REMEMBRANCE OF THOSE WHO SERVED AND THOSE WHO DIED, A PLACE OF SPIRITUAL CONNECTION WITH LOST COMRADES AND LOVED ONES, AND A SYMBOL OF HEALING FOR OUR NATION. THE MEMORIAL HAS BEEN VISITED BY MORE THAN 80 MILLION PEOPLE, MAKING IT ONE OF THE MOST VISITED MEMORIALS ON THE NATIONAL MALL. THIS YEAR 4.6 MILLION PEOPLE VISITED THE VIETNAM VETERANS MEMORIAL IN WASHINGTON D.C. EXPENSES \$ 139,636. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE ORGANIZATION EDUCATES STUDENTS ABOUT THE IMPACT OF THE VIETNAM WAR AND PRESERVES THE LEGACY OF THE VIETNAM VETERANS MEMORIAL THROUGH ITS PROGRAMS RELATED TO THE EDUCATION OF STUDENTS AND TEACHERS REGARDING THE VIETNAM WAR, THE VIETNAM VETERANS MEMORIAL AND THE MEMORIAL'S LEGACY IN CULTURE AND SOCIETY. THE ORGANIZATION'S EDUCATION PROGRAMS REACH TEACHERS AND STUDENTS FROM GRADES 7 TO 12 AS WELL AS HIGHER EDUCATION. THE HOMETOWN HEROES PROGRAM, DEVELOPED TO PROMOTE A GREATER UNDERSTANDING OF THE VIETNAM WAR, THE VIETNAM ERA, AND THE PERSONAL SACRIFICE OF THE INDIVIDUALS WHOSE NAMES ARE INSCRIBED ON THE MEMORIAL, PROVIDES PROGRAM INFORMATION TO SCHOOLS AND COMMUNITY ORGANIZATIONS 132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011) 45 2011.03050 VIETNAM VETERANS MEMORIAL F 0403-001

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Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
ENCOURAGING STUDENTS TO WRITE BIOGRAPHIES OF MEAN AND WOM	EN FROM THEIR
COMMUNITY WHOSE NAMES ARE INSCRIBED ON THE MEMORIAL. THE	INFORMATION
GATHERED BY THE STUDENTS WILL BE INCLUDED IN THE EDUCATIO	N CENTER BEING
BUILT.	
EXPENSES \$ 219,347. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
THE ORGANIZATION IS DEVELOPING AN EDUCATION CENTER THAT W	ILL BE LOCATED
ADJACENT TO THE VIETNAM VETERANS MEMORIAL ON THE NATIONAL	MALL IN
WASHINGTON D.C. THE EDUCATION CENTER WILL INCLUDE INTER	ACTIVE
EXHIBITS AND PRIMARY SOURCE MATERIALS TO PERSONALIZE THE	NAMES ON THE
WALL TO HELP VISITORS GAIN A GREATER UNDERSTANDING OF THE	COURAGE AND
PERSONAL SACRIFICE OF THE INDIVIDUALS WHOSE NAMES ARE INS	CRIBED ON THE
MEMORIAL. THE EDUCATION CENTER WILL ALSO PROMOTE A GREAT	ER
UNDERSTANDING OF THE VIETNAM WAR AND THE VIETNAM WAR ERA.	AS DISCLOSED
IN ITEM 4B, DURING 2011, THE ORGANIZATION'S CAPITAL EXPEN	DITURES
RELATED TO THE DEVELOPMENT OF THE EDUCATION CENTER TOTALE	D \$2,602,938.
FORM 990, PART VI, SECTION B, LINE 11: A CPA FIRM PREPARE	S THE FORM 990
AND PROVIDES A DRAFT COPY TO THE CFO AND THE BOARD FOR TH	EIR REVIEW AND
APPROVAL. THE FINANCE AND AUDIT COMMITTEE REVIEWS THE REV	TURN IN DETAIL. A
CONFERENCE CALL TAKES PLACE TO DISCUSS THE RETURN AND RES	POND TO QUESTIONS.
ANY NECESSARY REVISIONS ARE MADE AND THE REVISED DRAFT IS	THEN SENT TO THE
BOARD FOR REVIEW PRIOR TO THE 990 BEING ISSUED FINAL. THE	E CFO THEN

APPROVES THE 990 FOR ASSEMBLY AND SIGNS THE FINAL FORM.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED AND ACKNOWLEDGED ANNUALLY BY OFFICERS AND DIRECTORS.

132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTE	E REVIEW OF
CONTRACT AND SALARY REQUIREMENTS BASED ON SALARY COMPARIS	ON DATA PROVIDED
BY INDEPENDENT SURVEY AND CONTEMPORANEOUS DOCUMENTATION O	F THE DECISION WAS
MADE BY THE COMMITTEE FOR THE PRESIDENT/CEO EMPLOYMENT CO	NTRACT AND THE
CONTRACTS OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGA	NIZATION.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:

AL, AK, AZ, AR, CA, CT, DC, FL, GA, HI, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH

NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 18: VVMF COMPLIES WITH SECTION 6104 AND MAKES ITS FORM 1023, 990 AND 990-T (IF APPLICABLE) AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FROM THE VVMF OFFICE, ON GUIDESTAR.COM, ON THE WEBSITE OF THE BETTER BUSINESS BUREAU WWW.BBB.ORG, AND ON ITS OWN WEBSITE, WWW.VVMF.ORG.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS SUCH AS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND A COPY OF VVMF'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE VVMF OFFICE.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
LOSS ON PROPERTY DISPOSAL :	
PROGRAM SERVICE EXPENSES	21,981.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,981.
LICENSES AND PERMITS :	

132212 01-23-12	Schedule O (Form 990 or 990-EZ) (2011)	
	47	
12030514 783690 0403-00	1 2011.03050 VIETNAM VETERANS MEMORIAL F 0403-001	

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification numbe 52-1149668
PROGRAM SERVICE EXPENSES	100
MANAGEMENT AND GENERAL EXPENSES	13,788
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	13,888
MISCELLANEOUS :	
PROGRAM SERVICE EXPENSES	2,466
MANAGEMENT AND GENERAL EXPENSES	1,861
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	4,327
ALLOCATION OF \$1,451,169 OF INDIRECT EXPENSES REPORTED IN	I (C):
PROGRAM SERVICE EXPENSES	1,279,633
MANAGEMENT AND GENERAL EXPENSES	-1,451,169
FUNDRAISING EXPENSES	141,625
TOTAL EXPENSES	-29,911
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 10,285
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-751,551.
DONATED SERVICES AND USE OF FACILITIES:	-101,300.
UNREALIZED LOSS FROM FOREIGN CURRENCY ADJUSTMENT	-42,834.
TOTAL TO FORM 990, PART XI, LINE 5	-895,685.

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Asset No.														
Ъſ	Description	Date Acquired	Method	eji	No.c.>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & BOUIPMENT													
L4 78	PTLA CABANET	12/10/96		3.07	90 T	130.				130.	430.		¢	134
46 (D	(D) DESKS	04/03/98	SL	3.00	T	630.				630.	630.		0.	-
(B	(DýPELE CABINET	04/03/38	13	3.04	40 7	336.				330.	330,		¢	
55 FI	FILE CABINET	06/26/98	SL	3.00	16	800.				800.	800.		0	800.
65	PAX MACHENE	86/67/60	Ŧ	00 °	9 17	250.				\$50.	\$20"		C	250.
64 GU	GUEST CHAIRS 2	01/07/99	Ĩ	3.00	16	551.				551.	551.	-	o	551
68 FC	68 FURNITYORE	11/11	1 S	300	¥.	8,958,				958.	8,958.		ġ	8 958
69 FU	FURNITURE	11/11/99	SL	3.00	9	7,483.		-		7,483.	7,483.		•	7,483.
19 QL	(T) EQUALTMENT	12/01/39	SE	3.00	9	811.				811.	811.		é	
71 (D	(D) FURNITURE	12/01/99	SL	3.00	9	1,607.				1,607.	1,607.		•	
a 2	72 FURNETURE	12/01/99	ġ	3, 60	97	1, 666.				1,666.	1,665.		Ó	1, 665
73 FC	FURNITURE	12/01/99	SL	3.00		6 788				6,788.	6 ,788.		0	6,788
14	\$4 FUNTINE	12/31/99	ų	3.00	¥ #	1,279.				1 ,279.	1,279.		Ð	1, 279
75 FU	FURNITURE	12/31/99	SL	3.00	19	8,566.				8,566.	8,566.	-	•	8,566,
5 6	2 DELL LAPECES	02/14/03	15	3. 00	19 11	4, 237.				4 237.	4,237.		ø	4, 237.
93 DE	DELL COMPUTER	11/12/03	SI	3.00	9	2,310.				2,310.	2,310.		.0	2,310.
94 DI	94 DRLL COMPUTER	03/24/03 SI	ŧ,	3,00		1,230,				1, 280,	1 280		G	1 280

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	۲ <u>ج</u> ۲۰۵۵	Unadjusted Vo. Cost Or Basis	Bus s % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated
95	DELL COMPUTER	03/11/04	SL	з.00	9 H	6 , 555	•			6,555.	6,555.		0	6,555.
985	DELL COMPUTER	\$0/10/50	SE	3.00	9 	2, 375				2, 375.	2,375.		0	2,375,
97	DELL SERVER LAPTOP	07/01/04	Ľ	3.00		5,063	•			5,063.	5,063.		0.	5,063.
100	160 COMPUTER MONITOR	04/23/05	ł	3,000	9 11	£3.7	F			433.	63 .		6	6 33.
101	COMPUTER	06/28/05	SI	3.00	9 H	421	•			421.	421.		·	421.
102	102 CONPUTER	08/24/02	5	3,00		£45	*			445	. 112		5	5.15
103	COMPUTER	01/24/07	SI	3.00	10	606	•			606.	606.		0	606.
104	BRAKROP COMPUTER	42/18/04	Ę	3.00	अव स्रो	968 .	•			396	366.		¢	986.
105	DESKTOP COMPUTER	02/18/07	SI	3.00	- <u>1</u> 6	966	•			966.	966.		0	966.
1.0.6	LAPTOP CONPUTER	05/22/07	1	3.00	9. 	1, 385				1,385.	1,385.		3	1, 385.
107	LAPTOP COMPUTER	06/22/07	ß	з.00	76	1,385	•		-	1,385.	1,385.		0	1,385.
109	10% DESKS	02/11/04	랿	3.00	9	3, 850	•			3, 850.	3 ,850,		Ð	3, 850.
109	COMPUTERS	06/30/07	SI	3.00	19	3,633				3 633.	3,633.		0	3,633.
110	110 COMPUTERS	0/30/01	ij	3. 00	명	3, 459				3, 459.	3 , 459 .		6	3, 459.
111	COMPUTERS	12/17/07	SI	3.00	70	2,714.				2,714.	2,714.	-	0	2,714.
112	COMPUTERS	03/14/08	1.	3.,00	병	4, 650	й. В			4 550	4,327.		358.	₹, 585.
113	COMPUTERS	03/19/08	ß	3.00	16	6,307	•			6,307.	5,867.		440.	6,307.
114	114 COMPUTERS	03/31/06	SE	3,00	9	683				683.	626.		57,	. 89
128111														

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life		No. Cost (Unadjusted Bus Cost Or Basis % Excl	Section 179 Expense	79 Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
115	S OFFICE FURNITURE	04/11/08	SL	3.00	<u>ਤ</u>	9	1,700.			3,700.	3,391.		309.	3,700.
116 1	5 COMPUTERS	11/04/09	₹F	3.00		۲ ب	1, 195.			1, 195.	863.		332.	1,195.
117	COMPUTER	01/21/09	SL	3.00	<u> </u>	۲ و	.,535.			1,535.	1,024.		511.	1,535.
118	118 COMPUTER	03/20/00	SL	3.00		⊫. وي	1,028.			1 018	594.		. 8 55	, 260 282
120) COMPUTER	07/14/09	SL	3.00	<u> </u>	9	.364.		-	1,364.	682.		455.	1,137.
121	1 PUTTER	60/12/408	SE	7.00	Ť	++ ••	1,848,			1, 848.	374.		264.	829
122	FURNITURE	60/61/60	SL	7.00	_ <u>,</u>	38	38,739.			38,739.	6,918.		5,534.	12,452.
123	123 AFDITIONAL PRONES	10/21/09	ŝŧ	7.,00			1,326.			1,376.	2:36.		189.	1 25
124	4 SECURITY SYSTEMS	11/12/09	SI	7.00		6	1,526.			4,526.	755.	-	647.	1,402.
154	HIP PROBOOK	01/60/80	1	3.00		¢.	630.			ĉ	175.		210.	581
158	8 COMPUTIER	04/11/10	SI.	3.00	_ <u>-</u> .	9	600.	-		600.	150.		200.	350.
159	SHERE	02/01/10	SŁ	00 4		44	404			407.	. 61		8	ē1.
160	PILE CABINET	05/08/10	SI	7.00			330.	;	-	330.	31.		47.	78.
161	1 CHAIRS	02/12/10	SIL	7.00		50	455.			455.	13		8	108.
162	DETONA PROJECTOR	06/07/10	SL	3.00		0	708.			708.	138.		236.	374.
163	BAPTERY BACKUL	04/28/10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.00		4	. 274.			1,274.	283.		1 25.	108
164	DELL VOSTRO COMPUTER	05/01/10	SL	3.00	<u> </u>	1	, 029.	-		1,029.	229.		343.	572.
165	165 CLOSET DOOR LOCK	02/10/10	Sīt.	3.00		LC.	595.	<i></i>		5 9 5.	132.		108	330

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	066	*			
Date Date Method Life O Unad	Unadjusted Bus Section 179 Cost Or Basis % Expense Excl	Reduction In Basis For Basis Depreciation	For Beginning ation Accumulated Depreciation	Current Current Year Sec 179 Deduction Expense	tr Ending Accumulated Depreciation
05/28/10 SL 3.00 16	340.		340. 66.	Ŧ	13. 179.
0%/02/10 SL 3.00 16	613.		613. B5.	504	289.
08/24/10 SL 3.00 16 3	,078.	Ê	078. 342.	1,026	6. 1,368.
0%/24/10 SL 3.00 16	614.		614. 66.	\$0 7	273.
10/06/10 SL 3.00 16 6	,709.	•	,709.	2,236	6. 2,795.
11/16/10 SL 3.00 16 1	, 511 9.		519. 42.	9 63	6. 548
11/17/10 SL 3.00 16	487.		487.	16	62. 176.
12/01/10 St 3.00 16	466		499. 14.	166	6. 180-
12/20/10 SL 3.00 16	828.		828.	276	6. 276.
12/70/10 Sh 3.00 16	524.		598.	139	
16 1	,894.	1	894.	368	8. 368.
01/28/11 3F 3.00 16 1	. 59		363.		
173	.925.	173	925, 110 531.		123
				· ·	
04/01/99 SL 10.00 16 40	.090.	40	990. 40 990.		066 07 0
	¢8, 93a.	\$	3		
10/01/09 Sh 6.00 16 41	540,		540. 8,654.	6,923	3, 15,577,

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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FORM 990	0 PAGE 10		ĺ				066							
Asset No.	Description	Date Acquired	Method	Life	No.c >	• Unadjusted Cost Or Basis	sted Bus Basis % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
126	TENANT IMPROVEMENT CONCESSIONS	10/01/09	SL,	6,00	9 77	236,	880.			236,880.	49 350.	-	39 480	88 830
,	THENAT - INOT 10 TOTAL - TENANT													
<u></u>	INPROVEMENT					278	120.			278 420	58,004		46, 403.	104,401
	VEHICLES - PROJECT RENEW								-					
ŝ	140 (II) VEHECLES PROJECT RENEW	04/30/07	215	5 00	ф 	101	450.			101,450.	71 015.		8 454	
	* 990 PAGE 10 TOTAL - VEHICLES - PROJECT RENEW					101,	450.			101 450	71,015.		8,454.	0
	VIIIIAN TTEM SNITTING													
132	NEW TRAVEL WALL REPLICA	12/19/02	SL	10.00	- 1 2	11	967.			11,967.	9,574.		1,197.	10,771
t S S S S S S S S S S S S S S S S S S S	NEW TRAVEL WALL REPLACA	03/12/03	51	10.00	9 H	4	06 8 .			12,068.	9,453.		1, 207.	10, 660
134	NEW TRAVEL WALL REPLICA	03/24/03	SL	10.00	70	11,967	967.			11,967.	9,374.		1,197.	10,571
е Бре	MEN TRAVEL MALL REPLECA	04/28/03	3	10.00	9	16, 306,	306.			16,306.	12,448.		1,631.	11,079.
136	NEW TRAVEL WALL REPLICA	11/10/05	SL	10.00	16	10,	673.			10,673.	5,514.		1,067.	6,581
137	NEW TRAVEL WALL REPLICA	12/14/05	5	10.00	병	9	800.			6.800.	3,457.		684.	4, 137,
138	NEW TRAVEL WALL REPLICA	03/31/05	SL	10.00	9 7	6E	,154.			39,154	18,598.	:	3,915.	22,513.
5.ET	NEW TRAVEL WALL REPLECA	60/10/60	81	10.00	40 11	23, 779,	778.			23, 778.	3,867.		Z, 378.	5, 945.
176	TRAVELING WALL PANELS X2	05/06/10	SL	5.00	16		, 500.			1,500.	200.		300.	200
177	TANKA IVAN	01/60/30	8	5.00	ф. 		873.			\$13°	. COL		175.	619
178	TWTH TRUCK COMPUTER	10/08/10	SL	3.00	16	-	,031.			1,031.	86.		344.	430
173	FWEH TRUCK PRINTER	10/08/10	31	3.00	90 		<u>441, </u>			441	. LE		147	184

(D) - Asset disposed

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* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Oor>		Unadjusted Bus Cost Or Basis % Excl	Section 179 Expense	9 Reduction In Basis	Basis For Depreciation	Beginning Accumulated Debreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated
	* 990 PAGE 10 TOTAL - TRAVELITING WALL PEDITOR					-	136 660							
	Travisiliens uni l'aussium Brattert					•	<u>)</u>			• 800 , 951	.2,410.		14,238.	86,648.
127		04/01/08	ß	10.00		-	55 578.			155 578	1 5,70 7,0		C	
130	120 FEATWERLETE TRALLER	01/31/04		10.00	9 11					3			2	9/C ² CCT
130	UPDATES TO TRAILER	06/30/08	21	10.00	16	-	950	~		950	38 239		16 00F	
	* 990 PAGE 10 POTAL . TRAVELLING WALL MUSSION EXHIB						324				263,035.			280 612
:	ATISABW								-					-
1 ŝi	TV WORLDWIDH WEB DAGE	50/02/50	H.	3.00	9 T		18, 800.			18, 600 .	13,000.		Ð	18,000.
180	CORPORATE ZEN - WEBSITE	03/31/10	IS .	Э.00	- 0 - 1 - 1		13,980.			13,980.			4 ,660.	8,155.
181	MERSITE DEV - WPC SALES	08/13/10	E B	3.00	щ. Ш		8,000.			8, 600	889.		2, 667.	3, 556.
182		01/10/10	SL	3.00	<u>16</u>		25,000.			25,000.	8,333.		8 ,333.	16 666.
	* 990 RAGE 10 TOTAL WEBSITE						64, 980,			64 \$80	30 717		, t	
	* GRAND TOTAL 990 PAGE 10 DEPR	-					191 651.			1 191 651	646 702			
		-												
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* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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VIETNAM VETERANS MEMORIAL FUND, INC.

FURMATIONE 4 1 24 130 130 130 130 0 24FILE CADITMET 12109651 3.00 16 530 630 630 630 630 6 0 46(D) DESKS 04039851 3.00 16 530 630 630 630 6 0 0 47(D) FILE CADITMET 04039851 3.00 16 530 530 530 530 6 0 0 55FILE CADITMET 06269851 3.00 16 320 551 551 551 551 551 551 551 551 551 551 551 551 551 551 630 60	Asset No.	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
#FILE CABINET 12.0965L 3.00 16 130. 130. 130. 130. 130. 0 0(D) DESKS 0.40398SL 3.00 16 630. 630. 630. 630. 630. 630. 630. 630. 630. 630. 630. 630. 630. 600 330. 330. 330. 300. 0												
6(D) DESKS 0403 96SL 3.00 16 630.	24FILE CABINET	1210968)					9 ° Ĉ	130.		.0
(D)FILME CMBLNEET 040 89 8L 3.06 16 330. 330. 330. 330. 0 FILE CABLNEET 062698SL 3.00 16 800. 800. 800. 800. 0 FAM MACHINUE 095998UL 3.00 16 250. 250. 250. 250. 0 9 CUENT CHAIRS - 2 010799SL 3.00 16 551. 551. 551. 0 0 9 CUENT TURE 111199SL 3.00 16 7,483. 8,958. 8,958. 0 0 9 CUENT TURE 111199SL 3.00 16 7,483. 8,958. 8,958. 0 0 9 CUENT TURE 120199SL 3.00 16 1,666. 1,666. 1,666. 0 9 CUENT TURE 120199SL 3.00 16 1,670. 1,666. 1,666. 0 9 CUENT TURE 120199SL 3.00 16 1,666. 1,666. 1,666. 0 9 CUENT TURE 120199SL<	46(D)DESKS	0403985		.00		630.			m	630.		.0
FILE CABINET 065698L 3.00 16 800. 800. 800. 800. 900.	47(D)FILE CABINET	0403985							930	330.		ø
FTAM MACHINE 092998EL 3.00 16 250. 256. 256. 256. 256. 2 4GUEST CHAIRS - 2 010799EL 3.00 16 551. 551. 551. 551. 551. 0 8FURNITURE 1111199EL 3.00 16 7,483. 7,483. 7,483. 0 0 9FURNITURE 1111199EL 3.00 16 7,483. 8,958. 8,958. 0 0 9FURNITURE 120199EL 3.00 16 1,607. 1,607. 1,607. 0 0 1(D) FURNITURE 120199EL 3.00 16 1,607. 1,607. 1,607. 0 2FURNITURE 120199EL 3.00 16 1,607. 1,607. 0 0 7UNITURE 120199EL 3.00 16 1,607. 1,607. 1,676. 0 7UNITURE 120199EL 3.00 16 1,607. 1,677. 1,279. 0 7UNITURE 1231		0626985				800.			800.	800.		.0
4GUEST CHAIRS - 2 010/7995L 3.00 16 551. 551. 551. 551. 551. 551. 0 9FURNITURE 1111995L 3.00 16 8,958. 8,958. 8,958. 0 9FURNITURE 11111995L 3.00 16 7,483. 7,483. 7,483. 0 9FURNITURE 1201995L 3.00 16 1,607. 1,607. 1,607. 0 1(D)FURNITURE 1201995L 3.00 16 1,666. 1,667. 0 0 2FURNITURE 1201995L 3.00 16 1,666. 1,667. 0 0 0 3FURNITURE 1201995L 3.00 16 1,676. 1,667. 0 0 0 3FURNITURE 1201995L 3.00 16 1,676. 1,666. 1,279. 0 0 3FURNITURE 1231995L 3.00 16 1,279. 0 1,279. 0 0 3FURNITURE 1231995L 3.00 16 1,279. 0 0 0 0 0	59FAX MACHINE	3806760		00		250.			250.	250.		•
Grunwitune 1111995L 3.00 16 7,483 8,958 8,958 8,958 8,958 9FURNITURE 11111995L 3.00 16 7,483 7,483 7,483 7,483 0 9FURNITURE 11111995L 3.00 16 7,483 7,483 7,483 0 9(D) FURNITURE 1201995L 3.00 16 1,607 1,607 1,607 1(D) FURNITURE 1201995L 3.00 16 1,607 1,607 0 7.WINITURE 1201995L 3.00 16 1,607 1,607 0 7.WINITURE 1201995L 3.00 16 1,279 0 0 7.WINITURE 1201995L 3.00 16 1,279 1,607 0 7.WINITURE 1201995L 3.00 16 1,279 0 0 7.VINITURE 1231995L 3.00 16 1,279 1,279 0 7.VINITURE 1231995L 3.00 16 1,279 1,279 0 7.VINITURE 1231995L 3.00 16 4,237 4,237 4,237 7.VINITURE 1231995L 3.00 16 2,310 2,310 7.VINITURE<	CHAIRS -	0107995		00.		51			ŝ	ŝ		•
9FURNITURE 1111199L 3.00 16 7,483. 7,483. 7,483. 7,483. 0 0(D) FURNITURE 1.20199L 3.00 16 1,607. 911. 911. 911. 0 1(D) FURNITURE 1.20199L 3.00 16 1,607. 1,607. 1,607. 0 2FURNITURE 1.20199L 3.00 16 1,607. 1,607. 1,607. 0 3FURNITURE 1.20199L 3.00 16 1,607. 1,607. 1,607. 0 3FURNITURE 1.20199L 3.00 16 1,279. 1,666. 1,666. 1,678. 0 3FURNITURE 1.20199L 3.00 16 1,279. 0 1,279. 0 0 3FURNITURE 1.20199L 3.00 16 1,279. 0 1,279. 0 0 3FURNITURE 1.23199SL 3.00 16 1,279. 0 2,379. 4,237. 4,237. 0 3DELLI COMPUTER 111203SL 3.00 16 2,310. 2,310. 2,310. 0 <	6 SEVRAL PURE	1111995				. 958			-			
0(D)FURNITURE 12019951 3.00 16 811. 811. 811. 911. 911. 1(D)FURNITURE 12019951 3.00 16 1,607. 1,607. 1,607. 0 2FURNITURE 12019951 3.00 16 1,666. 1,666. 1,666. 0 3FURNITURE 12019951 3.00 16 1,666. 1,666. 1,666. 0 3FURNITURE 12019951 3.00 16 1,279. 1,279. 0 0 4FURNITURE 12319951 3.00 16 1,279. 1,279. 0 0 5FURNITURE 12319951 3.00 16 1,279. 0 0 0 2PULLIAPTOPS 02140351 3.00 16 4,237. 4,237. 4,237. 0 3DELL COMPUTER 03240351 3.00 16 1,280. 2,310. 2,310. 0 0	69FURNITURE	see1111		00.		,48			,483			.0
1(D)FURNITURE 1201995L 3.00 16 1,607. 1,607. 1,607. 0 2FURNITURE 1201995L 3.00 16 1,666. 1,666. 1,666. 0 3FURNITURE 1201995L 3.00 16 1,666. 1,666. 1,666. 0 3FURNITURE 1201995L 3.00 16 6,788. 6,788. 6,788. 0 4FURNITURE 1231995L 3.00 16 1,279. 1,279. 0 5FURNITURE 1231995L 3.00 16 8,566. 8,566. 8,566. 0 3FURNITURE 1231995L 3.00 16 8,566. 8,566. 8,566. 0 3FURNITURE 1231995L 3.00 16 1,279. 8,566. 8,566. 0 3PULL LAPTORS 0214035L 3.00 16 4,237. 4,237. 4,237. 0 0 3DELL COMPUTER 01112035L 3.00 16 1,280. 1,280. 1,237. 0 0 3DELL COMPUTER 0324035L 3.00 16	70(D)FURNITURE	1201995				, 1 8			1			
PURMITTURE 1.20199SL 3.00 16 1.666. 1.666. 1.666. 0 3FURNITURE 120199SL 3.00 16 6.788. 6.788. 6.788. 0.788. 0 4FURNITURE 123199SL 3.00 16 1.279. 1.279. 1.279. 0 5FURNITURE 123199SL 3.00 16 1.279. 1.279. 0 5FURNITURE 123199SL 3.00 16 8,566. 8,566. 8,566. 0 3PELL LAPTOPS 021403SL 3.00 16 8,237. 4,237. 4,237. 0 3DELL COMPUTER 111203SL 3.00 16 2,310. 2,310. 2,310. 0 4DELL COMPUTER 032403SL 3.00 16 1,280. 1,280. 1,280. 0	71 (D) FURNITURE	1201998		• 00		•			, 60			
3FURNITURE 120199SL 3.00 16 6,788. 6,788. 6,788. 0 4FURNITURE 123199SL 3.00 16 1,279. 1,279. 1,279. 0 5FURNITURE 123199SL 3.00 16 8,566. 8,566. 8,566. 8,566. 0 32 DELL LAPTOPS 021403SL 3.00 16 4,237. 4,237. 4,237. 0 3DELL COMPUTER 111203SL 3.00 16 2,310. 2,310. 2,310. 0 0 4DELL COMPUTER 032403SL 3.00 16 1,280. 1,280. 1,280. 0 0	72FURNITURE	1201095				1,665.			, 666	1,666.		0
FURNITURE 12319951 3.00 16 1.279 1.279 1.279 1.279 0 0 SFURNITURE 1231995L 3.00 16 8,566 8,566 8,566 8,566 0 22 DELL LAPTOPS 0214035L 3.00 16 4,237 4,237 4,237 0 0 32 DELL LAPTOPS 0214035L 3.00 16 4,237 4,237 4,237 0 0 3DELL COMPUTER 1112035L 3.00 16 2,310 2,310 2,310 2,310 0 0	73FURNITURE	1201998		00.		6,788.						0.
5FURNITURE 123199SL 3.00 16 8,566. 8,566. 8,566. 8,566. 0 22 DELL LAPTOPS 021403SL 3.00 16 4,237. 4,237. 4,237. 0 32 DELL COMPUTER 111203SL 3.00 16 2,310. 2,310. 2,310. 2,310. 0 4DELL COMPUTER 032403SL 3.00 16 1,280. 1,280. 1,280. 0	74FURNITURE	1231998			'9 1	,279			(N)	04 *		
22 DELL LAPTOPS 0214035L 3.00 16 4.237. 4.237. 4.237. 0 0 3DELL COMPUTER 11112035L 3.00 16 2,310. 2,310. 2,310. 0 0 4DELL COMPUTER 0324035L 3.00 16 1.280. 1,280. 1,280. 0	75FURNITURE	1231995		.00						•		•
3DELL COMPUTER 111203SL 3.00 16 2,310. 2,310. 2,310. 2,310. 40ELL COMPUTER 032403SL 3.00 16 1.280. 1.280. 1.280. 1.280.		0214035				4,237.			4,237.	4,237.		
4 DELL COMPUTER 03240381 3.00 16 1.280. 1.280. 1.280. 1.280.		1112038		.00		,310			, 31	- N		•0
	94DRLL CONFUTER	632403S		00.	9	1,280.				1,280.		.0

EAR FEDERAL - VIETNAM VETERANS MEMORIAL FUND, INC.

Date Method Life Life No. 0.311 1.0 AcT	thod Life				Dr Basid	Bus % Excl	Reduction In Basis	eclation	eciation	Current Sec 179	Current Year Deduction
Separat computer	DS010481		3.00	0 9	2,375.			. ccc, 0	6,555. 2,375.		0 9
97DELL SERVER LAPTOP	070104SL		3.00	16	5,063.			,063	,063		0.
100COMPUTER MONITOR	13296281		3.00	9	433.			433.	423.		0
101COMPUTER	062805SL		3.00	16	421.			421.	421.		.0
102COMPUTER	082205SL		3.00	1 C	977.			. 77.6	977.		Ó
103COMPUTER	01240751		3.00	16	606.			606.	606.		•0
104DESKTOP COMPUTER	0218075L		3.00	<u>ی</u>	966 .			996	966 .		.0
105DESKTOP COMPUTER	021807SL		3.00	16	9966.			966.	966.		0
106LAPTOP COMPUTER	062207SL		3.00	5	1, 385 .			1, 385.	1,385.		ø
107LAPTOP COMPUTER	062207SL		3.00	16	1,385.	`		1,385.	1,385.		.0
108DESKS	06110781		3.00	9	3, 850.			3, 850.	3,850.		0
109COMPUTERS	063007SL		3.00	16	3,633.			3,633.	3,633.	-	0.
11 UCOMPUTERS	13/00C60		3.00	9	3,459.			3,459.	3,459.		0
111COMPUTERS	121707SL	ĺ	3.00	16	2,714.			2,714.	2,714.		.0
112COMPUTERS	031408SL		3.00	9	4,650.			4,650.	4,327.		238°
113COMPUTERS	031908SL		3.00	16	6,307.		-	6,307.	5,867.		440.
114COMPUTERS	033108SL		3.00	16	683.			683.	626.		5

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

(D) - Asset disposed

VIETNAM VETERANS MEMORIAL FUND, INC.

Asset No.	Description	Date Acquired M	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
115	150FFICE FURNITURE	041108SL	<u> </u>	00.	16	3,700.			3,700.	3,391.		309.
911	16COMPUTERS	1104085	<u></u>	00	6	1,195.			1,195,	863.		332.
117	17COMPUTER	01210981	<u> </u>	• 00	16	1,535.			1,535.	1,024.		
118	1 SCOMPUTER	IS600ZE0		00	9	1,018.			1,018.	294 .		
120	120COMPUTER	071409SL	<u></u>	.00	16	1,364.			1,364.	682.		455.
121	12 IFURNITURE	13601 CL 0		00.1	9	1,848.			1,848.	374. 27		264.
122	122FURNITURE	13609160	4	.00	16	38,739.			38,739.	6,918.		5,534.
123	12 JADDIJIONAL PRONES	10210951		7.00	9	1,326.			1,326.	236.		189.
124	124SECURITY SYSTEMS	111209SL	-	• 00	16	4,526.			4,526.	755.		647.
157HP	HP PROBOOK	03091051	573.	00.	9	630.			630.	175.		210.
158	158COMPUTER	041110SL	<u></u>	00.	16	600.			600.	150.		200.
159	159DESKS	TS0 IT 050		.00	9	407.			407	6		ຄ
160	160FILE CABINET	05081051		7.00	16	330.			330.	31.		
161	16 ICHAIRS	051510SL		7.00	9	455.			455			5
162	1620PTOMA PROJECTOR	060710SL	<u></u>	.00	16	708.			708.	138.		236.
163	163BATTERY BACKUP DELL VOSTBO	130182P0		3.00	ي العد	1,274.			1,274	283.		425.
164	164COMPUTER	050110SL	<u></u>	00	16	1,029.			1,029.	229.		343.
165	165CLOSET DOOR LOCK	051 01 OSL		00.	9	595.			595.	132.		198.

128102 05-01-11

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

(D) - Asset disposed

R FEDERAL - VIETNAM VETERANS MEMORIAL FUND, INC.

Description	Date Acquired Mr	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
05	052810SL		3.00	16	340.			340.	66.		113.
80	13012080		3.00	9	613.			613	59		204.
168DELL QUAD COMPUTERS082410SL	2410SL		3.00	16	3,078.			3,078.	342.	: - - - -	1,026.
QUAD COMPUTER 08	12017280		3.00	10	614.			614.	68.		* 502*
10	100610SL		3.00	16	6,709.		-	6,709.	559.		2,236.
	11161051		00.00	9	1,519.			1,519.	42.		506,
MONITOR111	1710SL		3.00	16	487.			487.	14.		162.
120	ISO I TO		3.00	9	499.			. 661	Hi		166.
12	122010SL	<u></u>	• 00	16	828.			828.			276.
175(D) IPAD 16GB 12 APDLE COMDITTED MAC	122010SL		3,00	10 1	98,			598.			. 661
	060111SL	<u></u>	.00	16	1,894.			1,894.			368.
	0 72 81 ISL		3.00	100 100	1,363.			1, 363.			189.
					173,925.			173,925.	110,531.		16,767.
TRAVELL		_									
URE 040	040199SL		10.001	16	40,990.			40,990.	40,990.		.0
FURNITURE & EQUI					40,990.			40,990.	40,990.		¢
IMPROVEMENT						;; ;					:
1250FFICE BUILDOUT 1.0	10010951		6.00	9	41,540.			41,540.	8,654.		6,923.

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

(D) - Asset disposed

R FEDERAL - VIETNAM VETERANS MEMORIAL FUND, INC.

Current Year Deduction	39,480.	46,403.		8,454.	8,454.		107	CT /	+10211	1,197.	1.631	****	1,067.	680.	а1 5 Г	1	2,378.	300.	175.	4	147.
Current Sec 179														ŧ							<u>.</u>
Accumulated Depreciation	49,350.	58,004.		71,015-	71,015.		0 571		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9,374.	12.448.		5,514.	3,457.	L.		3,567-	200.	102.	86.	37.
Basis For Deprectation	236,880.	278,420.		101,450.	101,450.	*	11 967			11,967.	16.306.		10,673.	6,800.	154		23,778-	1,500.		1,031.	441.
Reduction In Basis																	<u>(</u>				
Bus % Excl							<u></u>				*****	÷									
Unadjusted Cost Or Basis	236,880.	278,420.		101,450.	101,450.		11.967.		3	11,967.	16,306.		10,6/3.	6,800.	39,154.		23, 778.	1,500.	873.	1,031.	441.
, No No	16			9			16). £	016	016		٩	016	016	•	9	16	10 	16	9
Life	6.00			5.00			10.00			10.00	10.00		10.00	10.00	10.00		00.0	5.00	5.00	3.00	3.00
Method			<u>,</u>							H	Н	•	-' 								
Date Acquired	100109SL			063007SL			121902SL	03120351		032403SL	04280351		TRCONTTT	121405SL	03310551			050610SL	IS016090	1008105	10081051
Description	TENANT IMPROVEMENT 126CONCESSIONS	L L L	E S	140PROJECT RENEW	— HH 38	REPLICA	NEW TRAVEL WALL REPLICA	NEW TRAVEL WALL 133REPLICA	NEW TRAVEL WALL	34REPLICA	TCA	NEW TRAVEL WALL	NEW TRAVEL WALL	TCA	NEW TRAVEL WALL 138REPLICA	NEW TRAVEL WALL	LAREFLICA TRAVELING WALL		177 TRAVEL WALL PANEL	178 TWTH TRUCK COMPUTER 1008 10 SL	179 TWTH TRUCK PRINTER
Asset No.	126			140			132	133		134	135	126		137	138	1 20	4 4	176	177	178	179

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

(D) - Asset disposed

AR FEDERAL - VIETNAM VETERANS MEMORIAL FUND, INC.

Asset No.	Description	Date Acquired	Method	Life	No. No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAI - TRAVELLING WALL TRAVELLING WALL WUSEUM EXHIBIT					136,558.			136,558.	72,410.		14,238.
1270	1270RIGINAL EXP	04010851		10.001	9	155,578.			155,578.	155,578.		.0
129	129FEATHERLITE TRAILERO 13 10 1SL	013101		10.001	ø	69,800.			69,800.	69,218.		582.
130 <mark>U</mark>	130UPDATES TO TRAILER * 990 PACH 10 TOTAT	063008SI		10.001		169,950.			169,950.	38,239.		16,995.
	TRAVELLING WALL					395, 328.			395, 328.	263,035.		17,577.
WEBS TV W 141PACE	WEBSITE IV WORLDWIDE WEB PACE	06300551			Ś	18,000.			18,000.	18,000.		0
180W	122	03311051		3.00 1	9	13,980.			13,980.	3,495.		4,660.
1810:		13016130		3.00 9	G	8,000.			8,000.	* 688		2,667.
182C	AGE	010110		3.00 1	و	25,000.		-	25,000.	8,333.		8,333.
1 *	WEBSITE GRAND TOTAL 990					64,980.			64,980.	30,717.		15,660.
_ <u></u>	DEPR					1191651.			1191651.	646,702.		119,099.
				<u>.</u>							<u>.</u>	
								á 				

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

(D) - Asset disposed

- NEXT YEAR FEDERAL -

VIETNAM VETERANS MEMORIAL FUND, INC.

3

Asset No.	Date Method	Life	Unadjusted Cost Or Basis Rec	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
н						2	
	21096	Ö	~		m	m	0
55FILE CABINET	62698	•	00		00	0	o
ACHINE	92998	0	١Ô.		00	1	0
64GUEST CHAIRS - 2	10799	•	551		551	ŝ	0
68FURNITURE	11199	0	80	,,	(C)	, 958	0
69FURNITURE	11199	•	,483		,483	,48	0
72FURNITURE	20199	0	,666)	, 666	,666	ø
7 3FURNITURE	20199	0.	, 788	•	, 788	, 788	0
74FURNITURE	23199	۰,	279	.,	279	5-	•
	23199	0.	,566		,566	,566	0
ьØЯ.	21403	•	1237		1337	234	
-	11203	•	, 310		, 310	, 310	
94DELL COMPUTER	32403	•	, 280		, 280	, 280	o
	31104	•	, 5555		, 555	, 555	
	50104	°,	, 375		, 375	375	
97DELL SERVER LAPTOP	70104	0.	,063		,063	,063	
0	42905	0	m	, ,	433	433	
101COMPUTER	62805	•	21	-	21	21	
102COMPUTER	82205	0	-		1	11	
COMPUTER	12407	0	00	-	06	06	5
DESKTOP	21807	0	ŝ		99	90	•
DESKTOP	21807	•	96		966	96	
GLAPTOP	62207	Q.	82		68	60 00	
	62207	•	, 385		, 385	, 385	0
108DESKS	61107	.	, 850		, 850	, 850	
109COMPUTERS	63007	•	, 633		, 633	,633	
110COMPUTERS	93007	0	459		459	,459	
1 1 1 COMPUTERS	21707	•	, 71		,714	,714	
112COMPUTERS	31408	•	6.5	,	, 650	. 585	
113COMPUTERS	31908	•	, 307		, 307	, 30	0
	03310851	00°.					ø
LIJUFFLCE FURNTTURE	41108	•	O		0	0	0
	HUTCH	¢	0		đ	0.	•

128103 05-01-11

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

- NEXT YEAR FEDERAL -

VIETNAM VETERANS MEMORIAL FUND, INC.

Asset No.	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
117COMPUTER	2109	SL 3		, 53		,535	m	0
ATTENTION AND A	32009			10,		.018	6.50	
120COMPUTER	71409		•	, 364		, 36	m	ŝ
12 TFURNI TURE	73109			, 848		, 848	638	0
	91909		٠	, 739		, 739	52	ŝ
12 JADDITIONAL PHONES	02109		● ●	32		1, 32	425	1.00
124SECURITY SYSTEMS	11209		۰ ع	, 526		, 526	02	1
157hp PROBOOK	30910		i.	630		630	385	l spinis
158COMPUTER	41110		- •	00	-	00	20	RO P
159besks	50110		٠	0		0	5	эċ
160FILE CABINET	50810		· •	30		က	78.	
16 ICHAIRS	51510			Ω Ω		5	80	
1620PTOMA PROJECTOR	60710		•	80		80	14	m
163BATTERY BACKUP	42810			.274		.274	0	0
164DELL VOSTRO COMPUTER	50110		÷	29		N	22	4
165CLOSET DOOR LOCK	51010			S N		96 9	0	0
166ACER LAPTOP	52810		•	40		4	62	s 🖛
167BATTERY BACKUP	80210		٠.	0		~~1	80	Ó
168DELL QUAD COMPUTERS	82410			78		1	9	N
169PFLL QUAD COMPUTER	82410	_	۲	-		614	273	ø
170PHONE SYSTEM	00610			, 709		, 709	95	e
17 IDELL DESKTOP COMPUTERS	11610	e F		1,519.		1,519.	548	506
172SAMSUNG LCD MONITOR	11710		٠	487		487	5	9
173CONFERENCE ROOM TELEVISION	20110			66		S.	80	9
174IPAD 16GB 3G	22010		٠	N		28	-	1
MAC BOOK	60111		٠	4		40	80	1.43
COMPUTER MAC BOOK PRO	72811			, 36		, 36	8	5
TAY FACE IN TOTAL - FURNITURE &								
FURNITURE & EQUIPMENT - TRAVELLING		<u> </u>		169,949.		169,949.	123,721.	14,707
МАЦЦ								
LSOFURNITURE * 990 DACE 10 TOTAT STENTERES	0401998	EI IS	0.00	40,990.		40,990.	40,990.	0
ENT + TRAVELLING	·····	<u> </u>	(40.990		Aŭ DOA	46.660	Q

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

128103

- NEXT YEAR FEDERAL -

VIETNAM VETERANS MEMORIAL FUND, INC.

Asset No.	Date Acquired Method	od Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
IENANT IMPROVEMENT 1250FFICE BUILDOUT	109		1.540		1 640	16 677	003
- - - - - - - - - - -	100109SL	6.00	236,880.		236,880.	88,830.	39,480.
ENT			278,420.		278.420.	104.407.	46-403
VEHICLES - PROJECT RENEW TRAVELLING WALL REPLICA		korrd					
NEW TRAVEL WALL	902	0.0	11,96	<u></u>	1,96	10,77	, 196
33NEW TRAVEL WALL	203	0.0	12,068		2,068	10,660	, 20
135NEW TRAVEL WALL REPLICA	03240351	00.01	11,967		11,967.	G,	101
36NEW TRAVEL WALL	5 C C	ວ. ວ.ຜ	10,300		6,306	14,079	, 631
37NEW TRAVEL WALL	105		4 % ⁴ % %		6,000	137 137	ο S S S
TRAVEL WALL	05	0.0	39,154		0,15	22.513	
39NEW TRAVEL WALL	109	0.0	23,77		, 778	5,94	2.37
6 C	010	9	, 500		1,500	200	300
//ITRAVEL WALL	910	•	873		873	277	~
VETWTH TRUCK	310	¢.	E S		S	430	44
PRINTER	310	•	44		44	184	1
* 990 PAGE 10 TOTAL - TRAVELLING							
WALL REPLICA			136,558.		136,558.	86,648.	14,237
TRAVELLIN							
<u>ш</u>	040108SL	0	155,57		, 57	155,5	0
1.2000 TO THE TRALLER	0	Ö	69		69,800	69,800	ø
LJULPDATES TO TRAILER * 990 PAGE 10 TROPAL - TRAVELLING	80	0.0	169,950		9,95	55,2	
SEUM EXHIBIT			395.328		378	780 612	16 005
CEBSITE			32.100		10100		C66'01
- - -	063005SL	3.00	18,000.		,00	,00	
VULTURALD SAN - WE	9	- N-	986		3,98	0,15	,660
VEDOLLE DEV = WFU SA GPRETARE EDENOMITON			0		8,000	3,556	2,667.
* 990 DACF 10 TOTAL	2	16			000'	16,66	333
TOTAL OGO DAGE 10			64,9	,	4,980	46,37	,660
TATAT			ζ LΩ		< < 2 ×	3000	ÅÅ

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

Form 9	90
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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	
2010	
2010	
Open to Public Inspection	
Inspection	

A	For the	2010 calendar year, or tax year beginning and	ending		
B	Check (f applicabl			D Employer identif	ication number
	Addre	VIETNAM VETERANS MEMORIAL FUND, INC.			
	Name chang			52-1	149668
	return		Room/suite		
	Termir ated		104		393-0090
	Ameno return Applic			G Gross receipts \$	12,592,168.
L	_lion pendir	WASHINGION, DC 20057		H(a) is this a group r	etum
		2600 VIRGINIA AVENUE, N.W. SUITE 104,	WASHT	for affiliates? H(b) Are all affiliates in	
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)		-	a list. (see instructions)
		e: ► WWW.VVMF.ORG		H(c) Group exemption	
-		organization: 🗶 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year		M State of legal domicile: DC
P		Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO PIVIETNAM VETERANS MEMORIAL, TO PROMOTE NAME	RESER	VE THE LEGAC	Y OF THE
Activities & Governance		Check this box Check this box			
Ver			sed of mor		7
ő		Number of independent voting members of the governing body (Part VI, line 1b)			6
8		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			31
vitle		Total number of volunteers (estimate if necessary)			500
loti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e		ontributions and grants (Part VIII, line 1h)		8,156,094.	
Revenue		Program service revenue (Part VIII, line 2g)		181,160.	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-616,993. 61,101.	529,513. 106,047.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,781,362.	
-	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	10,701,240.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ú		Benefits paid to or for members (Part IX, column (A), line 4) Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,070,425.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		675,050.	273,396.
ē		Total fundraising expenses (Part IX, column (D), line 25) 1,605,5	48.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,080,953.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,826,428.	
	19	Revenue less expenses. Subtract line 18 from line 12		954,934.	
Fund Balances			В	eginning of Current Year	End of Year
Ssel Bala	20	Total assets (Part X, line 16)		26,139,112. 1,461,386.	
let A	21	Total liabilities (Part X, line 26)	_	24,677,726.	
E P	22 art II	Net assets or fund balances. Subtract line 21 from line 20		24,011,120.	20,770,192.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			.,
		Valler 2		5/11	
Sig	n	Signature of officer		Date	
Her	re	DANIEL REESE, CFO, COO			
		Type or print name and title	· · ·	Data	
• •		Print/Type preparer's name Preparer's signature	Reman	Date Check	PTIN
Pal		DOAN MIRENNER	,	setf-employ	red
	parer Only	Firm's name ► RENNER AND COMPANY, CPA, P.C Firm's address ► 700 NORTH FAIRFAX ST, SUITE 400		Firm's EIN	
000	only	ALEXANDRIA, VA 22314		Phone no. 7	03-535-1200
Max	v the li	AS discuss this return with the preparer shown above? (see instructions)		Tinone no. 7	X Yes No
	01 02-2		ions.	terrent og alleberer at elektronen ell	Form 990 (2010)
		EE SCHEDULE O FOR ORGANIZATION MISSION S		ENT CONTINUA	

	n 990 (2010) VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Part III Statement of Program Service Accomplishments
1 41	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	TO PRESERVE THE LEGACY OF THE VIETNAM VETERANS MEMORIAL, TO PROMOTE
	NATIONAL HEALING, AND TO EDUCATE ON THE IMPACTS OF THE VIETNAM WAR
	ERA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,138,620. including grants of \$) (Revenue \$)
	THE ORGANIZATION PRESERVES THE LEGACY OF THE MEMORIAL AND PROMOTES
	HEALING THROUGH PUBLIC OUTREACH, PROMOTING VISITATION OF THE MEMORIAL BY THE GENERAL PUBLIC. THE ORGANIZATION PROVIDES INFORMATION ABOUT T
	HISTORY OF THE MEMORIAL AND RESPONDS TO QUESTIONS FROM POTENTIAL
	VISITORS. THE ORGANIZATION MAINTAINS A COMMEMORATIVE WEB SITE CALLED
	THE VIRTUAL WALL, THAT ALLOWS FAMILIES, FRIENDS AND VETERANS TO POST
	REMEMBRANCES TO THOSE WHOSE NAMES ARE INSCRIBED ON THE MEMORIAL,
	EXTENDING THE HEALING POWER AND EMOTIONAL IMPACT OF THE WALL TO
	MILLIONS OF PEOPLE THROUGH THE INTERNET. MORE THAN 100,000 MESSAGES
	HAVE BEEN POSTED ON THE VIRTUAL WALL. THE ORGANIZATION IS ALSO
	CONDUCTING A NATIONAL CALL FOR PHOTOS TO PRESERVE THE MEMORY OF THOSE
	WHOSE NAMES ARE INSCRIBED ON THE MEMORIAL. THE PHOTOS WILL BE
4b	
	THE ORGANIZATION PROMOTES HEALING FROM THE EFFECTS OF THE VIETNAM WAR
	THROUGH PROJECT RENEW, A HUMANITARIAN PROGRAM DESIGNED TO REDUCE THE
	THREAT OF LANDMINES AND UNEXPLODED ORDNANCE IN VIETNAM. THE PROJECT
	FOCUSES ON MINE AWARENESS EDUCATION INCLUDING PUBLIC SERVICE
	ANNOUNCEMENTS, AND VICTIMS' ASSISTANCE PROGRAMS INCLUDING HEALTH CARE
	AND THE DEVELOPMENT OF SUSTAINABLE EMPLOYMENT IN QUANG TRI AND QUANG BINH PROVINCES, THE MOST HEAVILY BOMBED AND SHELLED AREAS OF VIETNAM.
	DIMIT FROVINCED, THE MOST HEAVIOR BOMBED AND SHEDDED AREAS OF VIETNAM.
4c	(Code:) (Expenses \$ 630, 273. including grants of \$) (Revenue \$)
	THE ORGANIZATION IS CONDUCTING A NATIONAL EDUCATIONAL CAMPAIGN CALLED
	HOMETOWN HEROES, TO PROMOTE A GREATER UNDERSTANDING OF THE VIETNAM WA
	THE VIETNAM ERA AND THE PERSONAL SACRIFICE OF THE INDIVIDUALS WHOSE
	NAMES ARE INSCRIBED ON THE MEMORIAL. PROGRAM INFORMATION IS SENT TO
	SCHOOLS AND COMMUNITY ORGANIZATIONS ENCOURAGING STUDENTS TO WRITE
	BIOGRAPHIES OF MEN AND WOMEN FROM THEIR COMMUNITY WHOSE NAMES ARE
	INSCRIBED ON THE MEMORIAL. THE INFORMATION GATHERED BY THE STUDENTS
	WILL BE INCLUDED IN THE EDUCATION CENTER BEING BUILT ON THE MALL IN
	WASHINGTON, D.C. THE EDUCATION CENTER WILL PROMOTE A GREATER
	UNDERSTANDING OF THE VIETNAM WAR, THE VIETNAM WAR ERA AND THOSE WHO
	SERVED. DURING 2010 THE ORGANIZATION'S CAPITAL EXPENDITURES TO DEVEL
	THE EDUCATION CENTER TOTALED \$1,312,192.
4d	
A	
4e	
32002 2-21-	Form 990 (50 SEE SCHEDULE O FOR CONTINUATION(S)
21-	
20	511 783690 0403-001 2010.03040 VIETNAM VETERANS MEMORIAL F 0403-0
-	

16520511 783690 0403-001

3 2010.03040 VIETNAM VETERANS MEMORIAL F 0403-001

Form 990 (2010)			MEMORIAL	FUND,
Part IV Checklist of F	Required Sch	edules		

52-1149668 Page

INC.

1 41	Oneckilst of nequired ochedules		1	
			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?		X	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates public office? If "Yes," complete Schedule C, Part I	_		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in during the tax year? If "Yes," complete Schedule C, Part II			x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,	, Part I <u>6</u>	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	-		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Part VI		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		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	x	
h	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	120	+	
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	/ 12 b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		1	X
14a		<u>14</u>	X	
b			1	
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	,	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individu			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lir 1c and 8a? If "Yes," complete Schedule G, Part II	nes	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	anna lata Cata alula O. Dart III	19		x
20-2	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		+	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 file			<u> </u>
~	operate one or more hospitals must attach audited financial statements (see instructions)			

Form **990** (2010)

16520511 783690 0403-001

4 2010.03040 VIETNAM VETERANS MEMORIAL F 0403-001

VIETNAM VETERANS MEMORIAL FUND, INC. Part IV Checklist of Required Schedules (continued)

·u	Checkist of hequired concurred	_		
04			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If</i> " <i>Yes</i> ," <i>complete Schedule I, Parts I and II</i>	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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	~		х
h	Schedule K. If "No", go to line 25	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	24c		
Ь	any tax-exempt bonds?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2.14		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			37
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
a b	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			х
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		^ X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		л
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		<u> </u>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2010)

Form 990 (2010)

	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	29			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			l
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			1
	(gambling) winnings to prize winners?			1c	Х	
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	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	is)				1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
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					1
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► VIETNAM, IRELAND					l
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					37
	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		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			0-		x
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contribu			6a		<u></u>
D			-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h		L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-				
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
~	amounts due or received from them.)	11b				l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

VIETNAM VETERANS MEMORIAL FUND, INC.

Statements Regarding Other IRS Filings and Tax Compliance

Form 990	(2010)
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Form 990 (2010)

Part V

^{2010.03040} VIETNAM VETERANS MEMORIAL F 0403-001

 	-		MEMORIAL	1		52-114960		
Part VI Governance, M	lanagement,	, and Disclos	u re For each "Yes	s" response	to lines 2 through	7b below, and for a "N	o" resp	ponse

VIETNAM VETERANS MEMORIAL FUND, INC.

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	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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	Enter the number of voting members included in line 1a, above, who are independent	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	· – –		
-	of officers, directors or trustees, or key employees to a management company or other person?	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	·		X
6	Does the organization have members or stockholders?	·		x
	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
74		7a		x
h	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	· ·		X
8		. 10		
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
-		0-	x	
	The governing body?		X	
-	Each committee with authority to act on behalf of the governing body?	. 8 b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	<u>10a</u>		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10		
	and branches to ensure their operations are consistent with those of the organization?		X	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	. 11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		x	
40	in Schedule O how this is done		X	
13	Does the organization have a written whistleblower policy?		X	
14	Does the organization have a written document retention and destruction policy?	. 14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	. 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	. 16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ole for		
	public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy,	and fina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zation: 🕽		
	THE ORGANIZATION - 202-393-0090			
	2600 VIRGINIA AVE., NW, SUITE 104, WASHINGTON, DC 20037			
		Form	990	(2010)
03200 12-21-				
	б			

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Section A.

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

Check if Schedule O contains a response to any guestion in this Part VII

/D

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."

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(0)

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

(A)	(B) (C)		(D)	(D) (E)						
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(C	heck	k all '	that	app	oly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)		Individual trustee or director Institutional trustee Officer Key employee Highest compensated employee		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
JAN C. SCRUGGS										
PRESIDENT	40.00	Х		Х				228,131.	0.	36,547.
JOHN DIBBLE										
CHAIRMAN	1.00	X		Х				0.	0.	0.
GEORGE W. MAYO										
DIRECTOR	1.00	X						0.	0.	0.
HARRY G. ROBINSON III										
DIRECTOR	1.00	X						0.	0.	0.
JOHN O. WOODS										
TREASURER (FROM 5/2010)	1.00	X		х				0.	0.	0.
JAMES V KIMSEY										
DIRECTOR	1.00	x						0.	0.	0.
LT. COL. JANIS NARK										
DIRECTOR	1.00	x						0.	0.	0.
ROBERT H. FRANK										
TREASURER/SECRETARY (TO 5/2010)	10.00			x				0.	0.	0.
DANIEL W. REESE										
EXECUTIVE VP/CFO/COO	40.00			х				179,151.	0.	31,538.
032007 12-21-10						-				Form 990 (2010)

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		NAM	VETERANS	51	1EI	101	RI	AL	F	UND, I	INC.	52-11	L49	668	Page 8
Part V	II Section A. Officers, Direc	tors, Tru	ustees, Key Er	nplo	oyee	es, a	nd l	High	est	Compensa	ated Employ	ees (continued)			
	(A)		(B)				C)				(D)	(E)		(F)
	Name and title		Average			Pos				Repo	ortable	Reportable		Estir	nated
			hours per	(cl	heck	c all ·	that	app	ly)	compe	ensation	compensatio	n	amo	unt of
			week	or							rom	from related			her
			(describe hours for	Individual trustee or director				р			the	organization		-	ensation
			related	ee or	stee			Highest compensated employee		-	nization 199-MISC)	(W-2/1099-MIS	,C)		n the ization
			organizations	trust	Institutional trustee		yee	admo		(00-2/10	199-101130)			•	ization elated
			in Schedule	/id ual	tution	er	Key employee	est co loyee	ıer						zations
			O)	Indiv	Insti	Officer	Keye	High emp	Former						
1b S	ub-total						-			40	7,282.		0.	68	,085.
	otal from continuation sheets t										0.		0.		0.
	otal (add lines 1b and 1c)							5		40	7,282.		0.	68	,085.
	otal number of individuals (includ							e) wł	no r	eceived mo	ore than \$100	.000 in reportabl	e		·
	ompensation from the organizatio	-						,				, I			2
	· · ·													Y	es No
3 D	d the organization list any forme	er officer,	director or tru	stee	, ke	y en	nplo	yee,	or l	highest com	npensated er	nployee on			
	ne 1a? If "Yes," complete Schedu													3	X
	or any individual listed on line 1a,														
a	nd related organizations greater t	than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J	for such ind	lividual			4	X
	d any person listed on line 1a re						-		ela	ted organiza	ation or indiv	dual for services			
	ndered to the organization? If "Y	′es," con	plete Schedul	e J f	or su	uch	pers	son .						5	X
	n B. Independent Contractors														
	omplete this table for your five hi	ighest co	mpensated inc	depe	ende	ent c	ont	racto	ors	that receive	ed more than	\$100,000 of com	pensa	ation fro	m
th	e organization.								_						
	News and	(A)								Da	(B)		~	(C)	-+:
	Name and I	business	address							De	scription of s	ervices		ompens	ation
	AD ARCHITECTS	ATT		NT 3	, 1	100	0 1	1		3 D 011 T II		TTDM		606	740
	WEST 13TH STREET H APPLEBAUM ASSO			10 3	Ľ _		014	4			ECTURE ECTURE			090	,748.
	INE STREET, NEW			יטע	-					DESIGN		AND		121	,819.
	TIVE DIRECT RESP		, NI 100	10:)						SIONAL			431	,019.
	VILLAGE GREEN,			21	111	1				FUNDRA				273	,396.
	ONAL FUNDRAISING						FN	<u>~</u> _			ISING	Т. Т С Ф		275	, 590 •
	E SUITE 210, BOW				50	- 1 1		ندب		RENTAL				171	,929.
	K AND COMPANY, 1				זער		SIL	ፐጥፑ			' TED PU			± / ±	
	MCLEAN, VA 2210		<u>ז עזיע יי עט</u>	111			.0.	I		ACCOUN				117	,748.
	tal number of independent cont		including but p	ot li	mita	d + 2	the	eo lir				ore than		/	,, 10.
	100,000 in compensation from th		-		mie	u 10	12	-	5160	abovej wi					
Ψ															

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Form 990 (2010)

VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Page 9

Pa	rt VII	Statement of Reve	nue					Ŭ
					(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 f f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b 1c 1d tions) 1e its, and its, and ve 1f 9, s	55,523. 168,937. 287,241. 525,487. 29,919.	10037188.			
		SITE FEES-TRAVE		Business Code	108,500.	108,500.		
Program Service Revenue	b c d e							
ק	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			108,500.			
	3 4	Investment income (including other similar amounts) Income from investment of ta		►	317,259.			317,259.
	5	Royalties			20,289.			20,289.
	b	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities 1989236 •	(ii) Other				
	с	Gain or (loss)	1776982. 212,254.		212 254			212 254
	d	Net gain or (loss)		. <u></u>	212,254.			212,254.
Other Revenue	8 a	Gross income from fundraisin including \$ 168,9 contributions reported on line Part IV, line 18	937. of a 1c). See	33,938.				
Cth		Less: direct expenses	b	33,938.				
		Net income or (loss) from fund	-	>	0.			
		Gross income from gaming ad Part IV, line 19 Less: direct expenses	а					
		Net income or (loss) from gan						
	10 a	Gross sales of inventory, less and allowances	returns a					
		Less: cost of goods sold Net income or (loss) from sale	es of inventory	►				
ľ	11 a	Miscellaneous Revenu	1e	Business Code 900099	85,758.			85,758.
	b							
	C d	All other reverse						
	d P	All other revenue			85,758.			
	12	Total revenue. See instructions.			10781248.	108,500.	0.	635,560.
03200 12-21				#		-		Form 990 (2010)

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

	All other organizations must com	3) and 501(c)(4) organiza olete column (A) but are :)).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	475,367.	424,812.	14,386.	36,169.
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	685,556.	611,965.	21,153.	52,438.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,340.	30,460.	1,199.	2,681.
9	Other employee benefits	101,996.	90,709.	3,489.	7,798.
9 10	Payroll taxes	77,425.	69,003.	2,646.	5,776.
11	Fees for services (non-employees):	,,,1200			0,1100
	Management				
	Legal	16,146.	9,541.	6,068.	537.
	Accounting	275,655.	216,036.	39,307.	20,312.
	Lobbying	- ,			- , -
	Professional fundraising services. See Part IV, line 17	273,396.			273,396.
f	Investment management fees	80,719.		80,719.	
	Other	4,640.	3,686.	485.	469.
12	Advertising and promotion	86,020.	83,924.	260.	1,836.
13	Office expenses	200,262.	177,847.	5,417.	16,998.
14	Information technology	96,650.	83,396.	4,988.	8,266.
15	Royalties				
16	Occupancy	224,033.	199,452.	7,599.	16,982.
17	Travel	129,913.	126,245.	693.	2,975.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,819.	45,819.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	144,632.	135,318.	2,893.	6,421.
23	Insurance	32,009.	28,787.	997.	2,225.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	DIRECT MAIL EXPENSES	2,702,846.	1,770,966.		931,880.
b	CONSULTING	380,097.	338,503.	4,642.	36,952.
с	MEMORIAL MAINTENANCE	221,966.	221,966.		
d	CAGING	159,721.			159,721.
е	VIETNAM PROGRAM	109,410.	109,410.		
f	All other expenses	157,412.	102,468.	33,228.	21,716.
25	Total functional expenses. Add lines 1 through 24f	6,716,030.	4,880,313.	230,169.	1,605,548.
26	Joint costs. Check here ► X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation	2,598,596.	1,743,904.	0.	854,490.

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24,677,726.

26,139,112.

7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		116,121.	9	104,678.
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10	Da1,188,394.Db646,702.			
b	Less: accumulated depreciation 10	ов 646,702 .	665,055.	10c	541,692.
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11		9,361,735.	12	9,969,032.
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		3,270,602.	15	4,582,796.
16	Total assets. Add lines 1 through 15 (must equal lin		26,139,112.	16	30,721,100.
17	Accounts payable and accrued expenses		994,677.	17	1,012,727.
18	Grants payable			18	
19	Deferred revenue		54,500.	19	10,500.
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part			21	
22	Payables to current and former officers, directors, tr	rustees, key employees,			
	highest compensated employees, and disqualified p	persons. Complete Part II			
	of Schedule L			22	
23	Secured mortgages and notes payable to unrelated	third parties		23	
24	Unsecured notes and loans payable to unrelated th	ird parties		24	
25	Other liabilities. Complete Part X of Schedule D		412,209.	25	919,721.
26	<u> </u>		1,461,386.	26	1,942,948.
	Organizations that follow SFAS 117, check here	► X and complete			
	lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		4,819,290.	27	7,706,830.
28	Temporarily restricted net assets		17,958,436.	28	19,171,322.
29	Permanently restricted net assets		1,900,000.	29	1,900,000.
	Organizations that do not follow SFAS 117, check				
	complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equip	ment fund		31	

VIETNAM VETERANS MEMORIAL FUND, INC.

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

of Schedule L

employees' beneficiary organizations (see instructions)

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II

Receivables from other disgualified 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

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(B)

End of year

533,393.

88,826.

28,778,152.

30,721,100.

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2,826,235.

12,074,448.

(A)

Beginning of year

1,105,214.

1,590,637.

17,162.

10,012,586.

1

2

3

4

5

6

32

33

34

Form 990 (2010)	
Part X	Balance	Sheet

1

2

3

4

5

6

Liabilities

Net Assets or Fund Balances

32

33

34

Assets

Form	990 (2010) VIETNAM VETERANS MEMORIAL FUND, INC.	52-	114966	8 Р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2			030.
3	Revenue less expenses. Subtract line 2 from line 1	3			218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,6		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			208.
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	28,7	78,3	152.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
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?		20	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it		
	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 aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			Гот	~ 00 0	(0010)

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	DULE A 90 or 990-EZ)	Public Charity Status and Public Support					OMB No. 1545-0047			
Department of Internal Reve	of the Treasury nue Service	-	e if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. tach to Form 990 or Form 990-EZ. ► See separate instructions.					Open to Public Inspection		
Name of	the organizati	on						E	mployer	identification number
		VIETNAM	VETERANS ME	MORIA	L FUN	D, IN	c.		5	2-1149668
Part I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	te this parl	t.) See inst	ructions.		
The organ	nization is not a	a private foundation l	because it is: (For lines ⁻	1 through ⁻	11, check	only one b	ox.)			
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3	A hospital or	a cooperative hospit	tal service organization of	described	in section	170(b)(1)	A)(iii).			
4	A medical res	earch organization o	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,
	city, and stat	e:								
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	mental uni	it describ	bed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6	A federal, sta	te, or local governme	ent or governmental uni	t described	d in sectio	on 170(b)(1	l)(A)(v).			
7 X			eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public described in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)							
8	•		ection 170(b)(1)(A)(vi).							
9 📖			eives: (1) more than 33							
			,		, ,	,				t from gross investment
			axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization	after June 30, 1975.
		509(a)(2). (Complete								
	-		perated exclusively to te	-	-			-		
11 📖			perated exclusively for th							
			tions described in section				2). See sec	tion 509(a)(3). Ch	eck the box that
		· ·	organization and compl				arratad		4	
e 🗌	a Type I		J Type II c t the organization is not			tionally int	-	r moro dis	d dualified	☐ Type III - Other
e 📖			han one or more publicly							
f			ten determination from t						5(a)(1) 01	Section 505(a)(2).
•		rganization, check th								
g		•	rganization accepted ar							
9	-		irectly controls, either al			-				Yes No
		-	upported organization?	-						
	0	0,	n described in (i) above?							11g(ii)
			person described in (i) of							11g(iii)
h	Provide the f	ollowing information	about the supported or	ganization	(s).					
		-								
(i) Name	e of supported	(ii) EIN	(iii) Type of			(ν) Did yoι		(vi) Is	the	(vii) Amount of
	anization	.,	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat		organizátic (i) organiz U.S	ed in the	support
			`above or IRC section	governing		(i) of your	support?		.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
				1						1

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Total

Schedule A (Form 990 or 990 EZ) 2010 VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Page 2

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9378261.	8635870.	8688291.	8156094.	10037188.	44895704.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	5570201.	0033070.	00002911	0150054.	10037100.	110557011
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9378261.	8635870.	8688291.	8156094.	10037188.	44895704.
	The portion of total contributions						
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						9087960.
~	·····						35807744.
	Public support. Subtract line 5 from line 4. ction B. Total Support						55007744.
	ndar year (or fiscal year beginning in)	(-) 0000	(1-) 0007	(-) 0000	(4) 0000	(-) 0010	(f) Tatal
		(a)2006 9378261.	(b)2007 8635870.	(c)2008 8688291.	(d) 2009 8156094	(e)2010 10037188.	(f) Total
	Amounts from line 4	5576201.	0055070.	0000271.	0130034.	10037100.	<u>440))/04</u> .
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	257,630.	336,405.	314,859.	280,043.	469,083.	1658020.
-	and income from similar sources	257,050.	550,405.	514,059.	200,043.	409,003.	1030020.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	00 604	115 101	10 072	42 200		
	assets (Explain in Part IV.)	98,624.	115,131.	10,973.	43,326.		353,812.
	Total support. Add lines 7 through 10						46907536.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	627,510.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0	organization, check this box and stor						
50	ction C. Computation of Publ	ic Support Pe	rcentage				BC 24
	Public support percentage for 2010 (•			14	76.34 %
	Public support percentage from 2009					15	77.83 %
1 6a	33 1/3% support test - 2010.If the o	•				•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	e re. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and	stop here. Explair	n in Part IV how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization of	ualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17t	o, check this box a	and see instruction	ns 🕨 🗌
) or 990-EZ) 2010

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	1					
include any "unusual grants.")						
2 Gross receipts from admissions,	1					
merchandise sold or services per- formed, or facilities furnished in	1					
any activity that is related to the	1					
organization's tax-exempt purpose						
3 Gross receipts from activities that	1					
are not an unrelated trade or bus-	1					
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	1					
or expended on its behalf	1					
5 The value of services or facilities						
furnished by a governmental unit to	1					
the organization without charge	1					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	L					
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	l l					
amount on line 13 for the year	1					
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties	1					
and income from similar sources	1					
b Unrelated business taxable income						
(less section 511 taxes) from businesses	1					
acquired after June 30, 1975	1					
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,	1					
whether or not the business is regularly carried on	1					
12 Other income. Do not include gain						
or loss from the sale of capital	l l					
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization'	s first. second. th	ird. fourth. or fifth	tax vear as a secti	on 501(c)(3) organi	zation.
	-			-		
Section C. Computation of Publi						F
15 Public support percentage for 2010 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2009						%
Section D. Computation of Inves						
17 Investment income percentage for 20	10 (line 10c, colur	mn (f) divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2010. If the					33 1/3%, and line	17 is not
more than 33 1/3% , check this box ar						
b 33 1/3% support tests - 2009. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio)
032023 12-21-10					hedule A (Form 99	or 990-EZ) 2010
			15			-

16520511 783690 0403-001

2010.03040 VIETNAM VETERANS MEMORIAL F 0403-001

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

52-1149668

2010

** Do Not File **

***	Not Open to	Public Inspection	***

Contributor's Name	Total Contributions	Excess Contributions
TIME WARNER	5,000,000.	4,061,849
CONOCO PHILLIPS	2,000,000.	1,061,849
HOLT COMPANIES	1,000,000.	61,849
HEISLEY FAMILY FOUNDATION	2,500,000.	1,561,849
GOVERNMENT OF AUSTRALIA	3,201,148.	2,262,997
ESTATE OF ALINE KLUSSMAN	1,015,718.	77,567
Fotal Excess Contributions to Schedule A, Part II, Line 5	1	9,087,960

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

2010

Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organiza	ation	Employer identification number
	VIETNAM VETERANS MEMORIAL FUND, INC.	52-1149668
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)
Name of organization

16520511 783690 0403-001

VIETNAM VETERANS MEMORIAL FUND, INC.

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$ <u>1,015,718.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2	2 10	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)

Employer identification number

52-1149668

Name of organization

Page of of Part II

Employer identification number

52-1149668

VIETNAM VETERANS MEMORIAL FUND, INC.

Part II	Noncash	Property	(see instructions)
---------	---------	----------	--------------------

(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
_		 \$	

18

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VIETNAM VETERANS MEMORIAL FUND

52-1149668

Part III	Exclusively religious, charitable, etc., in	ndividual contributions to sectio	n 501(c)(7), (8), or (10) organizations aggregating				
	Part III, enter the total of <i>exclusively</i> religion	bus, charitable, etc., contributions	following line entry. For organizations completing of				
	\$1,000 or less for the year. (Enter this info	ormation once. See instructions.)	\$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Farti							
Γ		(e) Transfer of gift					
Ļ	Transferee's name, address, ar	nd 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				
Ļ							
		(e) Transfer of gift					
			Deletienskin of two of even to two of even				
ŀ	Transferee's name, address, ar		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				
Tarti							
L							
	(e) Transfer of gift						
	T						
ŀ	Transferee's name, address, ar		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				
Part I							
			— ———				
ŀ	(e) Transfer of gift						
L	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
Γ							

INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

19

2010.03040 VIETNAM VETERANS MEMORIAL F 0403-001

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Inspection

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

► Attach to Form 990. ► See separate instructions.

Nam	ne of the organization VIETNAM VETERANS MEMORIAL FUND, I	INC.	Employer identification number 52-1149668
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Simi		
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised fun	nds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any ot		
	impermissible private benefit?	• •	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	tion of an historica	lly important land area
	Protection of natural habitat	tion of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a co	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с			2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a hi	istoric structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination of the second secon	inated by the organ	nization during the tax
	year 🕨		
4	Number of states where property subject to conservation easement is located \blacktriangleright		
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	handling of	
	violations, and enforcement of the conservation easements it holds?		Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easen	nents during the ye	ear ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	f section 170(h)(4)(F	B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 📖 No
9	In Part XIV, describe how the organization reports conservation easements in its revenue a	and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that	at describes the or	ganization's accounting for
	conservation easements.		<u> </u>
Ра	rt III Organizations Maintaining Collections of Art, Historical Treasu	ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	<u> </u>	
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-		
	historical treasures, or other similar assets held for public exhibition, education, or researc	ch in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.		
a	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue transport of the second for sublic sublikities adjustion or research is further.		
	treasures, or other similar assets held for public exhibition, education, or research in further	erance of public se	ervice, provide the following amount
	relating to these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		N A
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets		
2			provide
~	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these Revenues included in Form 990, Part VIII, line 1		▶ ¢
a h			
b			Р Ч
I HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 201
03205	1 1 10 10 10 10 10 10 10 10 10		
20	20		

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2010.03040 VIETNAM VETERANS MEMORIAL F 0403-001

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Par	t III Organizations Maintaining C	Collections of Ar	t, Historic	al Tr	easure	s, or Oth	er Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	ion, and other record	s, check any	of the	following	that are a	significant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d			hange pr					
b	Scholarly research	е	U Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fu	rther tl	he organi	zation's exe	empt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit of				-			_	_	
	to be sold to raise funds rather than to be m								Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the orga	nizatio	n answer	red "Yes" to	o Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								-	
	on Form 990, Part X?							L	∐ Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:					1		
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f	I		<u> </u>
	Did the organization include an amount on F		21?					L	∐ Yes	└── No
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i						10			
Fai	Endowment Funds. Complete				1		1	vooro book	(e) Four y	aara baak
4	Designing of year balance	(a) Current year 1,900,000.	(b) Priory 1,900		<u> </u>	years back 900,000.	(a) 1111ee	years Dack	(e) Four y	Ears Dack
1a ⊾	Beginning of year balance	1,500,000.	1,500	,000.	±,	,000,000.				
D	Contributions									
ט ה	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	1,900,000.	1,900	000	1	900,000.				
g	End of year balance Provide the estimated percentage of the year			,	±,	,,				
2	Board designated or guasi-endowment	a enu balance nelu a	%							
a b	Permanent endowment \blacktriangleright 100.00	%								
		%								
	Are there endowment funds not in the posse		ation that are	held a	nd admin	nistered for	the oragni	zation		
ou	by:			nciu a			the organi	201011		'es No
	(i) unrelated organizations									X
	(ii) related organizations									X
b	If "Yes" to 3a(ii), are the related organization									
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Description of investment	(a) Cost or of	1		or other	(c) /	Accumulat	ed	(d) Book	value
		basis (investr			(other)		epreciation		.,	
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		1	,18	8,394	4.	646,7	02.		,692.
-	Add lines 1a through 1e. (Column (d) must e						-			,692.
-								<u> </u>		

Schedule D (Form 990) 2010

032052 12-20-10

	D (Form 990) 2010	VIETNAM VET				INC.	52-	-1149668	Page 3
Part VI	I Investments -	Other Securities. Se	e Form 990), Part X, line 12	2.				
	(a) Description of sec (including name		(b) Bo	ook value			ethod of valuat nd-of-year marł		
(1) Einan		-					na er jear man		
()		S							
(2) Olose (3) Other									
	UBLICLY TRA	ADED							
	ECURITIES		9.9	951,290.	END-OF	-YEAR	MARKET	VALUE	
	RIVATE EQUI	ТҮ	- / -						
	OMMODITIËS			17,742.	END-OF	-YEAR	MARKET	VALUE	
(E)									
(F)									
(G)									
(<u>U</u>) (H)									
(1)									
	(b) must equal Form 990), Part X, col (B) line 12.) ▶	9,9	969,032.					
		Program Related. Se							
						(c) M	ethod of valuat	tion:	
	(a) Description of in	ivestment type	(b) Bo	ook value		Cost or e	nd-of-year marl	ket value	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
	(b) must equal Form 990), Part X, col (B) line 13.) 🕨							
Part IX		See Form 990, Part X, line	15.						
			Descriptior	1				(b) Book va	lue
(1) E	DUCATION CE	ENTER, CONSTRU	CTION	IN PROG	RESS			4,557	,711.
(2) D	EPOSITS								,085.
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
Total. (Co	lumn (b) must equal F	orm 990, Part X, col (B) line	15.)				►	4,582	,796.
Part X	Other Liabilitie	es. See Form 990, Part X,	line 25.						
1.	(a) D	escription of liability			(b) Amount				
(1) Fe	ederal income taxes								
(2) D	EFERRED REN	1T			397,64	44.			
(3) D	EFERRED COM	IPENSATION			188,16	58.			
	EFUNDABLE A			1	333,90				
(5)									
(6)									
(7)				[
(8)									
(9)									
(10)				 					
(11)									
	lumn (b) must eaual F	orm 990, Part X, col (B) line	25.)		919,72	21.			
FIN 48 (ASC 740) Footnote. In Part XI ASC 740).	IV, provide the text of the footnote to	the organizati	on's financial statem			ilability for uncertain	n tax positions under	
032053 12-20-10	. ,						Sche	edule D (Form 9	90) 2010
				<i>c</i> -				,	

	edule D (Form 990) 2010 VIETNAM VETERANS MEMORIA				1149668	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited	Financial S	Statemen	its	-
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		10,781,	
2	Total expenses (Form 990, Part IX, column (A), line 25)				6,716,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				4,065,	
4	Net unrealized gains (losses) on investments				296,	,813.
5	Donated services and use of facilities				-304,	,439.
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)				42,	,834.
9	Total adjustments (net). Add lines 4 through 8		9			,208.
10	Excess or (deficit) for the year per audited financial statements. Combine lines				4,100,	,426.
Pa	t XII Reconciliation of Revenue per Audited Financial State	ements With	n Revenue p	er Retur		
1	Total revenue, gains, and other support per audited financial statements			1	11,179,	<u>,216.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	296,8			
b	Donated services and use of facilities	2b	66,0	76.		
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d	60,0	49.		
е	Add lines 2a through 2d			2e		<u>,938.</u>
3	Subtract line 2e from line 1			3	10,756,	,278.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		80,7	19.		
b	Other (Describe in Part XIV.)	4b	-55,7	49.		. – .
с	Add lines 4a and 4b				24, 10,781,	<u>,970.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,248.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stat					
1	Total expenses and losses per audited financial statements			1	7,056,	,979.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities		370,5	15.		
b	Prior year adjustments	2b				
С	Other losses					
d	Other (Describe in Part XIV.)		51,1		4.01	660
е	•					<u>,668.</u>
3	Subtract line 2e from line 1			3	6,635,	,311.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	00 7	10		
	Investment expenses not included on Form 990, Part VIII, line 7b		80,7	19.		
	Other (Describe in Part XIV.)	4b		_		710
	Add lines 4a and 4b			·····		<u>,719.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,716,	,030.
	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P					4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c	complete this pa	art to provide ar	ny additiona	al information.	

PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PROVIDE A

PERMANENT SOURCE OF INCOME TO FURTHER THE MISSION OF THE ORGANIZATION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON FOREIGN CURRENCY TRANSACTION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON FOREIGN CURRENCY TRANSACTION

42,834.

42,834.

Schedule D (Form 990) 2010

032054 12-20-10

16520511 783690 0403-001 2010.03040 VIETNAM VETERANS MEMORIAL F 0403-001

Schedule D (Form 990) 2010 VIETNAM VETERANS MEMORIAL FUND, INC. Part XIV Supplemental Information (continued)	52-1149668 Page 5
ADJUSTMENT TO PAYABLES SHOWN AS OTHER INCOME ON FINANCIAL	
STATEMENTS	17,215.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	60,049.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
WRITE-OFFS TO PLEDGE RECEIVABLES	-21,811.
FUNDRAISING EVENT EXPENSE	-33,938.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-55,749.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	33,938.
ADJUSTMENT TO PAYABLES	17,215.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	51,153.
032055 12-20-10 2.4	Schedule D (Form 990) 2010

Part			AL FUND,		52-114966	
Turt	General Infor	rmation on A	ctivities Out	tside the United States. Comp	lete if the organization answered "	Yes"
	to Form 990, Par	t IV, line 14b.				
1 F	or grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of the g	rants or assistance, the	
g	rantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gr	ants or assistance?	Yes 🛄 No
2 F	or grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of g	rant funds outside the United Sta	tes.
<u>3</u> A				an be duplicated if additional space is		
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures
		in the region	agents, and independent	services, investments, grants to	describe specific type	for and
			contractors	recipients located in the region)	of service(s) in region	investments in region
			in region	-		
					REMOVAL OF UNEXPLODED	
EAST /	ASIA & THE				ORDNANCE - SEE SCHEDULE	
	IC - VIETNAM	1	1	PROGRAM SERVICES	F, PART IV	415,078.
					,	
3 2 8	ub-total	1	1			415,078.
	otal from continuation					,
	heets to Part I	o	0			0.
	otals (add lines 3a					
	nd 3b)	1	1			415,078.
0	or Paperwork Reduct	ion Act Notice.	see the Instruc	tions for Form 990.	Schedule F (Form 990) 2010

Statement of Activities Outside the United States

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

032071 12-20-10

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Schedule F (Form 990) 2010

►

3 Enter total number of other organizations or entities

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

1 1	Part II can be du	plicated if additional		 	 		······································
			(c) Region		non-cash	of non-cash	valuation (book, FMV,

Page 2 ▶ [

Schedule F (Form 990) 2010

52-1149668

			_
			-

(c) Number of

recipients

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.

(d) Amount of

cash grant

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

(b) Region

Schedule F (Form 990) 2010

(a) Type of grant or assistance

VIETNAM VETERANS MEMORIAL FUND, INC.

52-1149668

(g) Description of

non-cash assistance

(f) Amount of

non-cash

assistance

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Page 4 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form</i> 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010	VIETNAM VE	ETERANS ME	MORIAL FUN	D, INC.	52-1149668	Page 5			
Part V Supplementa	I Information								
Complete this par	t to provide the infor	mation required by	Part I, line 2 (monito	oring of funds); Parl	t I, line 3, column (f) (accounting	method);			
Part II, line 1 (acc	ounting method); Par	t III (accounting me	ethod); and Part III, o	column (c) (estimate	ed number of recipients), as app	licable.			
Also complete thi	s part to provide any	additional informat	tion.						
SCHEDULE F, PART I, LINE 2: THE ORGANIZATION DOES NOT MAKE GRANTS IN									
CONNECTION WITHI									

CONNECTION WITH ITS PROGRAM SERVICE ACTIVITIES OUTSIDE THE U.S. THE

PROGRAM SERVICE ACTIVITIES DESCRIBED ON SCHEDULE F, PART I, LINE 3

REPRESENT A PROGRAM FOR THE REMOVAL OF UNEXPLODED ORDNANCE IN VIETNAM.

SCHEDULE F, PART I, LINE 3: PROJECT RENEW IS THE FIRST COMPREHENSIVE MANAGEMENT APPROACH UNDERTAKEN IN VIETNAM TO RESTORE THE ENVIRONMENT AND NEUTRALIZE THE EFFECTS OF WAR. ITS WORK IS TO HELP REDUCE THE RISK OF THE MORE THAN 350,000 TONS OF UNEXPLODED ORDNANCE (UXO) LEFT FROM THE WAR, MUCH OF IT IN CENTRAL VIETNAM IN AREAS WHERE FARMERS WORK AND CHILDREN PLAY. PROJECT RENEW WAS LAUNCHED IN DECEMBER 2000 BY THE VIETNAM VETERANS MEMORIAL FUND IN PARTNERSHIP WITH THE QUANG TRI PROVINCE PEOPLE'S COMMITTEE. IN ADDITION TO CLEARING LANDMINES AND UXO FROM CONTAMINATED AREAS, PROJECT RENEW PERFORMS MANY OTHER VALUABLE SERVICES: IT PURSUES MINE-RISK EDUCATION THROUGH TELEVISION AND RADIO SPOTS AND A VARIETY OF IN-PERSON PROGRAMS. IT PROVIDES EMERGENCY MEDICAL SERVICES AND PROSTHETIC LIMBS FOR AMPUTEES. IT GIVES JOB TRAINING AND ASSISTANCE TO LANDMINE VICTIMS TO HELP THEM ATTAIN SUSTAINABLE INCOME.

SCHEDULE G	
------------	--

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

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

2010	
Open To Public	2

OMB No. 1545-0047

Name of the organization						Employer	identification number
	VIETNAM	VETERANS	MEMORIAL	FUND,	INC.	52-11	49668

Part I Fundraising Activities required to complete this part	 Complete if the organization answ t. 	vered "	/es" to	o Form 990, Part IV,	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e X Solicita f X Solicita g X Specia pr oral agreement with any individua Part VII) or entity in connection with lividuals or entities (fundraisers) pur-	ation of ation of I fundra al (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CREATIVE DIRECT RESPONSE -		Yes	No			
1682 VILLAGE GREEN, CROFTON,	DIRECT MAIL FUNDRAISING		x	4,060,440.	273,396.	3,787,044.
Total				4,060,440.	273,396.	3,787,044.

 Total
 4,060,440.
 273,396.
 3,787.

 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
 0

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2010

30

032081 01-13-11

2010.03040 VIETNAM VETERANS MEMORIAL F 0403-001

	edu I rt	le G (Form 990 or 990-EZ) 2010 VIETNA				
		of fundraising event contributions and g	ross income on Form 990	-EZ, lines 1 and 6b. List	events with gross recei	ots greater than \$5,000.
			(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
ē			GALA (event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	202,875.			202,875.
	2	Less: Charitable contributions	168,937.			168,937.
	3	Gross income (line 1 minus line 2)	33,938.			33,938.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	9,114.			9,114.
Direct	7	Food and beverages	7,937.			7,937.
		Fatadainmant	7 830			7 830
	8 9	Entertainment Other direct expenses				7,830. 9,057.
	10	Direct expense summary. Add lines 4 throug			•	(33,938,
	11					0.
Pa	irt		answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	•
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ш. 	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			()
	8	Net gaming income summary. Combine line	1, column d, and line 7			
9		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming a				Yes No
b	lf "	No," explain:				
10-		ere any of the organization's gaming licenses r	avakad augaandad or ta	rminated during the tax	100r2	Yes No
		Yes," explain:				
	_					
0320	82 0	1-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010
					·	-

Schedule G (Form 990 or 990-EZ) 2010 VIETNAM VETERA	NS MEMORIAL FUND, INC. 52-1	149668 Page 3
11 Does the organization operate gaming activities with nonmembers	s?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a r	nember of a partnership or other entity formed	
to administer charitable gaming?		
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility		
b An outside facility		13b %
14 Enter the name and address of the person who prepares the orga	nization's gaming/special events books and records:	
Name ►		
Address ►		
15a Does the organization have a contract with a third party from who	m the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the orga	anization \blacktriangleright \$ and the amount	
of gaming revenue retained by the third party \triangleright \$		
c If "Yes," enter name and address of the third party:		
Name ►		
Address		
16 Gaming manager information:		
Name ►		
Gaming manager compensation 🕨 💲		
Description of services provided		
Director/officer Employee	Independent contractor	
17 Mandatory distributions:		
a Is the organization required under state law to make charitable dis	stributions from the gaming proceeds to	
retain the state gaming license?		Yes No
b Enter the amount of distributions required under state law to be d	istributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year > \$		
	le the explanations required by Part I, line 2b, columns (iii)	
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Als	so complete this part to provide any additional information	1 (see instructions).
SCHEDULE G, PART I, LINE 2B, LIST O	F TEN HIGHEST PAID FUNDRAISER	s:
(I) NAME OF FUNDRAISER: CREATIVE DI	RECT RESPONSE	
(I) ADDRESS OF FUNDRAISER: 1682 VIL	LAGE GREEN, CROFTON, MD 2111	4
	INCL ONLIN, CROITON, MD 2111	. 1
032083 01-13-11	Schedule G (Form 32	n 990 or 990-EZ) 2010
	54	

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	2010				
1		Compensated Employees		ZU IU				
		Complete if the organization answered "Yes" to Form 990, Part IV, line 23.		Open to Public				
	rtment of the Treasury al Revenue Service	► Attach to Form 990. See separate instructions.		Inspection				
-	ne of the organization		Employer	identificati	on nu	mber		
	C C	VIETNAM VETERANS MEMORIAL FUND, INC.		L14966				
Pa	rt I Question	s Regarding Compensation	-		-			
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed in Form	990		100	110		
104		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c		naluse					
	Travel for com	, i i i i i i i i i i i i i i i i i i i						
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees							
		pending account Personal services (e.g., maid, chauffeur,						
			01101)					
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
b	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	х			
2		require substantiation prior to reimbursing or allowing expenses incurred by all officers, di						
2		EO/Executive Director, regarding the items checked in line 1a?		2	x			
	trustees, and the C							
3	Indicato which if ar	y, of the following the organization uses to establish the compensation of the organization	C					
5		ctor. Check all that apply.	3					
		TTT						
		her organizations	committee					
	During at the surgery self-st							
4		any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	•				х		
		e payment or change-of-control payment from the organization or a related organization?			x			
b		ceive payment from, a supplemental nonqualified retirement plan?			~	x		
С		ceive payment from, an equity-based compensation arrangement?		4c				
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
-)(3) and 501(c)(4) organizations must complete lines 5-9.						
5	•	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the re					v		
a						X X		
b		ation?		5b				
~		5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the n			-		v		
a	The organization?			<u>6a</u>		X X		
b	Any related organiz	ation?		<u>6b</u>				
_		6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment		_		v		
-		es 5 and 6? If "Yes," describe in Part III		7		<u> </u>		
8	-	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				77		
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		<u> </u>		
9		d the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?						
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	1 990)	2010		

032111 12-21-10 Schedule J (Form 990) 2010

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

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

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

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F)	
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ	
	i) 155,631	0.	72,500.	23,063.	13,484.		0.	
1 JAN C. SCRUGGS (i) 0.	0.	0.	0.	0.	0.	0.	
	i) 179,151	0.	0.	17,532.	14,006.		0.	
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Schedule J (Form 990) 2010	VIETNAM	VETERANS	MEMORIAL	FUND,	INC
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: JAN SCRUGGS, PRESIDENT, RECEIVED TWO TAX GROSS-UP PAYMENTS

IN 2010. ONE WAS TO COVER THE INCOME TAXES ON A LIFE INSURANCE PREMIUM PAID

BY VVMF. THE GROSS-UP PAYMENT OF \$9,732 WAS REPORTED AS TAXABLE INCOME TO

JAN SCRUGGS.

THE SECOND GROSS-UP PAYMENT WAS FOR \$911 TO COVER FICA TAXES ON THE

EMPLOYER CONTRIBUTIONS TO MR. SCRUGGS' 457 DEFERRED COMPENSATION PLAN. THIS

PAYMENT WAS REPORTED AS TAXABLE INCOME TO JAN SCRUGGS.

PART I, LINE 4B: IN RECOGNITION OF HIS SERVICES TO VVMF, THE ORGANIZATION

MAKES CONTRIBUTIONS TO A DEFERRED COMPENSATION PLAN ON BEHALF OF VVMF'S

FOUNDER AND PRESIDENT, JAN SCRUGGS. MR. SCRUGGS' REPORTED SALARY FOR 2010

INCLUDES DEFERRED COMPENSATION UNDER SECTION 457(B), IN THE AMOUNT OF

\$16,500, AND SECTION 457(F), IN THE AMOUNT OF \$45,537, FOR A TOTAL OF

\$61,857 IN DEFERRED COMPENSATION.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the o	raanization					-			Employer	identifi	ication r	umber	
Name of the o	•	υ πωτα		זכ אדא	MORTAT.	FUND, INC.			52-11			umber	
Part I E						n 501(c)(4) organizatio	ne only)		JZ-11	4900	0		
			•	. , .	,	line 25a or 25b, or Fo	• •		+ \/ line 40	h			
1		anization ans	wereu res	OITFOITH	990, Fait IV,	III 10 20a 01 200, 01 FO	111 990-6	z, rai	t v, iirie 40	D.		roctod?	
•	(a) Name of dis	equalified per	son			(b) Description	of transa	liction			(c) Corrected? Yes No		
											165		
2 Enter the	amount of tax imp	osed on the	organization	manager	s or disqualif	ied persons during the	e vear ur	der			1		
section 4									▶ \$				
						ation			···· • •				
	amount of tax, if a		40010,1011	ibureeu by	, the organize				🕨 🔍				
Part II L	_oans to and/o	r From In	terested	Persons	S.								
	Complete if the ora	anization ans	wered "Yes	" on Form	990. Part IV.	line 26, or Form 990-E	Z. Part V	/. line :	38a.				
	e of interested		to or from		nal principal	(d) Balance due) In	(f) App	proved	(g) Written		
person	and purpose		nization?	ar ar	nount	(2) 22.0.100 200		ault?	by bo comm	ard or ittee?	agree	ment?	
		То	From				Yes	No	Yes	No	Yes	No	
Total			·		🕨 \$								
Part III C	Grants or Assis	stance Be	nefiting I	ntereste	ed Person	s.							
C	Complete if the orga	anization ans	wered "Yes	" on Form	990, Part IV,	line 27.							
(a) N	Name of interested	person		(b) Relati	ionship betw	een interested person	and				d type o	f	
					the or	ganization			6	assistar	ice		
								\perp					
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

032131 12-21-10

Page **2**

Schedule L	(Form	990 or	990.F7)	2010

Part IV Business Transactions Involving Interested Persons.

	oompiete ii ti	le organization a	113006160		, i alt iv, ille 20a, 2	00, 01 200.			
(a) Name of interested person				etween interested ne organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
								Yes	No
ROBERT	FRANK,	PARTNER	OF I	NONVOTING	MEMBER OF	117,748.	INDEPENDENT		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT FRANK, PARTNER OF FRANK & COMPANY, PC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NONVOTING MEMBER OF THE BOARD OF DIRECTORS; NO LONGER ASSOCIATED WITH VVMF

(C) AMOUNT OF TRANSACTION \$ 117,748.

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M	
(Form 990)	

Department of the Treasury

Internal Revenue Service

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 L

Open to Public

Employer identification number

52-1149668

. Inspection

Name of the organization		
	<u> 17 Γ</u> ΓΓΓΝΙ ΑΜ	<u>ͺͺͺͺͺ</u>

VIETNAM VETERANS MEMORIAL FUND, INC.

Pa	rtI	Types of Property							
			(a)	(b)	(c)	(d)			
			Check if	Number of	Noncash contribution	Method of d		•	
			applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contrib	ution am	ount	5
1	Art	- Works of art							
2		- Historical treasures							
3									
		- Fractional interests							
4		oks and publications							
5		othing and household goods							
6		rs and other vehicles							
7		ats and planes							
8		ellectual property		1	20.010	000			
9		curities - Publicly traded		1	29,919.	COST			
10		curities - Closely held stock							
11		curities - Partnership, LLC, or							
		st interests							
12	Sec	curities - Miscellaneous							
13	Qua	alified conservation contribution -							
	Hist	storic structures							
14		alified conservation contribution - Other							
15	Rea	al estate - Residential							
16		al estate - Commercial							
17		al estate - Other							
18		llectibles							
19		od inventory							
20		ugs and medical supplies							
21		xidermy							
22		storical artifacts							
23		ientific specimens							
24		cheological artifacts							
25		her (
26		her ► (
27			<hr/>						
28		her ▶ (, <u> </u>						
<u>20</u> 29		mber of Forms 8283 received by the org	/ uppization durin	l a tho tax year for a	ontributions				
29		which the organization completed Form							
	101	which the organization completed ronn	0203, Fait IV,	Donee Acknowled	gement			Yes	No
20-		ring the year, did the organization receiv	o by contributi	on any proporty ro	ported in Dart L lines 1 29 th	at it must hold for		163	NU
30a									
		least three years from the date of the init					20-		х
		e entire holding period?					30a		<u></u>
		Yes," describe the arrangement in Part I							v
31		es the organization have a gift acceptan					31		<u>X</u>
32a		es the organization hire or use third part	ies or related o	rganizations to soli	cit, process, or sell noncash		32a		v
	contributions?								X
b	b If "Yes," describe in Part II.								
33	33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,								
		scribe in Part II.							
LHA	F	For Paperwork Reduction Act Notice, s	see the Instruc	tions for Form 99	0.	Schedule M	(Form 9	90) (2010)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

INC.

OMB No. 1545-0047

Name of the organization VIETNAM VETERANS MEMORIAL FUND,

Employer identification number 52-1149668

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

EDUCATE ON THE IMPACTS OF THE VIETNAM WAR ERA.

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

DISPLAYED IN THE EDUCATION CENTER.

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

THE ORGANIZATION PLANS, ORGANIZES AND CONDUCTS A NUMBER OF CEREMONIES

AT THE MEMORIAL AND ELSEWHERE TO BRING PEOPLE TOGETHER TO REMEMBER AND

HONOR THE MEN AND WOMEN WHO SERVED IN THE VIETNAM WAR AND THOSE WHO

DIED. CEREMONIES ARE CONDUCTED EACH YEAR ON MEMORIAL DAY, VETERANS

DAY, FATHERS DAY, MOTHERS DAY, IN MEMORY DAY AND CHRISTMAS TO

RECOGNIZE, REMEMBER AND HONOR THOSE WHO SERVED AND DIED AS WELL AS TO

BRING HEALING TO THEIR FAMILIES, THEIR FRIENDS AND OUR NATION.

EXPENSES \$ 370,314. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE ORGANIZATION PROMOTES HEALING AND PROVIDES EDUCATION ABOUT THE

IMPACT OF THE VIETNAM WAR THROUGH ITS TRAVELING MEMORIAL CALLED "THE

WALL THAT HEALS". THE ORGANIZATION EXHIBITS A HALF-SCALE REPLICA OF

THE VIETNAM VETERANS MEMORIAL IN CITIES AND LOCATIONS THROUGHOUT THE

UNITED STATES, MAKING IT POSSIBLE FOR MILLIONS OF INDIVIDUALS WHO ARE

UNABLE TO TRAVEL TO WASHINGTON, D.C. TO RECOGNIZE, REMEMBER AND HONOR

THOSE WHO SERVED AND DIED, AND TO EXPERIENCE A CONNECTION WITH LOST

COMRADES AND LOVED ONES. THE TRAVELING MEMORIAL ALSO INCLUDES AN

EDUCATIONAL MUSEUM AND AN INFORMATION CENTER TO ASSIST VISITORS IN

 FINDING NAMES ON THE MEMORIAL.
 THIS YEAR, THE ORGANIZATION BROUGHT THE

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

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16520511 783690 0403-001

01 2010.03040 VIETNAM VETERANS MEMORIAL F 0403-001

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
WALL THAT HEALS AND THE TRAVELING MUSEUM AND INFORMATION	CENTER TO 23
LOCATIONS IN THE UNITED STATES AND BROUGHT THE MUSEUM COM	PONENT TO TWO
ADDITIONAL LOCATIONS REACHING THOUSANDS OF VISITORS.	
EXPENSES \$ 385,349. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 108,500.
THE ORGANIZATION WORKS IN COOPERATION WITH THE NATIONAL P	ARK SERVICE TO
PROVIDE FOR SPECIAL MAINTENANCE NEEDS OF THE VIETNAM VETE	RANS MEMORIAL
IN WASHINGTON, D.C., INCLUDING THE ADJACENT THREE SERVICE	MAN STATUE,
FLAGPOLE AND THE THREE-ACRE SITE WHERE THE VIETNAM VETERA	NS MEMORIAL IS
LOCATED, TO MAINTAIN THE SITE'S FUNCTION AS A PLACE OF RE	FLECTION ON
THE VIETNAM WAR, A PLACE OF HONOR, RECOGNITION AND REMEMB	RANCE OF THOSE
WHO SERVED AND THOSE WHO DIED, A PLACE OF SPIRITUAL CONNE	CTION WITH
LOST COMRADES AND LOVED ONES, AND A SYMBOL OF HEALING FOR	OUR NATION.
THE MEMORIAL HAS BEEN VISITED BY MORE THAN 80 MILLION PEO	PLE, MAKING IT
ONE OF THE MOST VISITED MEMORIALS ON THE NATIONAL MALL.	THIS YEAR 4.6
MILLION PEOPLE VISITED THE VIETNAM VETERANS MEMORIAL IN W	ASHINGTON D.C.
EXPENSES \$ 322,269. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.

THE ORGANIZATION EDUCATES STUDENTS ABOUT THE IMPACT OF THE VIETNAM WAR
AND PRESERVES THE LEGACY OF THE VIETNAM VETERANS MEMORIAL THROUGH ITS
PROGRAMS RELATED TO THE EDUCATION OF STUDENTS AND TEACHERS REGARDING
THE VIETNAM WAR, THE VIETNAM VETERANS MEMORIAL AND THE MEMORIAL'S
LEGACY IN CULTURE AND SOCIETY. THE ORGANIZATION'S EDUCATION PROGRAMS
REACH TEACHERS AND STUDENTS FROM GRADES 7 TO 12 AS WELL AS HIGHER
EDUCATION.
EXPENSES \$ 302.611. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

16520511 783690 0403-001

THE ORGANIZATION IS DEVELOPING AN EDUCATION CENTER THAT WILL BE LOCATED 032212 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
ADJACENT TO THE VIETNAM VETERANS MEMORIAL ON THE NATIONAL	MALL IN
WASHINGTON D.C. THE EDUCATION CENTER WILL INCLUDE INTER	ACTIVE
EXHIBITS AND PRIMARY SOURCE MATERIALS TO PERSONALIZE THE	NAMES ON THE
WALL TO HELP VISITORS GAIN A GREATER UNDERSTANDING OF THE	COURAGE AND
PERSONAL SACRIFICE OF THE INDIVIDUALS WHOSE NAMES ARE INS	CRIBED ON THE
MEMORIAL. THE EDUCATION CENTER WILL ALSO PROMOTE A GREAT	ER
UNDERSTANDING OF THE VIETNAM WAR AND THE VIETNAM WAR ERA.	AS DISCLOSED
IN ITEM 4C, DURING 2010, THE ORGANIZATION'S CAPITAL EXPEN	DITURES
RELATED TO THE DEVELOPMENT OF THE EDUCATION CENTER TOTALE	D \$1,312,192.

FORM 990, PART VI, SECTION A, LINE 3: IN EARLY 2010, THE ORGANIZATION OUTSOURCED THE FINANCIAL ACCOUNTING OPERATIONS AND PROGRAM OVERSIGHT OF PROJECT RENEW RESPONSIBILITIES TO AN INDEPENDENT CONTRACTOR. AS OF MAY 2010, THE FINANCIAL ACCOUNTING OPERATIONS AND PROGRAM OVERSIGHT OF PROJECT RENEW ARE THE RESPONSIBILTY OF VVMF MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 11: A CPA FIRM PREPARES THE FORM 990 AND PROVIDES A DRAFT COPY TO THE CFO AND THE BOARD FOR THEIR REVIEW AND APPROVAL. THE FINANCE AND AUDIT COMMITTEE REVIEWS THE RETURN IN DETAIL. A CONFERENCE CALL TAKES PLACE TO DISCUSS THE RETURN AND RESPOND TO QUESTIONS. ANY NECESSARY REVISIONS ARE MADE AND THE REVISED DRAFT IS THEN SENT TO THE BOARD FOR REVIEW PRIOR TO THE 990 BEING ISSUED FINAL. THE CFO THEN APPROVES THE 990 FOR ASSEMBLY AND SIGNS THE FINAL FORM.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED AND ACKNOWLEDGED ANNUALLY BY OFFICERS AND DIRECTORS.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
CONTRACT AND SALARY REQUIREMENTS BASED ON SALARY COMPARIS	ON DATA PROVIDED
BY INDEPENDENT SURVEY AND CONTEMPORANEOUS DOCUMENTATION O	F THE DECISION WAS
MADE BY THE COMMITTEE FOR THE PRESIDENT/CEO EMPLOYMENT CO	NTRACT AND THE
CONTRACTS OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGA	ΝΤΖΔΨΤΟΝ

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CT,DC,FL,GA,HI,IL,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NV,NH NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,UT,VA,WA,WV,WI,WY

FORM 990, PART VI, SECTION C, LINE 18: VVMF COMPLIES WITH SECTION 6104 AND MAKES ITS FORM 1023, 990 AND 990-T (IF APPLICABLE) AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FROM THE VVMF OFFICE, ON GUIDESTAR.COM, ON THE WEBSITE OF THE BETTER BUSINESS BUREAU WWW.BBB.ORG, AND ON ITS OWN WEBSITE, WWW.VVMF.ORG.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS SUCH AS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND A COPY OF VVMF'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE VVMF OFFICE.

FORM 990, PART VII, SECTION A, LINE 1A; LISTING OF OFFICERS AND DIRECTORS: AS OF MAY 2010, ROBERT H. FRANK IS NO LONGER AN OFFICER OR DIRECTOR OF VVMF.

FORM 9	990, PAR	ΤXI,	LINE	5, CHANGES	IN NE	T ASSE	TS:		
NET UN	NREALIZE	D GAII	IS ON I	INVESTMENT	S:				296,813.
DONATE	ED SERVI	CES AI	ND USE	OF FACILI	TIES:				-304,439.
	LIZED GA	IN ON	FOREI	GN CURRENC	Y TRAN	SACTIC	N		42,834.
032212 01-24-11					4	12	So	chedule O (Form 990) or 990-EZ) (2010)
520511	783690	0403-	001	2010.03	040 VI	ETNAM	VETERANS	MEMORIAL E	0403-001

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
TOTAL TO FORM 990, PART XI, LINE 5	35,208
SCHEDULE D, PART IX, OTHER ASSETS:	
EXPLANATION FOR EDUCATION CENTER ASSET	
VVMF IS CONDUCTING A CAPITAL CAMPAIGN TO RAISE FUNDS TO	BUILD AN
EDUCATION CENTER ON THE MALL NEAR THE VIETNAM VETERANS M	IEMORIAL IN
WASHINGTON, DC. THE EDUCATION CENTER WILL HELP VISITORS	UNDERSTAND THE
COURAGE, SACRIFICE AND DEVOTION OF THOSE WHO SERVED OUR	COUNTRY.
THROUGH INTERACTIVE EXHIBITS AND PRIMARY SOURCE MATERIAL	S, VISITORS
WILL BE ABLE TO BETTER UNDERSTAND THE PROFOUND IMPACT TH	IE VIETNAM WAR
HAD ON THEIR FAMILY MEMBERS, THEIR HOME TOWNS, THEIR COM	MUNITIES, AND
THE NATION. ALL COSTS RELATED TO THE DESIGN, PLANNING A	ND CONSTRUCTION
OF THE CENTER ARE CAPITALIZED AS WORK IN PROGRESS. UPON	I COMPLETION OF
CONSTRUCTION, THE EDUCATION CENTER WILL BE DONATED TO TH	IE NATIONAL PARK
SERVICE, AT WHICH TIME ALL CAPITALIZED COSTS WILL BE EXE	PENSED. VVMF'S
TOTAL NET ASSETS AS OF DECEMBER 31, 2010 INCLUDES \$16,58	
RESTRICTED FOR THE DEVELOPMENT AND BUILDING OF THE EDUCA	ATION CENTER.

PART I LINES 17, 18 AND 19 PRIOR YEAR COLUMN:

EXPLANATION FOR AMENDED BALANCES OF PRIOR YEAR OTHER EXPENSES

THE PRIOR YEAR BALANCES WERE CORRECTED ON THIS AMENDED RETURN TO AGREE

43

WITH PRIOR RETURN.

032212 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

FORM 990 PAGE 10

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JRM 95	0 PAGE 10	_					990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	ine Unadjusted Io. Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE													
8	(D) PHONE	11/09/91	SL	3.00	нү1	6 4,776.				4,776.	4,776.		0.	
9	(D)COMPUTER	12/16/91	SL	3.00	нү1	6 3,312.				3,312.	3,312.		Ο.	
10	(D)FAX	12/16/91	SL	3.00	нү1	6 854.				854.	854.		0.	
11	(D)REFRIGERATOR	01/25/92	SL	3.00	нү1	6 104.				104.	104.		0.	
12	(D)MICROWAVE	03/31/92	SL	3.00	нү1	6 122.				122.	122.		0.	
13	(D) PHONE	05/15/92	SL	3.00	нү1	6 552.				552.	552.		Ο.	
14	(D)COPIER	05/11/94	SL	3.00	нү1	6 5,000.				5,000.	5,000.		0.	
15	(D)FURNITURE	01/13/95	SL	3.00	нү1	6 1,856.				1,856.	1,856.		0.	
16	(D)COMPUTER	03/27/95	SL	3.00	нү1	6 572.				572.	572.		0.	
17	(D)FURNITURE	09/21/95	SL	3.00	нү1	6 1,999.				1,999.	1,999.		0.	
18	(D)COPIER	12/12/95	SL	3.00	нү1	6 810.				810.	810.		0.	
19	(D)TV	04/08/96	SL	3.00	нү1	6 304.				304.	304.		0.	
20	(D)PANEL	06/25/96	SL	3.00	нү1	6 252.				252.	252.		0.	
21	(D)COMPUTER	07/22/96	SL	3.00	HY1	6 3,400.				3,400.	3,400.		٥.	
22	(D) PHONE	08/27/96	SL	3.00	HY1	6 304.				304.	304.		0.	
23	(D)COMPUTER	11/13/96	SL	3.00	нү1	6 1,899.				1,899.	1,899.		0.	
24	FILE CABINET	12/10/96	SL	3.00	HY1	6 130.				130.	130.		Ο.	130.

028111 05-01-10

FORM 990 PAGE 10

990

FORM 95	0 PAGE 10	_					990	_						
Asset No.	Description	Date Acquired	Method	Life	C on v	ine Unadjusted ^{Io.} Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
25	(D)FAX	12/17/96	SL	3.00	HY1	6 500.				500.	500.		0.	
26	(D)PRINTER	12/16/96	SL	3.00	нү1	6 200.				200.	200.		0.	
27	(D)COMPUTER	12/26/96	SL	3.00	нү1	6 1,617.				1,617.	1,617.		0.	
28	(D)CAR CARRIER	04/15/97	SL	3.00	HY1	6 405.				405.	405.		0.	
29	(D)FURNITURE	06/24/97	SL	3.00	HY1	6 3,096.				3,096.	3,096.		0.	
30	(D)FURNITURE	06/30/97	SL	3.00	HY1	6 686.				686.	686.		0.	
31	(D)PHONE WIRING	07/01/97	SL	3.00	HY1	6 3,671.				3,671.	3,671.		0.	
32	(D)COOLER	07/08/97	SL	3.00	HY1	6 369.				369.	369.		0.	
33	(D)PRINTER	07/09/97	SL	3.00	HY1	6 400.				400.	400.		0.	
34	(D)PRINTER	07/09/97	SL	3.00	HY1	6 400.				400.	400.		0.	
35	(D)REFRIGERATOR	07/15/97	SL	3.00	HY1	6 378.				378.	378.		0.	
36	(D)COUNTERTOP	08/01/97	SL	3.00	HY1	6 1,640.				1,640.	1,640.		0.	
37	(D)PRINTER	08/07/97	SL	3.00	HY1	6 400.				400.	400.		0.	
38	(D)WIRING	09/02/97	SL	3.00	HY1	6 1,160.				1,160.	1,160.		0.	
39	(D)PHONE WIRING	09/15/97	SL	3.00	нү1	6 396.				396.	396.		0.	
40	(D)PHONE WIRING	09/16/97	SL	3.00	нү1	6 521.				521.	521.		0.	
41	(D)PRINTER	12/02/97	SL	3.00	нү1	6 350.				350.	350.		0.	
42	(D)CABLE WIRING	03/07/98	SL	3.00	HY1	6 1,046.				1,046.	1,046.		0.	

028111 05-01-10

(D) - Asset disposed

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ORM 91	0 PAGE 10	_					990	_	_				_	_
Asset No.	Description	Date Acquired	Method	Life	C on N V	ne Unadjusted ^{5.} Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
43	(D)HARDWARE INSTALL	03/19/98	SL	3.00	НҮ1 (1,948.				1,948.	1,948.		0.	
44	(D)2 COMPUTER	03/19/98	SL	3.00	HY1 (3,646.				3,646.	3,646.		٥.	
45	(D)COMPUTER EQUIPMENT	04/14/98	SL	3.00	НҮ1 (1,187.				1,187.	1,187.		٥.	
46	DESKS	04/03/98	SL	3.00	НУ1 (630.				630.	630.		٥.	630.
47	FILE CABINET	04/03/98	SL	3.00	НҮ1 (330.				330.	330.		٥.	330.
48	(D)CHAIRS	04/03/98	SL	3.00	НҮ1 (765.				765.	765.		0.	
49	(D)PRINTER STAND	04/03/98	SL	3.00	НҮ1 (180.				180.	180.		٥.	
50	(D)PRINTER	04/13/98	SL	3.00	HY16	262.				262.	262.		0.	
51	(D)PRINTER	06/19/98	SL	3.00	НҮ1 (747.				747.	747.		٥.	
52	(D)PHONE WIRING	06/14/98	SL	3.00	НҮ1 (800.				800.	800.		٥.	
53	(D)COMPUTER	05/12/98	SL	3.00	НҮ1 (1,134.				1,134.	1,134.		٥.	
54	(D)SUPPLIES & OFFICE FURNITURE	05/26/98	SL	3.00	HY1 (1,357.				1,357.	1,357.		0.	
55	FILE CABINET	06/26/98	SL	3.00	HY1 (800.				800.	800.		0.	800.
56	(D)PHONE SYSTEM	04/06/98	SL	3.00	HY1 (9,606.				9,606.	9,606.		0.	
57	(D)CABLE INSTALLATION	07/31/98	SL	3.00	HY1 (684.				684.	684.		0.	
58	(D)FILE CABINET	08/25/98	SL	3.00	HY16	240.				240.	240.		0.	
59	FAX MACHINE	09/29/98	SL	3.00	НҮ1 (250.				250.	250.		0.	250.
60	(D)STAPLES	09/30/98	SL	3.00	HY1 (799.				799.	799.		0.	

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Asset No.	Description	Date Acquired	Method	Life	C o n v	ne Unadjusted ^{o.} Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
61	(D)HP SCANNER	10/20/98	SL	5.00	HY1	5 348.				348.	348.		0.	
62	(D)STAPLES	11/05/98	SL	5.00	HY1	5 240.				240.	240.		0.	
63	(D)LOVESEAT	01/07/99	SL	3.00	нү1	6 633.				633.	633.		0.	
64	GUEST CHAIRS - 2	01/07/99	SL	3.00	нү1	551.				551.	551.		0.	551.
65	(D)CHERRY COFFEE TABLE	01/07/99	SL	3.00	нү1	5 227.				227.	227.		0.	
66	(D)CHERRY ENDTABLE - 2	01/07/99	SL	3.00	нү1	6 454.				454.	454.		0.	
67	(D)FAX MACHINE	09/20/99	SL	3.00	нү1	585.				585.	585.		0.	
68	FURNITURE	11/11/99	SL	3.00	HY1	6 8,958.				8,958.	8,958.		0.	8,958.
69	FURNITURE	11/11/99	SL	3.00	нү1	6 7,483.				7,483.	7,483.		0.	7,483.
70	FURNITURE	12/01/99	SL	3.00	HY1	6 811.				811.	811.		0.	811.
71	FURNITURE	12/01/99	SL	3.00	HY1	6 1,607.				1,607.	1,607.		٥.	1,607.
72	FURNITURE	12/01/99	SL	3.00	нү1	6 1,666.				1,666.	1,666.		0.	1,666.
73	FURNITURE	12/01/99	SL	3.00	HY1	6 6,788.				6,788.	6,788.		٥.	6,788.
74	FURNITURE	12/31/99	SL	3.00	нү1	6 1,279.				1,279.	1,279.		0.	1,279.
75	FURNITURE	12/31/99	SL	3.00	HY1	6 8,566.				8,566.	8,566.		0.	8,566.
76	(D)COMPUTER EQUIPMENT	02/03/00	SL	3.00	HY1	6 7,406.				7,406.	7,406.		0.	
77	(D)COMPUTER EQUIPMENT	02/25/00	SL	3.00	нү1	6 1,601.				1,601.	1,601.		٥.	
78	(D)ART DISPLAY	02/28/00	SL	3.00	нү1	6 3,807.				3,807.	3,807.		0.	

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Asset No.	Description	Date Acquired	Method	Life	C on v	ne Unadjusted o. Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
79	(D)HAUGHT DESIGNS	02/28/00	SL	3.00	HY1	5 890.				890.	890.		0.	
80	(D)COMPUTER EQUIPMENT	03/03/00	SL	3.00	нү1	5 1,348.				1,348.	1,348.		٥.	
81	(D)HAUGHT DESIGNS	03/06/00	SL	3.00	HY1	5 1,919.				1,919.	1,919.		0.	
82	(D)HAUGHT DESIGNS	03/22/00	SL	3.00	HY1	5 748.				748.	748.		0.	
83	(D)ADV PREMIUM WEB SETUP	02/28/00	SL	5.00	HY1	5 2,550.				2,550.	2,550.		0.	
84	(D)HAUGHT DESIGNS	05/15/00	SL	3.00	HY1	5 917.				917.	917.		0.	
85	(D)COMPUTER FRANK&CO	08/28/00	SL	3.00	HY1	5 1,847.				1,847.	1,847.		0.	
86	(D)COMPUTER FRANK&CO	12/22/00	SL	3.00	HY1	5 416.				416.	416.		0.	
87	(D)DELL COMPUTER	06/15/01	SL	3.00	нү1	5 1,202.				1,202.	1,202.		٥.	
88	(D)SERIES 5M & MULBERRY	12/26/01	SL	3.00	HY1	5 563.				563.	563.		٥.	
89	(D)DELL COMPUTER	06/19/02	SL	3.00	HY1	5 4,031.				4,031.	4,031.		٥.	
90	(D)CONSOLE TABLE	09/23/02	SL	3.00	HY1	5 380.				380.	380.		٥.	
91	(D)10 FUJITSU COMPUTERS	11/01/02	SL	3.00	HY1	5 5,000.				5,000.	5,000.		٥.	
92	2 DELL LAPTOPS	02/14/03	SL	3.00	HY1	5 4,237.				4,237.	4,237.		٥.	4,237.
93	DELL COMPUTER	11/12/03	SL	3.00	HY1	5 2,310.				2,310.	2,310.		٥.	2,310.
94	DELL COMPUTER	03/24/03	SL	3.00	HY1	5 1,280.				1,280.	1,280.		٥.	1,280.
95	DELL COMPUTER	03/11/04	SL	3.00	HY1	6,555.				6,555.	6,555.		٥.	6,555.
96	DELL COMPUTER	05/01/04	SL	3.00	HY1	5 2,375.				2,375.	2,375.		0.	2,375.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
97	DELL SERVER LAPTOP	07/01/04	SL	3.00	нү1	16	5,063.				5,063.	5,063.		0.	5,063.
98	(D)TELEPHONE SYSTEMS	08/01/04	SL	3.00	нү1	16	7,557.				7,557.	7,557.		0.	
99	(D)OFFICE CHAIR	03/31/05	SL	3.00	нү1	16	735.				735.	735.		0.	
100	COMPUTER MONITOR	04/29/05	SL	3.00	нү1	16	433.				433.	433.		0.	433.
101	COMPUTER	06/28/05	SL	3.00	нү1	16	421.				421.	421.		0.	421.
102	COMPUTER	08/22/05	SL	3.00	нү1	16	977.				977.	977.		0.	977.
103	COMPUTER	01/24/07	SL	3.00	нү1	16	606.				606.	505.		101.	606.
104	DESKTOP COMPUTER	02/18/07	SL	3.00	нү1	16	966.				966.	778.		188.	966.
105	DESKTOP COMPUTER	02/18/07	SL	3.00	нү1	16	966.				966.	778.		188.	966.
106	LAPTOP COMPUTER	06/22/07	SL	3.00	нү1	16	1,385.				1,385.	962.		423.	1,385.
107	LAPTOP COMPUTER	06/22/07	SL	3.00	нү1	16	1,385.				1,385.	962.		423.	1,385.
108	DESKS	06/11/07	SL	3.00	нү1	16	3,850.				3,850.	2,674.		1,176.	3,850.
109	COMPUTERS	06/30/07	SL	3.00	HY1	16	3,633.				3,633.	2,422.		1,211.	3,633.
110	COMPUTERS	09/30/07	SL	3.00	HY1	16	3,459.				3,459.	2,018.		1,441.	3,459.
111	COMPUTERS	12/17/07	SL	3.00	нү1	16	2,714.				2,714.	1,357.		1,357.	2,714.
112	COMPUTERS	03/14/08	SL	3.00	нү1	16	4,650.				4,650.	2,777.		1,550.	4,327.
113	COMPUTERS	03/19/08	SL	3.00	нү1	16	6,307.				6,307.	3,765.		2,102.	5,867.
114	COMPUTERS	03/31/08	SL	3.00	нү1	16	683.				683.	398.		228.	626.

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Asset No.	Description	Date Acquired	Method	Life	C o Lir n No v	e Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
115	OFFICE FURNITURE	04/11/08	SL	3.00	HY16	3,700.				3,700.	2,158.		1,233.	3,391.
116	COMPUTERS	11/04/08	SL	3.00	НҮ16	1,195.				1,195.	465.		398.	863.
117	COMPUTER	01/21/09	SL	3.00	HY16	1,535.				1,535.	512.		512.	1,024.
118	COMPUTER	03/20/09	SL	3.00	нү16	1,018.				1,018.	255.		339.	594.
119	(D)PHONE SYSTEM - REPLACED BY NEW SYSTEM	06/30/09	SL	3.00	HY16	11,835.				11,835.	1,972.		2,959.	
120	COMPUTER	07/14/09	SL	3.00	HY16	1,364.				1,364.	227.		455.	682.
121	FURNITURE	07/31/09	SL	7.00	HY16	1,848.				1,848.	110.		264.	374.
122	FURNITURE	09/19/09	SL	7.00	HY16	38,739.				38,739.	1,384.		5,534.	6,918.
123	ADDITIONAL PHONES	10/21/09	SL	7.00	HY16	1,326.				1,326.	47.		189.	236.
124	SECURITY SYSTEMS	11/12/09	SL	7.00	HY16	4,526.				4,526.	108.		647.	755.
157	HP PROBOOK	03/09/10	SL	3.00	HY16	630.				630.			175.	175.
158	COMPUTER	04/11/10	SL	3.00	HY16	600.				600.			150.	150.
159	DESKS	05/01/10	SL	7.00	HY16	407.				407.			39.	39.
160	FILE CABINET	05/08/10	SL	7.00	HY16	330.				330.			31.	31.
161	CHAIRS	05/15/10	SL	7.00	HY16	455.				455.			43.	43.
162	OPTOMA PROJECTOR	06/07/10	SL	3.00	HY16	708.				708.			138.	138.
163	BATTERY BACKUP	04/28/10	SL	3.00	HY16	1,274.				1,274.			283.	283.
164	DELL VOSTRO COMPUTER	05/01/10	SL	3.00	HY16	1,029.				1,029.			229.	229.

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Asset No.	Description	Date Acquired	Method	Life	C on v	ne Unadjusted ^{o.} Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
165	CLOSET DOOR LOCK	05/10/10	SL	3.00	HY1	6 595.				595.			132.	132.
166	ACER LAPTOP	05/28/10	SL	3.00	нү1	5 340.				340.			66.	66.
167	BATTERY BACKUP	08/02/10	SL	3.00	нү1	6 613.				613.			85.	85.
168	DELL QUAD COMPUTERS	08/24/10	SL	3.00	нү1	6 3,078.				3,078.			342.	342.
169	DELL QUAD COMPUTER	08/24/10	SL	3.00	нү1	6 614.				614.			68.	68.
170	PHONE SYSTEM	10/06/10	SL	3.00	HY1	6 6,709.				6,709.			559.	559.
171	DELL DESKTOP COMPUTERS	11/16/10	SL	3.00	нү1	6 1,519.				1,519.			42.	42.
172	SAMSUNG LCD MONITOR	11/17/10	SL	3.00	нү1	6 487.				487.			14.	14.
173	CONFERENCE ROOM TELEVISION	12/01/10	SL	3.00	нү1	6 499.				499.			14.	14.
174	IPAD 16GB 3G	12/20/10	SL	3.00	нү1	6 828.				828.			٥.	
175	IPAD 16GB	12/20/10	SL	3.00	HY1	598.				598.			٥.	
	* 990 PAGE 10 TOTAL - FURNITURE					294,613.				294,613.	202,244.		25,328.	110,531.
	FURNITURE & EQUIPMENT - TRAVELLING WALL													
156	FURNITURE	04/01/99	SL	10.00	нү1	6 40,990.				40,990.	40,990.		0.	40,990.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT - TRAV					40,990.				40,990.	40,990.		0.	40,990.
	TENANT IMPROVEMENT													
125	OFFICE BUILDOUT	10/01/09	SL	6.00	нү1	6 41,540.				41,540.	1,731.		6,923.	8,654.
126	TENANT IMPROVEMENT CONCESSIONS	10/01/09	SL	6.00	HY1	6 236,880.				236,880.	9,870.		39,480.	49,350.

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Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - TENANT IMPROVEMENT						278,420.				278,420.	11,601.		46,403.	58,004.
	VEHICLES - PROJECT RENEW														
140	VEHICLES - PROJECT RENEW	06/30/07	SL	5.00	нү	16	101,450.				101,450.	50,725.		20,290.	71,015.
	* 990 PAGE 10 TOTAL - VEHICLES - PROJECT RENEW						101,450.				101,450.	50,725.		20,290.	71,015.
	TRAVELLING WALL REPLICA														
132	NEW TRAVEL WALL REPLICA	12/19/02	SL	10.00	нү	16	11,967.				11,967.	8,377.		1,197.	9,574.
133	NEW TRAVEL WALL REPLICA	03/12/03	SL	10.00	нү	16	12,068.				12,068.	8,246.		1,207.	9,453.
134	NEW TRAVEL WALL REPLICA	03/24/03	SL	10.00	нү	16	11,967.				11,967.	8,177.		1,197.	9,374.
135	NEW TRAVEL WALL REPLICA	04/28/03	SL	10.00	нү	16	16,306.				16,306.	10,817.		1,631.	12,448.
136	NEW TRAVEL WALL REPLICA	11/10/05	SL	10.00	нү	16	10,673.				10,673.	4,447.		1,067.	5,514.
137	NEW TRAVEL WALL REPLICA	12/14/05	SL	10.00	нү	16	6,800.				6,800.	2,777.		680.	3,457.
138	NEW TRAVEL WALL REPLICA	03/31/05	SL	10.00	нү	16	39,154.				39,154.	14,683.		3,915.	18,598.
139	NEW TRAVEL WALL REPLICA	07/01/09	SL	10.00	нү	16	23,778.				23,778.	1,189.		2,378.	3,567.
176	TRAVELING WALL PANELS X2	05/06/10	SL	5.00	нү	16	1,500.				1,500.			200.	200.
177	TRAVEL WALL PANEL	06/09/10	SL	5.00	нү	16	873.				873.			102.	102.
178	TWTH TRUCK COMPUTER	10/08/10	SL	3.00	нү	16	1,031.				1,031.			86.	86.
179	TWTH TRUCK PRINTER	10/08/10	SL	3.00	нү	16	441.				441.			37.	37.
	* 990 PAGE 10 TOTAL - TRAVELLING WALL REPLICA						136,558.				136,558.	58,713.		13,697.	72,410.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	TRAVELLING WALL MUSEUM EXHIBIT														
127	ORIGINAL EXP	04/01/08	SL	10.00	НУ	16	155,578.				155,578.	155,578.		0.	155,578.
128	(D)BAKERSFIELD TRUCK	01/31/01	SL	10.00	НҮ	16	72,526.				72,526.	64,669.		0.	
129	FEATHERLITE TRAILER	01/31/01	SL	10.00	нү	16	69,800.				69,800.	62,238.		6,980.	69,218.
130	UPDATES TO TRAILER	06/30/08	SL	10.00	нү	16	169,950.				169,950.	21,244.		16,995.	38,239.
	* 990 PAGE 10 TOTAL - TRAVELLING WALL MUSEUM EXHIB						467,854.				467,854.	303,729.		23,975.	263,035.
	WEBSITE														
131	(D)OLD VVMF WEBSITE - REPLACED	12/20/07	SL	3.00	НҮ	16	40,000.				40,000.	26,667.		2,222.	
141	TV WORLDWIDE WEB PAGE	06/30/05	SL	3.00	НҮ	16	18,000.				18,000.	18,000.		0.	18,000.
180	CORPORATE ZEN - WEBSITE	03/31/10	SL	3.00	нү	16	13,980.				13,980.			3,495.	3,495.
181	WEBSITE DEV - WFC SALSA	08/19/10	SL	3.00	нү	16	8,000.				8,000.			889.	889.
182	WEBSITE - EDUCATION CENTER	01/01/10	SL	3.00	нү	16	25,000.				25,000.			8,333.	8,333.
	* 990 PAGE 10 TOTAL - WEBSITE						104,980.				104,980.	44,667.		14,939.	30,717.
	TRAVELLING WALL - IRELAND														
143	(D)LAHR INDUSTRIES	04/01/99	SL	10.00	нү	16	1,498.				1,498.	1,498.		0.	
144	(D)LAHR INDUSTRIES	04/01/99	SL	10.00	нү	16	14,384.				14,384.	14,384.		0.	
145	(D)CENTRAL COAST	04/01/99	SL	10.00	нү	16	3,375.				3,375.	3,375.		0.	
146	(D)ARCH. METAL FABRICATION	04/01/99	SL	10.00	ну	16	1,250.				1,250.	1,250.		0.	

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
147	(D)LAHR INDUSTRIES	04/01/99	SL	10.00	нү	16	3,375.				3,375.	3,375.		0.	
148	(D)YELLOW FREIGHT	04/01/99	SL	10.00	нү	16	1,767.				1,767.	1,767.		0.	
149	(D)AMERICAN LASER	04/01/99	SL	10.00	нү	16	27,700.				27,700.	27,700.		0.	
150	(D)YELLOW FREIGHT	04/01/99	SL	10.00	нү	16	1,767.				1,767.	1,767.		0.	
151	(D)YELLOW FREIGHT	04/01/99	SL	10.00	нү	16	668.				668.	668.		0.	
152	(D)EXACT EXPRESS	04/01/99	SL	10.00	нү	16	668.				668.	668.		0.	
153	(D)AMERICAN LASER	04/01/99	SL	10.00	нү	16	12,600.				12,600.	12,600.		0.	
154	(D)WELLS CARGO	04/01/99	SL	10.00	нү	16	2,606.				2,606.	2,606.		0.	
155	(D)WELLS CARGO	04/01/99	SL	10.00	нү	16	2,606.				2,606.	2,606.		0.	
	* 990 PAGE 10 TOTAL - TRAVELLING WALL - IRELAND						74,264.				74,264.	74,264.		0.	0
	* GRAND TOTAL 990 PAGE 10 DEPR						1,499,129.				1,499,129.	786,933.		144,632.	646,702

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE											
8	(D) PHONE	110991	SL	3.00	16	4,776.			4,776.	4,776.		0.
9	(D)COMPUTER	121691	SL	3.00	16	3,312.			3,312.	3,312.		0.
10	(D)FAX	121691	SL	3.00	16	854.			854.	854.		0.
11	(D)REFRIGERATOR	012592	SL	3.00	16	104.			104.	104.		0.
12	(D)MICROWAVE	0331925	SL	3.00	16	122.			122.	122.		0.
13	(D)PHONE	051592	SL	3.00	16	552.			552.	552.		0.
14	(D)COPIER	051194	SL	3.00	16	5,000.			5,000.	5,000.		0.
15	(D)FURNITURE	011395	SL	3.00	16	1,856.			1,856.	1,856.		0.
16	(D)COMPUTER	032795	SL	3.00	16	572.			572.	572.		0.
17	(D)FURNITURE	092195	SL	3.00	16	1,999.			1,999.	1,999.		0.
18	(D)COPIER	121295	SL	3.00	16	810.			810.	810.		0.
19	(D) TV	0408965	SL	3.00	16	304.			304.	304.		Ο.
20	(D)PANEL	062596	SL	3.00	16	252.			252.	252.		0.
21	(D)COMPUTER	072296	SL	3.00	16	3,400.			3,400.	3,400.		0.
22	(D) PHONE	0827965	SL	3.00	16	304.			304.	304.		0.
23	(D)COMPUTER	111396	SL	3.00	16	1,899.			1,899.	1,899.		0.
24	FILE CABINET	121096	SL	3.00	16	130.			130.	130.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
25	(D)FAX	121796	SL	3.00	16	500.			500.	500.		0.
26	(D)PRINTER	121696	SL	3.00	16	200.			200.	200.		0.
27	(D)COMPUTER	122696	SL	3.00	16	1,617.			1,617.	1,617.		0.
28	(D)CAR CARRIER	041597	SL	3.00	16	405.			405.	405.		0.
29	(D)FURNITURE	062497	SL	3.00	16	3,096.			3,096.	3,096.		0.
30	(D)FURNITURE	063097	SL	3.00	16	686.			686.	686.		0.
31	(D)PHONE WIRING	070197	SL	3.00	16	3,671.			3,671.	3,671.		0.
32	(D)COOLER	070897	SL	3.00	16	369.			369.	369.		0.
33	(D)PRINTER	070997	SL	3.00	16	400.			400.	400.		0.
34	(D)PRINTER	070997	SL	3.00	16	400.			400.	400.		0.
35	(D)REFRIGERATOR	071597	SL	3.00	16	378.			378.	378.		0.
36	(D)COUNTERTOP	080197	SL	3.00	16	1,640.			1,640.	1,640.		0.
37	(D)PRINTER	080797	SL	3.00	16	400.			400.	400.		0.
38	(D)WIRING	090297	SL	3.00	16	1,160.			1,160.	1,160.		0.
39	(D)PHONE WIRING	091597	SL	3.00	16	396.			396.	396.		0.
40	(D)PHONE WIRING	091697	SL	3.00	16	521.			521.	521.		0.
41	(D)PRINTER	120297	SL	3.00	16	350.			350.	350.		0.
42	(D)CABLE WIRING	030798	SL	3.00	16	1,046.			1,046.	1,046.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
43	(D)HARDWARE INSTALL	031998	SL	3.00	16	1,948.			1,948.	1,948.		0.
44		031998	SL	3.00	16	3,646.			3,646.	3,646.		0.
45	(D)COMPUTER EQUIPMENT	041498	SL	3.00	16	1,187.			1,187.	1,187.		0.
46	DESKS	040398	SL	3.00	16	630.			630.	630.		0.
47	FILE CABINET	040398	SL	3.00	16	330.			330.	330.		Ο.
48	(D)CHAIRS	040398	SL	3.00	16	765.			765.	765.		0.
49	(D)PRINTER STAND	040398	SL	3.00	16	180.			180.	180.		0.
50	(D)PRINTER	041398	SL	3.00	16	262.			262.	262.		0.
51	(D)PRINTER	061998	SL	3.00	16	747.			747.	747.		0.
52	(D)PHONE WIRING	061498	SL	3.00	16	800.			800.	800.		0.
53		051298	SL	3.00	16	1,134.			1,134.	1,134.		0.
54	(D)SUPPLIES & OFFICE FURNITURE	052698	SL	3.00	16	1,357.			1,357.	1,357.		0.
55	FILE CABINET	062698	SL	3.00	16	800.			800.	800.		0.
56		040698	SL	3.00	16	9,606.			9,606.	9,606.		0.
57	(D)CABLE INSTALLATION	073198	SL	3.00	16	684.			684.	684.		0.
58	(D)FILE CABINET	082598	SL	3.00	16	240.			240.	240.		0.
59	FAX MACHINE	092998	SL	3.00	16	250.			250.	250.		0.
60	(D)STAPLES	093098	SL	3.00	16	799.			799.	799.		0.

- CURRENT YEAR FEDERAL - VIETNAM VETERANS MEMORIAL FUND, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
61	(D)HP SCANNER	102098	SL	5.00	16	348.			348.	348.		0.
62	(D)STAPLES	110598	SL	5.00	16	240.			240.	240.		0.
63	(D)LOVESEAT	010799	SL	3.00	16	633.			633.	633.		0.
64		010799	SL	3.00	16	551.			551.	551.		0.
65		010799	SL	3.00	16	227.			227.	227.		0.
66	(D)CHERRY ENDTABLE - 2	010799	SL	3.00	16	454.			454.	454.		0.
67	(D)FAX MACHINE	092099	SL	3.00	16	585.			585.	585.		0.
68	FURNITURE	111199	SL	3.00	16	8,958.			8,958.	8,958.		0.
69	FURNITURE	111199	SL	3.00	16	7,483.			7,483.	7,483.		0.
70	FURNITURE	120199	SL	3.00	16	811.			811.	811.		0.
71	FURNITURE	120199	SL	3.00	16	1,607.			1,607.	1,607.		0.
72	FURNITURE	120199	SL	3.00	16	1,666.			1,666.	1,666.		0.
73	FURNITURE	120199	SL	3.00	16	6,788.			6,788.	6,788.		0.
74	FURNITURE	123199	SL	3.00	16	1,279.			1,279.	1,279.		0.
75		123199	SL	3.00	16	8,566.			8,566.	8,566.		0.
76		020300	SL	3.00	16	7,406.			7,406.	7,406.		0.
77	(D)COMPUTER EQUIPMENT	022500	SL	3.00	16	1,601.			1,601.	1,601.		0.
78	(D)ART DISPLAY	022800	SL	3.00	16	3,807.			3,807.	3,807.		0.

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

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
79	(D)HAUGHT DESIGNS	022800	SL	3.00	16	890.			890.	890.		0.
80	(D)COMPUTER EQUIPMENT	030300	SL	3.00	16	1,348.			1,348.	1,348.		0.
81	(D)HAUGHT DESIGNS	030600	SL	3.00	16	1,919.			1,919.	1,919.		0.
82	(D)HAUGHT DESIGNS (D)ADV PREMIUM WEB	032200	SL	3.00	16	748.			748.	748.		0.
83	SETUP	022800	SL	5.00	16	2,550.			2,550.	2,550.		0.
84	(D)HAUGHT DESIGNS (D)COMPUTER	051500	SL	3.00	16	917.			917.	917.		0.
85	FRANK&CO (D)COMPUTER	082800	SL	3.00	16	1,847.			1,847.	1,847.		0.
86	FRANK&CO	122200	SL	3.00	16	416.			416.	416.		0.
87	(D)DELL COMPUTER (D)SERIES 5M &	061501	SL	3.00	16	1,202.			1,202.	1,202.		0.
88	MULBERRY	122601	SL	3.00	16	563.			563.	563.		0.
89	(D)DELL COMPUTER	061902	SL	3.00	16	4,031.			4,031.	4,031.		0.
90	(D)CONSOLE TABLE (D)10 FUJITSU	092302	SL	3.00	16	380.			380.	380.		0.
91	COMPUTERS	110102	SL	3.00	16	5,000.			5,000.	5,000.		0.
92	2 DELL LAPTOPS	021403	SL	3.00	16	4,237.			4,237.	4,237.		0.
93	DELL COMPUTER	111203	SL	3.00	16	2,310.			2,310.	2,310.		0.
94	DELL COMPUTER	032403	SL	3.00	16	1,280.			1,280.	1,280.		0.
95	DELL COMPUTER	031104	SL	3.00	16	6,555.			6,555.	6,555.		0.
96	DELL COMPUTER	050104	SL	3.00	16	2,375.			2,375.	2,375.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
97		070104	SL	3.00	16	5,063.			5,063.	5,063.		0.
98	(D)TELEPHONE SYSTEMS	080104	SL	3.00	16	7,557.			7,557.	7,557.		0.
99	(D)OFFICE CHAIR	033105	SL	3.00	16	735.			735.	735.		0.
100	COMPUTER MONITOR	042905	SL	3.00	16	433.			433.	433.		0.
101	COMPUTER	062805	SL	3.00	16	421.			421.	421.		0.
102	COMPUTER	082205	SL	3.00	16	977.			977.	977.		0.
103	COMPUTER	012407	'SL	3.00	16	606.			606.	505.		101.
104	DESKTOP COMPUTER	021807	SL	3.00	16	966.			966.	778.		188.
105	DESKTOP COMPUTER	021807	SL	3.00	16	966.			966.	778.		188.
106	LAPTOP COMPUTER	062207	SL	3.00	16	1,385.			1,385.	962.		423.
107	LAPTOP COMPUTER	062207	'SL	3.00	16	1,385.			1,385.	962.		423.
108	DESKS	061107	/SL	3.00	16	3,850.			3,850.	2,674.		1,176.
109	COMPUTERS	063007	'SL	3.00	16	3,633.			3,633.	2,422.		1,211.
110	COMPUTERS	093007	SL	3.00	16	3,459.			3,459.	2,018.		1,441.
111	COMPUTERS	121707	SL	3.00	16	2,714.			2,714.	1,357.		1,357.
112	COMPUTERS	031408	SL	3.00	16	4,650.			4,650.	2,777.		1,550.
113	COMPUTERS	031908	SL	3.00	16	6,307.			6,307.	3,765.		2,102.
114	COMPUTERS	033108	SL	3.00	16	683.			683.	398.		228.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
115	OFFICE FURNITURE	041108	SL	3.00	16	3,700.			3,700.	2,158.		1,233.
116	COMPUTERS	110408	SL	3.00	16	1,195.			1,195.	465.		398.
117	COMPUTER	012109	SL	3.00	16	1,535.			1,535.	512.		512.
118		032009	SL	3.00	16	1,018.			1,018.	255.		339.
119	(D)PHONE SYSTEM - REPLACED BY NEW SYS	063009	SL	3.00	16	11,835.			11,835.	1,972.		2,959.
120	COMPUTER	071409	SL	3.00	16	1,364.			1,364.	227.		455.
121	FURNITURE	073109	SL	7.00	16	1,848.			1,848.	110.		264.
122	FURNITURE	091909	SL	7.00	16	38,739.			38,739.	1,384.		5,534.
123	ADDITIONAL PHONES	102109	SL	7.00	16	1,326.			1,326.	47.		189.
124	SECURITY SYSTEMS	111209	SL	7.00	16	4,526.			4,526.	108.		647.
157	HP PROBOOK	030910	SL	3.00	16	630.			630.			175.
158	COMPUTER	041110	SL	3.00	16	600.			600.			150.
159	DESKS	050110	SL	7.00	16	407.			407.			39.
160	FILE CABINET	050810	SL	7.00	16	330.			330.			31.
161	CHAIRS	051510	SL	7.00	16	455.			455.			43.
162	OPTOMA PROJECTOR	060710	SL	3.00	16	708.			708.			138.
163	BATTERY BACKUP	042810	SL	3.00	16	1,274.			1,274.			283.
164	DELL VOSTRO COMPUTER	050110	SL	3.00	16	1,029.			1,029.			229.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
165	CLOSET DOOR LOCK	051010	SL	3.00	16	595.			595.			132.
166	ACER LAPTOP	052810	SL	3.00	16	340.			340.			66.
167	BATTERY BACKUP	080210	SL	3.00	16	613.			613.			85.
168	DELL QUAD COMPUTERS	082410	SL	3.00	16	3,078.			3,078.			342.
169	DELL QUAD COMPUTER	082410	SL	3.00	16	614.			614.			68.
		100610	SL	3.00	16	6,709.			6,709.			559.
	DELL DESKTOP COMPUTERS	111610	SL	3.00	16	1,519.			1,519.			42.
	SAMSUNG LCD MONITOR	111710	SL	3.00	16	487.			487.			14.
	CONFERENCE ROOM TELEVISION	120110	SL	3.00	16	499.			499.			14.
174	IPAD 16GB 3G	122010	SL	3.00	16	828.			828.			0.
175		122010	SL	3.00	16	598.			598.			0.
	* 990 PAGE 10 TOTAL - FURNITURE					294,613.			294,613.	202,244.		25,328.
	FURNITURE & EQUIPMENT - TRAVELL											
156		040199	SL	10.00	16	40,990.			40,990.	40,990.		0.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUI					40,990.			40,990.	40,990.		0.
	TENANT IMPROVEMENT											
		100109	SL	6.00	16	41,540.			41,540.	1,731.		6,923.
	TENANT IMPROVEMENT CONCESSIONS	100109	SL	6.00	16	236,880.			236,880.	9,870.		39,480.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - TENANT IMPROVEME					278,420.			278,420.	11,601.		46,403.
	VEHICLES - PROJECT					270,120.			270,420.	11,001.		40,403.
	RENEW VEHICLES - PROJECT											
		063007	SL	5.00	16	101,450.			101,450.	50,725.		20,290.
	* 990 PAGE 10 TOTAL		-			-						
	- VEHICLES - PROJE					101,450.			101,450.	50,725.		20,290.
	TRAVELLING WALL REPLICA											
	NEW TRAVEL WALL											
		121902	SL	10.00	16	11,967.			11,967.	8,377.		1,197.
	NEW TRAVEL WALL REPLICA	031203	ST.	10.00	16	12,068.			12,068.	8,246.		1,207.
	NEW TRAVEL WALL			10.00	<u> </u>	12,000.			12,000	0,210.		1,20,1
		032403	SL	10.00	16	11,967.			11,967.	8,177.		1,197.
	NEW TRAVEL WALL REPLICA	042803	ст	10.00	16	16,306.			16,306.	10,817.		1,631.
	NEW TRAVEL WALL	042005	ы	10.00	10	10,500.			10,500.	10,017.		1,051.
		111005	SL	10.00	16	10,673.			10,673.	4,447.		1,067.
	NEW TRAVEL WALL REPLICA	1 21 405	ат	10.00	16	6,800.			6,800.	2 777		680.
	NEW TRAVEL WALL	121405	ы	10.00	10	0,800.			0,800.	2,777.		080.
138	REPLICA	033105	SL	10.00	16	39,154.			39,154.	14,683.		3,915.
	NEW TRAVEL WALL	070100	at	10 00	1 6					1 1 0 0		0 070
	REPLICA TRAVELING WALL	070109	SL	10.00	10	23,778.			23,778.	1,189.		2,378.
		050610	SL	5.00	16	1,500.			1,500.			200.
177	TRAVEL WALL PANEL	060910	ст	5.00	16	873.			873.			102.
1//	INAVED WADD FANED	000910	ы	5.00	10	013.			013.			102.
178	TWTH TRUCK COMPUTER	100810	SL	3.00	16	1,031.			1,031.			86.
179	TWTH TRUCK PRINTER	100810	SL	3.00	16	441.			441.			37.
	* 990 PAGE 10 TOTAL											
	- TRAVELLING WALL					136,558.			136,558.	58,713.		13,697.

- CURRENT YEAR FEDERAL - VIETNAM VETERANS MEMORIAL FUND, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	TRAVELLING WALL MUSEUM EXHIBIT											
127	ORIGINAL EXP (D)BAKERSFIELD	040108	SL	10.00	16	155,578.			155,578.	155,578.		0.
128		013101	SL	10.00	16	72,526.			72,526.	64,669.		0.
129	FEATHERLITE TRAILER	013101	SL	10.00	16	69,800.			69,800.	62,238.		6,980.
130	UPDATES TO TRAILER * 990 PAGE 10 TOTAL		SL	10.00	16	169,950.			169,950.	21,244.		16,995.
	- TRAVELLING WALL					467,854.			467,854.	303,729.		23,975.
	WEBSITE (D)OLD VVMF WEBSITE											
131		122007	'SL	3.00	16	40,000.			40,000.	26,667.		2,222.
141		063005	SL	3.00	16	18,000.			18,000.	18,000.		0.
180		033110	SL	3.00	16	13,980.			13,980.			3,495.
181		081910	SL	3.00	16	8,000.			8,000.			889.
182		010110	SL	3.00	16	25,000.			25,000.			8,333.
	- WEBSITE TRAVELLING WALL -					104,980.			104,980.	44,667.		14,939.
	IRELAND											
143	(D)LAHR INDUSTRIES	040199	SL	10.00	16	1,498.			1,498.	1,498.		Ο.
144	(D)LAHR INDUSTRIES	040199	SL	10.00	16	14,384.			14,384.	14,384.		0.
145		040199	SL	10.00	16	3,375.			3,375.	3,375.		0.
146	(D)ARCH. METAL FABRICATION	040199	SL	10.00	16	1,250.			1,250.	1,250.		0.

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

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
147	(D)LAHR INDUSTRIES	040199	SL	10.00	16	3,375.			3,375.	3,375.		0.
148	(D)YELLOW FREIGHT	040199	SL	10.00	16	1,767.			1,767.	1,767.		0.
149	(D)AMERICAN LASER	040199	SL	10.00	16	27,700.			27,700.	27,700.		ο.
150	(D)YELLOW FREIGHT	040199	SL	10.00	16	1,767.			1,767.	1,767.		0.
151	(D)YELLOW FREIGHT	040199	SL	10.00	16	668.			668.	668.		Ο.
152	(D)EXACT EXPRESS	040199	SL	10.00	16	668.			668.	668.		0.
153	(D)AMERICAN LASER	040199	SL	10.00	16	12,600.			12,600.	12,600.		Ο.
154	(D)WELLS CARGO	040199	SL	10.00	16	2,606.			2,606.	2,606.		0.
155	(D)WELLS CARGO * 990 PAGE 10 TOTAL	040199	SL	10.00	16	2,606.			2,606.	2,606.		0.
	- TRAVELLING WALL * GRAND TOTAL 990					74,264.			74,264.	74,264.		0.
	PAGE 10 DEPR					1499129.			1499129.	786,933.		144,632.

Return of	Organization	Exempt	From	Income	Тах

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

Form **990**



	Partment of the Treasury ternal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.					
AF	or the	e 2009 calendar year, or tax year beginning and ending				
Bc	heck if	Please C Name of organization	D Employer identif	ication number		
a	pplicabi	use IRS				
	Addre chang	e print or VIETNAM VETERANS MEMORIAL FUND, INC.		1 40 6 6 0		
	_chang	Doing Business As		149668		
	Termi	Chaodia				
x	lated	Instut. 2000 VIRGINIA AVENCE, N.W. 104		393-0090		
	Jreturn Applic	City or town, state or country, and Zir + 4	G Grose receipts \$	12,497,772.		
	Lition pendii	HADIIINGION, DC 20007	H(a) Is this a group r for affiliates?	Yes X No		
		2600 VIRGINIA AVENUE, N.W. SUITE 104, WASH				
	ax ex	empt status: 🗴 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		a list. (see instructions)		
		te: ► WWW.VVMF.ORG	H(c) Group exemption			
				M State of legal domicile; DC		
	rt I	Summary				
0	1	Briefly describe the organization's mission or most significant activities: TO PRESE	RVE THE LEGAC	Y OF THE		
& Governance		VIETNAM VETERANS MEMORIAL, TO PROMOTE NATION	AL HEALING, A	ND TO		
БÜ	2	Check this box 🕨 📖 If the organization discontinued its operations or disposed of n		ssets.		
No.				1		
8		Number of independent voting members of the governing body (Part VI, line 1b)				
ties		Total number of employees (Part V, line 2a)		28		
Activities		Total number of volunteers (estimate If necessary)		500		
Ac		Total gross unrelated business revenue from Part VIII, column (C), line 12				
-	D	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)	8,661,291.			
Jue		Program service revenue (Part VIII, line 2g)	110,700.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<362,580.			
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	153,920.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,563,331.			
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	361,667.			
		Benefits pald to or for members (Part IX, column (A), line 4)				
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	935,919.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	163,505.			
ğ	ь	Total fundraising expenses (Part IX, column (D), line 25) 2,162,186.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,833,905,			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,294,996.			
. 0	19	Revenue less expenses. Subtract line 18 from line 12	2,268,335.	1		
ts ol			Beginning of Current Year 23, 310, 737.	End of Year 26,139,077.		
Bala		Total assets (Part X, line 16)	1,045,493.			
Net Assets or Fund Balances		Total Ilabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	22,265,244			
P	rt II	Signature Block	/	<u>,,.</u>		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ints, and to the best of my knowle	dge and belief, it is true, correct.		
		and complete. Declaration of preparer (other than officer) is based on an information of which preparer has any knowle	soge			
Sig	ı	Vallo 2	1128	12011		
Her	e	Signature of officer	Date			
		DANIEL REESE, CHIEF FINANCIAL OFFICER				
_	_	Type or print name and title	Observe and the second	rer's idenlifying number		
Pald		Preparer's Jack M. Renner Date	self- (see in	nstructions)		
Prep	arer's		employed	P00456765		
Use	Only	First S name (or yours if self-employed), 700 NORTH FAIRFAX ST, SUITE 400	EIN ► 54-	-1498950		
		address, and	Phone po	703-535-1200		
Max	*b - 1	ZIP + 4 ALEXANDRIA, VIRGINIA 22314 RS discuss this return with the preparer shown above? (see instructions)		X Yes No		
	01 02-0		instructions.	Form 990 (2009)		
501, C		EE SCHEDULE O FOR ORGANIZATION MISSION STATE				

_		ETNAM VETERANS		FUND, I	INC.	52-1149668	Page 2
Pa	rt III Statement of Prog	gram Service Accomp	lisnments				
1	Briefly describe the organizat TO PRESERVE THE NATIONAL HEALIN ERA.	E LEGACY OF THE					-
2	Did the organization undertak	e any significant program ser	vices during the yea	ar which were	not listed on		
	the prior Form 990 or 990-EZ					Yes	
	If "Yes," describe these new :						
3	Did the organization cease co If "Yes," describe these chan		changes in how it c	onducts, any	program services	? Yes	X No
4	Describe the exempt purpose	-	e organization's thre	e iargest prog	iram services by e	YDADSAS	
-	Section 501(c)(3) and 501(c)(4		-			-	
	allocations to others, the tota			•	•		
		SEE SC	HEDULE O F	OR CONT		(S)	
4a		xpenses \$ 1,793,94				Revenue \$)
		ON PRESERVES TH					
	HEALING THROUGH						
	BY THE GENERAL					MATION ABOUT	THE
	HISTORY OF THE						
		ORGANIZATION M					
	THE VIRTUAL WAI REMEMBRANCES TO						<u>r </u>
	EXTENDING THE H						
	MILLIONS OF PEC					,000 MESSAGE	
	HAVE BEEN POSTE				ANIZATION		5
	CONDUCTING A NA						CP
	WHOSE NAMES ARE				E PHOTOS		
4b			4 · including grants			Revenue \$	
	THE ORGANIZATIO						AR [']
	THROUGH PROJECT					TO REDUCE TH	
	THREAT OF LAND						
	FOCUSES ON MINE	AWARENESS EDU	CATION INC	LUDING	PUBLIC SE	ERVICE	
	ANNOUNCEMENTS,						
	AND THE DEVELOP					TRI PROVINCE	,
	THE MOST HEAVIL	Y BOMBED AND SI	HELLED ARE	A OF VI	ETNAM.		_
40	(Code:) (E:	xpenses \$ 538,41	0 • Including grants	n of \$		Revenue \$	
	THE ORGANIZATIC						י, תא
	HOMETOWN HEROES						
	THE VIETNAM ERA					IDUALS WHOSE	
	NAMES ARE INSCR				NFORMATIC		
	SCHOOLS AND COM						
	BIOGRAPHIES OF	MEN AND WOMEN	FROM THEIR	COMMUN	ITY WHOSE	NAMES ARE	
	INSCRIBED ON TH	IE MEMORIAL.	THE INFORM	ATION G	ATHERED F	Y THE STUDEN	rs
	WILL BE INCLUDE	D IN THE EDUCA	TION CENTE	R BEING	BUILT ON	THE MALL IN	
	WASHINGTON, D.C					REATER	
	UNDERSTANDING C					ND THOSE WHO	
		2009 THE ORGAN		CAPITA	L EXPENDI	TURES TO DEVI	ELOP
	THE EDUCATION C		\$636,151.				
4d	Other program services. (Desc						
		.68 . including grants of \$) (Revenue	\$ 181,1	.60.)	
<u>4e</u>	Total program service exper	nses▶\$ 4,342	,035				
93200 02-04-	2					Form 99	10 (2009)
uz-04-	· IU		3				
			J				

14430128 783690 0403-001 2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

Form	000	(2009)	
FOIL	330	120091	

			_		
			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	-	
~	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	1	X		
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	44		
3	public office? If "Yes," complete Schedule C, Part I	3		х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and				
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			_	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>	
8	Schedule D, Part III				
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide				
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?				
	If "Yes," complete Schedule D, Part V	10	X		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	11	x		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI.				
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				
•	Did the organization report an amount for Investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.				
•	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.		5		
•	Did the organization report an amount for other liablities in Part X, line 25? If "Yes," complete Schedule D, Part X.	ļ			
٠	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? If "Yes," complete Schedule D, Part X.		1		
12	Did the organization obtain separate, Independent audited financial statements for the tax year? if "Yes," complete				
	Schedule D, Parts XI, XII, and XIII.	12	X		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			-	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			77	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	17	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<u> </u>	
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		x		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	~		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	45		х	
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	_	<u> </u>	
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10			
	column (A), lines 6 and 11e? if "Yes," complete Schedule G, Part I	17	x		
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines			_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x	
19	Did the organization report more than \$15,000 of gross Income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х	

Form 990 (2009)

Form	990	(2009)	

Form 990 (2009)	VIETNAM	VETERANS	MEMORIAL	FUND,	INC
Part IV Checklist of	Bequired Sch	edules (continue	ഹി		

		1	_	-
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 17 // "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization Invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	258	-	X
D	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 repeated on any of the organization's prior Forms 000 570 if I year is complete			-
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I	OFL		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		41
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an Individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	!		
	instructions for applicable filing thresholds, conditions, and exceptions):			
8	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If *Yes, * complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	_	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		X
34		24		x
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	_	-
00	If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	—		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O.	38	x	5
				_

Form 990 (2009)

Form 990 (MEMORIAL		
Part V	Statements	Regarding Ot	her IRS Filing	s and Tax Con	nplian ce	

га	Statements Regarding Other more and tax Comphance			_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			100
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	X	
2 a	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 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	b If "Yes," enter the name of the foreign country: VIETNAM, IRELAND			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of ForeIgn Bank and			
	Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		600	
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	:		
	benefit contract?	7e		X
-t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, dld the organization file Form 8899 as required?	79		
h	For contributions of cars, boats, alrplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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		:	
11	Section 501(c)(12) organizations. Enter:			
a	Gross Income from members or shareholders 11a			
b	Gross Income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128		
þ	If "Yes," enter the amount of tax-exempt Interest received or accrued during the year			

Form 990 (2009)

Form 9	90 (2009)
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VIETNAM VETERANS MEMORIAL FUND, INC.

Part VI	Governance, Managemen	t, and Disclosure For eacl	n "Yes" response to lines 2 through 7b be	low, and for a "No" response
	to line 8a, 8b, or 10b below, descri	ibe the circumstances, processe	es, or changes in Schedule O. See instruc	tions.

Sec	tion A. Governing Body and Management			
			Yes	No
1 e	Enter the number of voting members of the governing body		1	
b	Enter the number of voting members that are Independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	1	X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u> </u>
Þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	88	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed In Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	-	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A				
	Does the organization have a written conflict of Interest policy? If "No," go to line 13	12a	X	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		17	
	to conflicts?	126	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by Independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		17	1.000
6	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
10	If "Yes" to line 15a or 15b, describe the process In Schedule O. (See Instructions.)			
16a	Did the organization Invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		v	
	taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		v	
Cas	exempt status with respect to such arrangements?	16b	X	_
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ror		
	public inspection. Indicate how you make these available. Check all that apply.			
40	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of Interest policy, a	na fina	ncial	
~	statements available to the public.			

State the name, physical address, and telephone number of the person who possesses the books and recom THE ORGANIZATION - 202-393-0090 2600 VIRGINIA AVE., NW, SUITE 104, WASHINGTON, DC 20037

Form	990	(2009)
	000	120031

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

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

1e 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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

Name and TitleAverage hours per weekPosition (check all that apply)Reportable compensation from the organization (W-2/1099-MISC)JAN C. SCRUGGS PRESIDENT40.00XXX138,047JOHN DIBBLE DIRECTOR1.00XX00JRECTOR1.00X000JOHN O. WOODS CHAIRMAN1.00X00JAMES KIMSEY DIRECTOR1.00X00	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
per weekper 	from related organizations	other compensation
weekdu u u u u u u 	organizations	compensation
PRESIDENT40.00 XX138,047JOHN DIBBLE1.00 X0DIRECTOR1.00 X0GEORGE W. MAYO1.00 X0DIRECTOR1.00 X0HARRY G. ROBINSON III0DIRECTOR1.00 X0JOHN O. WOODS0CHAIRMAN1.00 X0JAMES KIMSEY0		organization and related organizations
JOHN DIBBLEDIRECTOR1.00 XGEORGE W. MAYODIRECTORDIRECTOR1.00 XOHARRY G. ROBINSON IIIDIRECTOR1.00 XOJOHN O. WOODSCHAIRMAN1.00 XJAMES KIMSEY		
DIRECTOR1.00 X0GEORGE W. MAYO1.00 X0DIRECTOR1.00 X0HARRY G. ROBINSON III0DIRECTOR1.00 X0JOHN O. WOODS0CHAIRMAN1.00 X0JAMES KIMSEY0	. 0.	42,772.
GEORGE W. MAYO DIRECTOR1.00 X0HARRY G. ROBINSON III DIRECTOR1.00 X0JOHN O. WOODS CHAIRMAN1.00 X0JAMES KIMSEY00		
DIRECTOR1.00 X0HARRY G. ROBINSON III0DIRECTOR1.00 XJOHN O. WOODS0CHAIRMAN1.00 XJAMES KIMSEY0	. 0.	0.
HARRY G. ROBINSON III1.00 X0DIRECTOR1.00 X0JOHN O. WOODS0CHAIRMAN1.00 X0JAMES KIMSEY0		
DIRECTOR1.00 X0JOHN O. WOODSI.00 X0CHAIRMAN1.00 XXJAMES KIMSEYI	. 0.	0.
JOHN O. WOODSCHAIRMAN1.00 X XJAMES KIMSEY0		
CHAIRMAN 1.00 X X 0 JAMES KIMSEY	. 0.	0.
JAMES KIMSEY		
	. 0.	0.
	. 0.	0.
JANIS NARK		
DIRECTOR 1.00 X 0	. 0.	0.
ROBERT H. FRANK		
TREASURER/SECRETARY 10.00 X 0	. 0.	0.
DANIEL W. REESE VICE PRES. DEVELOPMENT 40.00 X 159,276	. 0.	32,383.

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2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

Form 990 (2009)

		VETERAN:	51	(E)	101	RIZ	<u>AL</u>	F	UND, INC.	52-11	49668	<u> </u>	Page 8
Par	t VII Section A. Officers, Directors, Tru	ustees, Key Ei	mplo	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) (C) Average Position hours (check all that apply) per 별 week 월						ily)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
			Individual tructee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC) i ori ar	rom ti ganiza Id rela janizat	ne tion ted
						_	-				+		
											+		
												â	
1b	Total								297,323.		0. 7	5,1	55.
2	Total number of individuals (including but n compensation from the organization	not limited to th	1058	liste	ed al	bov	e) wi	no ri	1	,000 in reportable			2
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, key			-		nlghest compensated er	nployee on	3	Yes	No X
4 5	For any Individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a	0,000? If "Yes,	• co	mple	ete S	Sche	eduk	e J f	for such individual	-	4	x	
	the organization? If "Yes," complete Sched Ion B. Independent Contractors	lule J for such	pers	on .					·····		5		x
1	Complete this table for your five highest co the organization. (A)	empensated inc	depe	ende	nt c	ont	racto	ors t	that received more than (B)	\$100,000 of comp		from 	
	Name and business								Description of s		Comp	ensatio	
ODE 770	2 VILLAGE GREEN, CROF LL & SIMMS 4 LEESBURG PIKE, FALL					22(04:		FUNDRAISING PROFESSIONAL FUNDRAISING				52. 98.
136	NK & COMPANY, P.C. 0 BEVERLY RD., STE 30 THWEST PUBLISHING & M		AN .	, \	<u>7</u> A	2:	21(01	ACCOUNTING		32	2,7	91.
THE	0 NW TOPEKA BLVD, TOP DIRECT EDGE, 10375-B	SOUTHER				7L)	ANJ	5	MAILHOUSE				96.
	LEVARD , DUNKIRK , MD 2 Total number of Independent contractors (\$100,000 in compensation from the organi	including but n	iot li	mite	d to	tho 1	-	_	MAILHOUSE d above) who received n	nore than		5,4	37.
	*										Form	990	(2009)

832008 02-04-10

rm 990 Part V				CANS MEMO	RIAL FUND,	INC.	52-114	9668 Page 9
				53 447	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
		Federated campaigns		52,447.				
킬 '		Membership dues						
		Fundralsing events						
		Related organizations		260,025.	1. St. 199			
		Government grants (contribut All other contributions, gifts, gran		200,025.				
		similar amounts not included abo		843,622.				
	9	Noncash contributions included in lines	s 1a-1f: \$					
	h	Total. Add lines 1a-1f			8,156,094.			
T				Business Code				
2 6		SPONSORSHIP-TRA		900099	125,000.			-
2 a b DIUAAAAA a a	b	SITE FEES-TRAVE	ELING WA	900099	56,160.	56,160.		L
	С							
	d							
- (e							
1 '		All other program service reve			101 100			
		Total. Add lines 2a-2f			181,160.			
3		Investment Income (including			262.262			200 200
		other similar amounts)			262,268.			262,268
4		Income from Investment of ta			17,775.			17,775
5		Royalties			11,110+			11,115
			(i) Real	(ii) Personal				
6 8		Gross Rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
1 1 8		Gross amount from sales of	(i) Securities 3837149	(ii) Other				
Ι.		assets other than inventory Less: cost or other basis	50571457					
'		and sales expenses	4716410.					
		Gain or (loss)	A					
		Net gain or (loss)			<879,261.			<879,261
		Gross income from fundraisin			(07) / 2021			
l d i		including \$	of					
		contributions reported on line						
		Part IV, line 18						
1		Less: direct expenses						
1	C	Net income or (loss) from fund	dralsing events					
96		Gross income from garning a						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan		·····	•			
10 8		Gross sales of inventory, less						
		and allowances						-
1		Less: cost of goods sold						
-	C	Net income or (loss) from sale						
-	_	Miscellaneous Revenu	00	Business Code 900099	43,326.			43,326
11 8	_	TTOI KEMIKU		500033	-1,140.			
1 1	b					} +		
	C							1
	<u>د</u>							
		All other revenue			43,326.			

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orm 990 i		NS MEMC	RIAL FUND,	INC.	52-1149	9668 Page 9
Part VII		52,447.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
p c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d	260,025.				
e ther sim	All other contributions, gifts, grants, and	343,622.				
g g	Noncash contributions included in lines 1a-1f. \$		8,156,094.			
	SPONSORSHIP-TRAVELING	Business Code 900099	125,000.	125,000.		
2 a b c d e f	SITE FEES-TRAVELING WA	900099	56,160.	56,160.		
	All other program service revenue		181,160.		-	
3	Total. Add lines 2a-2f Investment income (including dividends, interes	st, and				<u> </u>
4	other similar amounts) Income from investment of tax-exempt bond pro-		262,268.			262,268
5	Royatties (i) Real		17,775.			17,775
	Gross Rents					
	Net rental income or (loss) Gross amount from sales of assets other than inventory (I) Securities 3837149.	(ii) Other				
	Less: cost or other basis and sales expenses 4716410. Gain or (loss) <879261.					
d	Net gain or (loss)		<879,261.			<879,261
Ba Ba b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
<u>Б</u> р	Less: direct expenses b					-
C	Net income or (loss) from fundraising events Gross income from garning activities. See Part IV, line 19 a					
	Less: direct expenses b		-			
	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a	• • • • • • • • • • • • • • • • • • •				
	Less: cost of goods sold b Net income or (loss) from sales of inventory					
-		Business Code				12 226
11 a	LIST RENTAL	900099	43,326.			43,326
d	All other revenue Total. Add lines 11a 11d	-	43,326.			
12	Total revenue. See instructions.		7,781,362.	181,160.	0	<555,892.
2009						Form 990 (2009

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 2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	297,323.	219,246.	40,495.	37,582
6	Compensation not included above, to disqualified			-	
	persons (as defined under section 4958(I)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	612,021.	514,066.	9,818.	88,137
8	Pension plan contributions (include section 401(k)			4	40.000
	and section 403(b) employer contributions)	93,567.	75,642.	4,717.	13,208
9	Other employee benefits	67,514.	54,443.	3,736.	9,335
10	Payroll taxes	07,514.	54,445.	3,730.	9,335
11	Fees for services (non-employees):				
а ь		42,051.	2,000.	40,051.	
c c	Legal	12,0011	2,0001	10,0311	
	Lobbying				
e					
f	Investment management fees	37,936.		37,936.	
g					
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	125 (50	145 015	10 200	10 005
17	Travel	175,659.	145,217.	18,357.	12,085
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest				
22	Payments to affiliates Depreciation, depletion, and amortization	104,925.	84,989.	5,246.	14,690
23	Insurance			- / /	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.) DIRECT MAIL EXPENSES	2,580,160.	1,260,635.		1,319,525
a h	0010000 BT110	859,029.	398,975.	95,827.	364,227
b c	ALLOCAMED INDIDECH COCH	857,976.	692,455.	43,334.	122,187
d	DDO TROP DENEW EXDENIORO	533,372.	533,372.		2001201
e		165,643.			165,643
f		399,252.	361,595.	22,090.	15,567
25	Total functional expenses. Add lines 1 through 24f	6,826,428.	4,342,635.	321,607.	2,162,186
26	Joint costs. Check here 🕨 🔀 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	2,645,275.	1,325,299.	0.	1,319,976

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	5	Receivables from current and former officers, di employees, and highest compensated employe					
		of Schedule L		5			
	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 49					
		Part II of Schedule L				6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Å	9					9	116,121.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	1,426,991.			
	Ь	Less: accumulated depreciation	10b	1,426,991.	3,016,936	- 10c	640,016.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			4,362,170	12	9,361,736.
	13	Investments - program related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			13,341	. 15	3,295,604.
	16	Total assets. Add lines 1 through 15 (must equ			23,310,737	. 16	26,139,077.
	17	Accounts payable and accrued expenses			1,045,493	. 17	1,110,222.
	18	Grants payable		18			
	19	Deferred revenue	Γ		19	54,500.	
	20	Tax-exempt bond liabilities		20			
ŝ	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo					
lide		highest compensated employees, and disgualif					
Ξ		of Schedule L		22			
	23	Secured mortgages and notes payable to unrel		d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
	25	Other liabilities. Complete Part X of Schedule D		0		296,629.	
	26	Total Ilabilities. Add lines 17 through 25			1,045,493	. 26	1,461,351.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			and the state of the second
ŝ		lines 27 through 29, and lines 33 and 34.				1.	- 2 2 2 - mark
ě	27	Unrestricted net assets			4,198,272	. 27	5,174,625.
ala	28				16,166,972	- 28	17,603,101.
Fund Balances	29	Permanently restricted net assets			1,900,000	. 29	1,900,000.
E.		Organizations that do not follow SFAS 117, c	heck he	re 🕨 🗖 and 🛛		1.000	
5		complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or e				31	
et A	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			22,265,244		24,677,726.
	34	Total liabilities and net assets/fund balances			23,310,737	. 34	26,139,077.
							Form 990 (2009)

VIETNAM VETERANS MEMORIAL FUND, INC.

.

52-1149668 Page 11

(B) End of year 1,105,215.

1,590,637.

17,162.

10,012,586.

(A) Beginning of year

500,649.

25,902.

4,318,152.

11,073,587.

1

2

3

4

12

Form 990 (2009)

1

2

3

4

Part X | Balance Sheet

Cash - non-interest-bearing

Savings and temporary cash investments

Accounts receivable, net

Pledges and grants receivable, net

Form	990 (2009) VIETNAM VETERANS MEMORIAL FUND, INC52-1149	668	Pa	ge 12
Par	t XI Financial Statements and Reporting			
		1.00	Yes	No
1	Accounting method used to prepare the Form 990: Cash 🖾 Accrual Cother	1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	1.0	Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	-
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	, y	5	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a		1	
	consolidated basis, separate basis, or both:			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	10.13	100	
	or audits, explain why in Schedule O and describe any steps taken to undergo such aud to	3b		-

Form 990 (2009)

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SCHED (Form 99 Department of Internal Reven	0 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 2009 Open to Public Inspection	
Name of t	he organizati								mployer ic	dentification number
	-	VIETNAM	VETERANS ME	MORIA	L FUN	D, IN	c.		52	-1149668
Part	Reason		ity Status (All organiz				.) See inst	ructions.		
1 2 3	ization is not a A church, co A school des A hospital or	private foundation nvention of churches cribed in section 17 a cooperative hospi	because it is: (For lines 1 s, or association of churr O(b)(1)(A)(ii). (Attach Sci tal service organization of operated in conjunction	l through 1 ches desci hedule E.) described i	I1, check o ribed in sec in section	only one b ction 170 170(b)(1)(ox.) (b)(1)(A)(i) A)(iii).		ii). Enter th	e hospital's name.
- <u> </u>	city, and stat				r···					·····,
5	An organizati section 170	on operated for the (b)(1)(A)(iv). (Comple		-				mental un	it describe	d in
6 🛄			ent or governmental unit							
7	•	on that normally rec b)(1)(A)(vi). (Comple	eives a substantial part te Part II.)	of its supp	ort from a	govemme	ntal unit o	er from the) general p	ublic described in
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗌	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	rom contri	butions, m	nembersh	ip fees, and	d gross receipts from
	activitles rela	ted to its exempt fur	nctions · subject to certa	iin excepti	ons, and (2	2) no more	than 33 1	/3% of its	s support f	rom gross investment
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	icquired b	y the orga	anization a	iter June 30, 1975.
	See section	509(a)(2). (Complete	e Part III.)							
10 🗌	An organizati	on organized and op	perated exclusively to te	st for publi	ic safety. S	ee sectio	n 509(a)(4	ł).		
11	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of,	or to can	ry out the p	ourposes of one or
	more publicly	supported organiza	ations described in section	on 509(a)(*	1) or sectio	n 509(a)(2). See sec	tion 509	(a)(3). Che	ck the box that
			organization and comple				-			
	а 🗌 Туре I	- · · · -	¬ - ·		e III • Func		earated		d 🗌	Type III - Other
e 🗌	• •		It the organization is not			•	•	r more dis		21
•—			han one or more publicly							
f			ten determination from t						-(-/(-/	
	-	rganization, check th			n n is u i j	po I, Typo	n, or type	5 111		
~		•	organization accepted ar	av nift or c	ontribution	from any	of the folk	owing per	reone?	
g	-		irectly controls, either a							Yes No
		•	upported organization?	one or tog		persons c	losonbed		(iii) Deiow,	11g(l)
		0 .			•••••				•	11g(ii)
	., ,	•	n described in (i) above?					• •		11g(iii)
	• •		person described in (i) o					•••••	•••••	
h	Provide the f	ollowing information	about the supported or	ganization	(5).					
	of supported inization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (I) lu	organization sted in your document?	organizat	a notify the ion in col. r support?	(vl) I organizati (I) organiz U.S	zed in the	(vil) Amount of support
			(see instructions))	Yes	No	Yes	No	Yes	No	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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Total

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Schedule A (Form 990 or 990-EZ) 2009 VIETNAM VETERANS MEMORIAL FUND INC 52-1149668 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support	and the second sec				1	2.2.4.C.
Cale	endar year (or liscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		and the second s				
	membership fees received. (Do not						
	include any "unusual grants.")	4120498.	9378261.	8635870.	8688291.	8156094.	38979014.
2	Tax revenues levied for the organ-	1 1			1		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		11				
	furnished by a governmental unit to						
	the organization without charge	inc. and include	in marchant of		Last sure		
4	Total, Add lines 1 through 3	4120498.	9378261.	8635870.	8688291.	8156094.	38979014.
5	The portion of total contributions	1	1/5				
-	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						7237388.
6	Public support. Subtract line 5 from line 4		1	1	-		31741626.
-	tion B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	4120498.	9378261.	8635870.	8688291.	8156094.	38979014.
. 8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	246,006.	257,630.	336,405.	314,859.	280,043.	1434943.
9	Net income from unrelated business		,				
9							
	activities, whether or not the						
40	business is regularly carried on						
10	· · · · · · · · · · · · · · · · · · ·						
	or loss from the sale of capital	100,635.	98 624	115,131.	10,973.	43 326	368,689.
	assets (Explain in Part IV.)	100,000.	JU, 024.		10,575.	43,520	40782646.
11			i		- 1.00 - E -10 - 10	12	593,760.
12	Gross receipts from related activities,	•					555,700.
13	First five years. If the Form 990 is for	+					
Sar	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentade				🕨 📖
							77.83 %
14	Public support percentage for 2009 (14	
15	Public support percentage from 2008					15	%
16a	33 1/3% support test - 2009.If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2008.If the o	*			line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual						· · ▶∟
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac		,	•		rt IV how the orga	Inization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2008.If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part IV how th	ie
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∟_
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17i	o, check this box a	and see instructio	ns 📕 📕
					Sche	edule A (Form 99	0 or 990-EZ) 2009

932022 02-08-10

Schedule A (Form 990 or 990 EZ) 2009 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disgualified 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) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this hox and stop here

Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		_
17	Investment Income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
1 9 ;	a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than	33 1/39	%, and line 17 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ation	···· · · · · · · · · · · · · · · · · ·
l	33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is m	ore tha	n 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supp	orted o	rganization . 🚬 🕨
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see in	structi	ons

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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932023 02-08-10

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

ion				Employer identification number	
VIETNAM V	VETERANS	MEMORIAL	FUND,	INC.	52-1149668

Organization	type (check one):
organization	JPC (0110011 0110/1

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990 EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruetty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., set the set to the set of \$5,000 or more during the year.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

923451 02-01-10

14430128 783690 0403-001

Schedule B	(Form !	990,	990-EZ,	or	990-PF) (200	9)
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Name of organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	HEISLEY FAMILY FOUNDATION 5600 THREE FIRST NATIONAL PLAZA CHICAGO, IL 60602	\$ <u>2,500,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	HOLT COMPANIES 3302 S. WW WHITE ROAD SAN ANTONIO, TX 78220	\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
3	GOLDEN WEST HUMANITARIAN FOUNDATION 6355 TOPANGA CANYON BLVD. SUITE 517 WOODLAND HILLS, CA 91367	- \$\$217,025.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
923452 02 (\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009)

18 2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

14430128 783690 0403-001

Page 1 of 1 of Part I

Employer Identification number

52-1149668

Schedule B (Form	990, 990-EZ.	or 990-PF) (2009)
Name of ornar	lization	

Name of organization

Page of Part II at Employer identification number

52-1149668

VIETNAM VETERANS MEMORIAL FUND, INC.

(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I			
——		s	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
	<u>v</u>	«	
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
		\$	990, 990-EZ, or 990-PF) (

14430128 783690 0403-001 2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

Schedule B (For	m 990, 990-EZ, or 990-PF) (2009)			Page of of Part II				
Name of orga	nization		Employer identification number 52-1149668 iton 501(c)(7), (8), or (10) organizations aggregating ne following line entry. For organizations completing ns of (d) Description of how gift is held (d) Description of how gift is held					
VIETNA	M VETERANS MEMORIAL FU	ND, INC.		52-1149668				
Part III	Exclusively religious, charitable, etc., in	ndividual contributions to sect e columns (a) through (e) and th ous, charitable, etc., contribution	ne following line entry. For ns of	organizations aggregating organizations completing				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		scription of how gift is held				
-		(e) Transfer of g	 ift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
-		(e) Transfer of g	lft					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	(d) Description of how gift is held				
-		e) Transfer of g	ift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
·								
	_	(e) Transfer of g						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
923454 02-01-1	10	20	Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)				

14430128 783690 0403-001 2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

Schedule	D
(Form 990)	

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.



Department of the Treasury Internal Revenue Service

Name of the organization VIETNAM VETERAN	S MEMORIAL FUND, INC.	Employer identification num 52-1149668
Part I Organizations Maintaining Donor A		
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 advis	ors in writing that the assets held in donor ad	vised funds
are the organization's property, subject to the organiza		
6 Did the organization inform all grantees, donors, and d		
for charitable purposes and not for the benefit of the d		
impermissible private benefit?		
Part II Conservation Easements. Complete If		, Part IV, line 7.
1 Purpose(s) of conservation easements held by the org		
Preservation of land for public use (e.g., recreation		historically important land area
Protection of natural habitat	Preservation of a co	ertified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in the for	m of a conservation easement on the las
day of the tax year.		Held at the End of the Tax
a Total number of conservation easements		
 c Number of conservation easements on a certified histo d Number of conservation easements included in (c) according to the second second		
3 Number of conservation easements modified, transfer		· · · · ·
vear	idd, folddod, oxtalgaloned, o'r terminited by	and organization opting the tax
4 Number of states where property subject to conservat	ion easement is located	
5 Does the organization have a written policy regarding t		_ of
violations, and enforcement of the conservation easen		
6 Staff and volunteer hours devoted to monitoring, inspe		
 7 Amount of expenses incurred in monitoring, inspecting 		
 B Does each conservation easement reported on line 2(d) 		
and section 170(h)(4)(B)(ii)?	·,	Yes
9 In Part XIV, describe how the organization reports con	servation easements in its revenue and exper	se statement, and balance sheet, and
include, if applicable, the text of the footnote to the or		
conservation easements.		
Part III Organizations Maintaining Collection	ons of Art, Historical Treasures, or	Other Similar Assets.
Complete if the organization answered "Yes" to		
		······································
1a If the organization elected, as permitted under SFAS 1	16, not to report in its revenue statement and	I balance sheet works of art, historical
treasures, or other similar assets held for public exhibi	tion, education, or research in furtherance of j	public service, provide, in Part XIV, the to
the footnote to its financial statements that describes	these items.	
b If the organization elected, as permitted under SFAS 1	16, to report in its revenue statement and bal	ance sheet works of art, historical treas
or other similar assets held for public exhibition, educa	tion, or research in furtherance of public serv	ice, provide the following amounts relati
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, histori		
the following amounts required to be reported under S		-
a Revenues included in Form 990, Part VIII, line 1		> \$
		► \$
HA For Privacy Act and Paperwork Reduction Act Notic	ce, see the Instructions for Form 990.	Schedule D (Form 990)
22051 22-01-10		
		, , ,
	21	

_		VETERANS							49668	<u> </u>		
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical T	reasure	s, <mark>or</mark> Oth	er Simila	ir Asse	ts (continu	red)		
з	Using the organization's acquisition, accessi	ion, and other record	ds, checl	k any of the	e following	that are a	significant L	use of its	collection i	tems		
	(check all that apply):			Loan or ex								
а	Public exhibition											
b	Scholarly research											
С	Preservation for future generations											
4												
5	During the year, did the organization solicit o							_	-			
	to be sold to raise funds rather than to be ma								Yes	<u>No</u>		
Par	TIV Escrow and Custodial Arran		ete if org	anization a	answered '	"Yes" to Fo	rm 990, Par	rt IV, line	9, or			
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod						t included	_	-			
	on Form 990, Part X?							L	Yes	└── No		
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:								
									Amount			
	Beginning balance	• • • •		• • • • • • • • • • • • • • • • • • • •			1c					
		•••••										
е	Distributions during the year											
t.	Ending balance						. 1 f	<u>-</u>	1			
	Did the organization include an amount on F		21?					L	Yes	No No		
-	If "Yes," explain the arrangement in Part XIV.									_		
Par	t V Endowment Funds. Complete i				Coldensis and a	the second second second						
		(a) Current year		rior year		years back	(d) Three ye	aars back	(e) Four ye	ars back		
1 a		1,900,000.	т,90	0,000	•		-			_		
b	Contributions	·			-		1		-			
C	Net investment earnings, gains, and losses				-							
d	Grants or scholarships			-					-	-		
e	Other expenditures for facilities											
	and programs								-	-		
f	Administrative expenses End of year balance	1 000 000	1 00	0 000								
	End of year balance	<u>,900,000.</u>	ц,90	0,000	•		12					
2	Provide the estimated percentage of the year	ar end balance held										
	Board designated or quasi endowment		_%									
	Permanent endowment ► 100.00	%										
		%	1). IL	4		1.1	41					
Ja	Are there endowment funds not in the posse	ession of the organiz	ation the	at are neid	and admir	nistered for	the organiz	ation				
	by:									es No		
	(i) unrelated organizations							•••••	3a(i)			
	(ii) related organizations If "Yes" to 3a(ii), are the related organization							• •	3a(ii)			
	•••				•••••	• ••••••			3b			
4 Pai	Describe in Part XIV the intended uses of the t VI Investments - Land, Building				0 Dart V I	ine 10						
I ai	Description of investment	(a) Cost or o			st or other	1	Accumulate	a	(d) Book v			
	Description of investment	basis (invest			s (other)		epreciation	u		alue		
1a	Land	· · ·	,									
	Buildings											
	Leasehold improvements		-									
	Equipment		-									
	Other		-	1.4	26,99	1.	786,97	75.	640	,016.		
	I. Add lines 1a through 1e. (Column (d) must e		t X. colur			· · · · ·				,016.		
1.010	ar and an a same age to footamin (a) moote				-1-/1/			-				

Schedule D (Form 990) 2009

932052 02-01-10

	CERANS MEMORIA		52-	1149668	Page 3
Part VII Investments - Other Securities. Se	ee Form 990, Part X, line 1:	-			
(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year marke		
Financial derivatives					
Closely-held equity interests					
PUBLICLY TRADED SECURITIES	9,361,736.	ÉND-OF-YEAR	<u></u>		
	9,301,730.	END-OF-TEAK	MAKKE I	VADOR	
	1				
Total. (Col (b) must equal Form 990, Parl X, col (B) line 12.)	9,361,736.				
Part VIII Investments - Program Related.	See Form 990, Part X, line *				
(a) Description of investment type	(b) Book value		hod of valuatie -of-year marke		
		Cost or and	-or-year marke	IL VAIDO	
	1	<u> </u>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X. line					
) Description			(b) Book va	
EDUCATION CENTER, WORK IN PRO	JGRESS			3,270	, 519. , 085.
DEPOSITS		<u> </u>		40	,005.
		· · · ·			
			ĺ		•
Total. (Column (b) must equal Form 990, Part X, col (B) lir				3,295	<u>,604.</u>
Part X Other Liabilities. See Form 990, Part X	, line 25.				
1. (a) Description of liability		(b) Amount			
Federal income taxes		206 620			
DEFERRED RENT		296,629.			
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 25.)	296,629.			
2. FIN 48 Footnote. In Part XIV, provide the text of the fo			ports the orga	nization's liabili	ty for

uncertain tax positions under FIN 48. 932053 02-01-10

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 VIETNAM VETERANS MEMORIAL					1149668	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audit	ed Finan	cial Sta	temen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		7,781,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		6,826,	
Э	Excess or (deficit) for the year. Subtract line 2 from line 1			3			,934.
4	Net unrealized gains (losses) on investments			4		1,896,	
5	Donated services and use of facilities			5		<255,	,807.>
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			,000.>
9	Total adjustments (net). Add lines 4 through 8			9		1,457,	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9		10		2,412,	482.
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ents W	ith Reve	nue per	Return		
1	Total revenue, gains, and other support per audited financial statements				1	11,429,	,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a		<u>6,355</u>			
b	Donated services and use of facilities	2b	1,43	9,253	•		
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
e	Add lines 2a through 2d				2e	3,335,	
3	Subtract line 2e from line 1				3	8,093,	,426.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		7,936			
b	Other (Describe in Part XIV.)	4b	<35	0,000	• >		
с	Add lines 4a and 4b				4c		<u>,064.</u> >
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	7,781,	,362.
Pa	t XIII Reconciliation of Expenses per Audited Financial Staten	nents V	/ith Expe	nses pe	er Retu		
1	Total expenses and losses per audited financial statements				1	9,016	,552.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	1,69	5,060			
ь	Prior year adjustments						
с	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
e	Add lines 2a through 2d				2e	1,695	
3	Subtract line 2e from line 1				3	7,321	,492.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				_		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		7,936			
	Other (Describe in Part XIV.)	. 4b	<53	3,000	•>		
с	Add lines 4a and 4b				4c		,064.>
5					5	6,826	,428.
Pa	rt XIV Supplemental Information						
Com	plate this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III lines 1	a and A: De	et IV lines	th and	2h: Dort V, line	4. Dort

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and 4; Part IV, lines 1 b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PROVIDE A

PERMANENT SOURCE OF INCOME TO FURTHER THE MISSION OF THE ORGANIZATION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

WRITE OFF OF IN-KIND PLEDGE NOT IN 990: -183000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGE: -350000.

932054 02-01-10 Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009 VIETNAM VETERANS MEMORIAL FUND, INC.	52-1149668 Page 5
Part XIV Supplemental Information (continued)	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
UNCOLLECTIBLE PLEDGE: -350000.	
UNCOLLECTIBLE IN-KIND PLEDGE: -183000.	
	-
	•

Schedule D (Form 990) 2009

932055 02-01-10

14430128 783690 0403-001 2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

Schedule F (Form 990)		Complete if the	ivities Outside the U			AB No. 1545-0047
Department of the Treasury			Part IV, line 14b, 15, or 16. form 990. See separate instructi	ons.		pen to Public
Internal Revenue Service					Employer Identif	ispection
VIETNAM VETERA					52-114966	
		Ctivities Ou	tside the United States. Comp	olete if the organ	ization answered "	Yes"
to Form 990, Pa 1 For grantmakers. Doe		n maintain recor	ds to substantiate the amount of the	arants or assist:	ance the	
			selection criteria used to award the g			Yes 🗌 No
2 For grantmakers. Des	scribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds out	side the United Sta	tes.
	T	r	dditional space is needed.)			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, a specific type ce(s) in region	(f) Total expenditures for region
				REMOVAL OF		
EAST ASIA & THE PACIFIC			PROGRAM SERVICES	F, PART IV	SEE SCHEDULE	533,372.
Totals	aperwork Reduc	1	e, see the Instructions for Form 990.		Schodulo F (533,372. Form 990) 2009

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	(i) Method of valuation (book, FMV, appraisal, other)					
	(h) Description of non-cash assistance					
	(g) Amount of non-cash assistance					xempt by
	(f) Manner of cash disbursement					recognized as tax-e
than \$5,000	(e) Amount of cash grant					foreign country,
recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
0. Check this box if no all space is needed.	(c) Region					listed above that are re has provided a section (
recipient who received more than \$5,000. Check this box if Use Schedule F-1 (Form 990) if additional space is needed.	(b) IRS code section and EIN (if applicable)					Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro
recipient who rec Use Schedule F-	1 (a) Name of organization					2 Enter total number of the IRS, or for which th

02-01-10

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2009
	/, line 16.	(g) Description of non-cash assistance					Schedu
52-1149668	to Form 990, Part IV	(f) Amount of non-cash assistance					
INC.	the organization answered "Yes"	(e) Manner of cash disbursement					
RIAL FUND	ates. Complete if 1	(d) Amount of cash grant					
ANS MEMO	le the United Sta beded.	(c) Number of recipients		-			
VIETNAM VETERANS MEMORIAL FUND,	e to Individuals Outsid if additional space is ne	(b) Region					
Schedule F (Form 990) 2009 V.	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. Use Schedule F-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance					

02-01-10

Schedule F (Form 990) 2009 VII	ETNAM VETERANS M	EMORIAL FUND, I	NC.	52-1149668	Page 4
Part IV Supplemental Info	rmation				
Complete this part to pr	ovide the information required i	in Part I, line 2, and any additio	nal information.		
SCHEDULE F, PART I	LINE 2: THE OR	GANIZATION DOES	NOT MAKE	GRANTS IN	
CONNECTION WITH IT:	3 PROGRAM SERVIC	E ACTIVITIES OU	TSIDE THE	U.S. THE	
PROGRAM SERVICE AC	TIVITIES DESCRIE	ED ON SCHEDULE	F, PART I,	LINE 3	
REPRESENT A PROGRAM	4 FOR THE REMOVA	L OF UNEXPLODED	ORDNANCE	IN VIETNAM.	

SCHEDULE F, PART I, LINE 3: PROJECT RENEW IS THE FIRST COMPREHENSIVE MANAGEMENT APPROACH UNDERTAKEN IN VIETNAM TO RESTORE THE ENVIRONMENT AND NEUTRALIZE THE EFFECTS OF WAR. ITS WORK IS TO HELP REDUCE THE RISK OF THE MORE THAN 350,000 TONS OF UNEXPLODED ORDNANCE (UXO) LEFT FROM THE WAR, MUCH OF IT IN CENTRAL VIETNAM IN AREAS WHERE FARMERS WORK AND CHILDREN PLAY. PROJECT RENEW WAS LAUNCHED IN DECEMBER 2000 BY THE VIETNAM VETERANS MEMORIAL FUND IN PARTNERSHIP WITH THE QUANG TRI PROVINCE PEOPLE'S COMMITTEE. IN ADDITION TO CLEARING LANDMINES AND UXO FROM CONTAMINATED AREAS, PROJECT RENEW PERFORMS MANY OTHER VALUABLE SERVICES: IT PURSUES MINE-RISK EDUCATION THROUGH TELEVISION AND RADIO SPOTS AND A VARIETY OF IN-PERSON PROGRAMS. IT PROVIDES EMERGENCY MEDICAL SERVICES AND PROSTHETIC LIMBS FOR AMPUTEES. IT GIVES JOB TRAINING AND ASSISTANCE TO LANDMINE VICTIMS TO HELP THEM ATTAIN SUSTAINABLE INCOME.

Schedule F (Form 990) 2009

	Supplemental Inform					OMB No. 1545-0047
(Form 990 or 990-EZ)	Fundraising or Ga		-			2009
Department of the Treasury Internal Ravenue Service	if the organization answered "Ye the organization entered more that Attach to Form 990 or Form 990-E	n \$15,00	00 or	Form 990-EZ, line	6a. 5.	Open To Public Inspection
Name of the organization	VETERANS MEMORIAL		π	TNC	Employer	identification number
Providentation A stateto	Complete if the organization answe					
Part I Fundraising Activities required to complete this part						
 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written or a solicitation in the solicitation i	e 🗶 Solicita f 🗶 Solicita g 🗔 Special	tion of n tion of g fundrais	ion-g ioven sing	overnment grants nment grants events		
key employees listed in Form 990, F	• •	•	-			Yes 🗌 No
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	ividuals or entities (fundraisers) purs			-		s to be
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) C fundrai have cus or contr contribut	ol of	(Iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)
CREATIVE DIRECT	DIRECT MAIL	Yes	No			
RESPONSE	FUNDRAISING PERSONAL	+	X	4,180,845.	342,35	2.3,838,493.
ODELL & SIMMS	SOLICITATIONS		X	375,000.	332,69	8. 42,302.
		<u> </u>		4,555,845.	675,05	0.3,880,795.
3 List all states in which the organization AL, AK, AZ, AR, CA, CO, CT, MT, NE, NV, NH, NJ, NM, NY,	DE, FL, GA, HI, ID, IL,	, IN,]	ΓA,	KS, KY, LA, M	E, MD, MA,	MI, MN, MS, MO
		, <i>j</i> h			_ ; · • <u>;</u> · • • • ;	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2009

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Schedule G (Form 990 or 990-EZ) 2009 VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 52-1149668 Page 2

on Form 990-EZ, line 6a, List events with gross receipts greater than \$5,000.

			grood roothpito grouter		_	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
č						
	2	Less: Charitable contributions				·
	з	Gross income (line 1 minus line 2)				
	-					
	4	Cash prizes				<u> </u>
(0	5	Noncash prizes				
Direct Expenses	-					1
Expe	6	Rent/facility costs				
ect	7	Food and beverages				
ō						1
	8	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	P in column (d)		•	
		Net income summary. Combine line 3, column				
Pa						<u> </u>
	_	\$15,000 on Form 990-EZ, line 6a.				
ыue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
č	1	Gross revenue				
	_	Cook prizes				
ISes	2	Cash prizes				1
Direct Expenses	3	Noncash prizes				
ect E						
Dir	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%		└── Yes %	
	6	Volunteer labor		No	L No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			()
	8	Net gaming income summary. Combine line 1	, column (d), and line 7			
						Yes No
9		ter the state(s) in which the organization opera				
		he organization licensed to operate gaming ac No," explain:	aviates in each of these			9a
-						
		ere any of the organization's garning licenses re Yes," explain:	evoked, suspended or	terminated during the tax	year?	10a
	_					
11		es the organization operate gaming activities v		·····		
12		he organization a grantor, beneficiary or truste ninister charitable gaming?	e of a trust or a memb		r entity formed to	12
9320		2-03-10	<u> </u>		Schedule G (Fo	orm 990 or 990-EZ) 2009
				31		

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Schedule G (Form 990 or 990 EZ) 2009 VIETNAM VETERANS MEMORIAL FUND, INC. 52-11	49668 Page	3
	Yes N	
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility 13a	%	
	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name 🕨		
Address 🕨		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	_
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party \blacktriangleright \$		
c If "Yes," enter name and address of the third party:		
Name		
Address	-	
16 Gaming manager information:		
Name		
	-	
Gaming manager compensation 🕨 \$		
Description of services provided		
	-	
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year 🕨 \$		

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE J	Compensation Information	ОМВ	No. 1545-0047	
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	000	
(,	Compensated Employees	 	003	
Denoting of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, Ilne 23.	Ope	n to Public	
Department of the Treasury Internal Revenue Service	Attach to Form 990. See separate Instructions.	ln	spection	
Name of the organiza		Employer identific		ber
1	VIETNAM VETERANS MEMORIAL FUND, INC.	52-11496	568	
Part I Questio	ns Regarding Compensation			
			Yes I	No
1a Check the approp	riate box(es) if the organization provided any of the following to or for a person listed in Form	990,		
Part VII, Section A	A, line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or	charter travel Housing allowance or residence for perso	naluse		
Travel for co	mpanions L Payments for business use of personal re-	sidence		
Tax indemnit	ication and gross-up payments Health or social club dues or initiation fees	5		
Discretionary	Personal services (e.g., maid, chauffeur, c	hef)		
b If any of the boxe	s on line 1a are checked, did the organization follow a written policy regarding payment or			
•	provision of all of the expenses described above? If "No," complete Part III to explain		ь	
2 Did the organizati	on require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire	ectors,		
trustees, and the	CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if	any, of the following the organization uses to establish the compensation of the organization's	\$		
CEO/Executive Di	rector. Check all that apply.			
Compensatie	on committee Written employment contract			
Independent	compensation consultant III Compensation survey or study			
Form 990 of	other organizations X Approval by the board or compensation c	ommittee		
4 During the year, o	id any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a	related organization:			
a Receive a several	nce payment or change-of-control payment?	4		X
b Participate in, or r	eceive payment from, a supplemental nonqualified retirement plan?	4	-	X
c Participate in, or r	eceive payment from, an equity-based compensation arrangement?		kc	X
If "Yes" to any of	lines $4a \cdot c$, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501	(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio			
contingent on the				
			ia	х
-	ization?			X
	or 5b, describe in Part III.			
	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	in l		
contingent on the				
-		e	a	x
	ization?			X
	or 6b, describe in Part III.	·····		
	in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	s		
	nes 5 and 6? If "Yes," describe in Part III		7	x
	s reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th			
	peption described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		в	х
	did the organization also follow the rebuttable presumption procedure described in			
Regulations section			9	
	and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Fe	orm 990) 24	009

02-02-10

52-1149668	J-1 if additional space is needed.
INC.	es. Use Schedule J-1 if addit
FUND,	nsated Employees. Use So
VIETNAM VETERANS MEMORIAL FUND	admo
VETERANS MEN	oyees, and Highest Co
VIETNAM V	stees, Key Employees
Schedule J (Form 990) 2009	Part II Officers, Directors, Tri

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E) Total of actimum	(F)
(A) Name	<u> </u>	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	retirement and other deferred compensation	Nontaxable benefits	B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	13	138,047.	.0	.0	27,744.	15,028.	180,819.	.0
JAN C. SCRUGGS	:0	1	• 0				I I	0.
	Ξ	159,276.	.0		12,980.	19,403.	191,659.	0.
DANIEL W. REESE	:0	• 0	.0	• 0	0.	.0	• 0	0.
	Ξ							
	(ii)							
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	(ii)							
				c			Schedul	Schedule J (Form 990) 2009

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Page 2

SCHEDULE L	Transactions With Interested Persons
(Form 990 or 990-EZ)	Complete If the organization answered
	"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
New Arrest of the Terror	or Form 990-EZ, Part V, line 38a or 40b.

ne 38a or 40b.

Department of the Treasury Internal Revenue Service	► Atta			-EZ, Part V, orm 990-EZ.			ructions	-			en To Pu pection	iblic
Name of the organization	IETNAM V	TETERAN	IS MEN	ORTAL	FUND.	TNC.			mployer 52-11			number
Part I Excess Bene	fit Transacti	ions (section	on 501(c)(3) and sectio	n 501(c)(4)	organizatio	ns only).					
Complete if the o	rganization ans	wered "Yes'	on Form	990, Part IV,	line 25a or	25b, or For	m 990-E2	Z, Part	V, line 40)b.		
1 (a) Name of	disqualified per	son			(b) [Description	of transa	ction			(c) Con Yes	rected? No
 2 Enter the amount of tax in section 4958 3 Enter the amount of tax, in the amount o						s during the		•	► \$ ► \$			
Part II Loans to and												
Complete if the o					line 26. or	Form 990-E	Z. Part V	. line 3	8a.			
(a) Name of Interested person and purpose	(b) Loan	to or from inization?	(c) Origi	nal principal mount		ance due	(e) defa	In	(f) App by bo	oroved ard or hittee?		/ritten ment?
	То	From				_	Yes	No	Yes	No	Yes	No
			<u> </u>					-				
Total Part III Grants or As	sistan ce Be	nefiting l	ntereste	ed Person	s.	_						
Complete if the o		-										
(a) Name of interest	ed person		(b) Relat	ionship betw the or	een interes ganization		and			iount an assistar	id type o nce	ſ
												_
											-	
Part IV Business Tra		-				19h 09-		•				
Complete if the c (a) Name of Interest	-	(b) I	Relationsh	ip between k the organiz	nterested	(c) Amo transa		(d)) Descript transact		organia	aring of zation's nues?
											Yes	No
ROBERT FRANK, P	ARTNER (OF FNOI	ITOVI	NG MEME	SER OF	322	1,791	INI.	DEPEN	DENI		X
		-										

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

Schedule L (Form 990 or 990-EZ) 2009

OMB No. 1545-0047

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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990. OMB No. 1545-0047 **2009** Open to Public Inspection

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer Identification number 52-1149668

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

EDUCATE ON THE IMPACTS OF THE VIETNAM WAR ERA.

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

DISPLAYED IN THE EDUCATION CENTER.

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

THE ORGANIZATION PLANS, ORGANIZES AND CONDUCTS A NUMBER OF CEREMONIES AT THE MEMORIAL AND ELSEWHERE TO BRING PEOPLE TOGETHER TO REMEMBER AND HONOR THE MEN AND WOMEN WHO SERVED IN THE VIETNAM WAR AND THOSE WHO DIED. CEREMONIES ARE CONDUCTED EACH YEAR ON MEMORIAL DAY, VETERANS DAY, FATHERS DAY, MOTHERS DAY, IN MEMORY DAY AND CHRISTMAS TO RECOGNIZE, REMEMBER AND HONOR THOSE WHO SERVED AND DIED AS WELL AS TO BRING HEALING TO THEIR FAMILIES, THEIR FRIENDS AND OUR NATION. EXPENSES \$ 404152. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TTHE ORGANIZATION PROMOTES HEALING AND PROVIDES EDUCATION ABOUT THE IMPACT OF THE VIETNAM WAR THROUGH ITS TRAVELING MEMORIAL CALLED "THE WALL THAT HEALS". THE ORGANIZATION EXHIBITS A HALF-SCALE REPLICA OF THE VIETNAM VETERANS MEMORIAL IN CITIES AND LOCATIONS THROUGHOUT THE UNITED STATES, MAKING IT POSSIBLE FOR MILLIONS OF INDIVIDUALS WHO ARE UNABLE TO TRAVEL TO WASHINGTON, D.C. TO RECOGNIZE, REMEMBER AND HONOR THOSE WHO SERVED AND DIED, AND TO EXPERIENCE A CONNECTION WITH LOST COMRADES AND LOVED ONES. THE TRAVELING MEMORIAL ALSO INCLUDES AN EDUCATIONAL MUSEUM AND AN INFORMATION CENTER TO ASSIST VISITORS IN LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 92263-10

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Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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



VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number 52-1149668

FINDING NAMES ON THE MEMORIAL. THIS YEAR, THE ORGANIZATION BROUGHT THE

WALL THAT HEALS AND THE TRAVELING MUSEUM AND INFORMATION CENTER TO 18

LOCATIONS IN THE UNITED STATES AND BROUGHT THE MUSEUM COMPONENT TO TWO

ADDITIONAL LOCATIONS REACHING THOUSANDS OF VISITORS.

EXPENSES \$ 331243. INCLUDING GRANTS OF \$ 0. REVENUE \$ 181160.

THE ORGANIZATION EDUCATES STUDENTS ABOUT THE IMPACT OF THE VIETNAM WAR

AND PRESERVES THE LEGACY OF THE VIETNAM VETERANS MEMORIAL THROUGH ITS

PROGRAMS RELATED TO THE EDUCATION OF STUDENTS AND TEACHERS REGARDING

THE VIETNAM WAR, THE VIETNAM VETERANS MEMORIAL AND THE MEMORIAL'S

LEGACY IN CULTURE AND SOCIETY. THE ORGANIZATION'S EDUCATION PROGRAMS

REACH TEACHERS AND STUDENTS FROM GRADES 8 TO 12 AS WELL AS HIGHER

EDUCATION.

EXPENSES \$ 295605. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE ORGANIZATION WORKS IN COOPERATION WITH THE NATIONAL PARK SERVICE TO PROVIDE FOR SPECIAL MAINTENANCE NEEDS OF THE VIETNAM VETERANS MEMORIAL IN WASHINGTON, D.C., INCLUDING THE ADJACENT THREE SERVICEMAN STATUE, FLAGPOLE AND THE THREE-ACRE SITE WHERE THE VIETNAM VETERANS MEMORIAL IS TO MAINTAIN THE SITE'S FUNCTION AS A PLACE OF REFLECTION ON LOCATED, THE VIETNAM WAR, A PLACE OF HONOR, RECOGNITION AND REMEMBRANCE OF THOSE WHO SERVED AND THOSE WHO DIED, A PLACE OF SPIRITUAL CONNECTION WITH LOST COMRADES AND LOVED ONES, AND A SYMBOL OF HEALING FOR OUR NATION. THE MEMORIAL HAS BEEN VISITED BY MORE THAN 80 MILLION PEOPLE, MAKING IT ONE OF THE MOST VISITED MEMORIALS ON THE NATIONAL MALL. THIS YEAR 4.6 MILLION PEOPLE VISITED THE VIETNAM VETERANS MEMORIAL IN WASHINGTON D.C. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

14430128 783690 0403-001

2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

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Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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



Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer Identification number 52-1149668

EXPENSES \$ 146168. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE ORGANIZATION IS DEVELOPING AN EDUCATION CENTER THAT WILL BE LOCATED

ADJACENT TO THE VIETNAM VETERANS MEMORIAL ON THE NATIONAL MALL IN

WASHINGTON D.C. THE EDUCATION CENTER WILL INCLUDE INTERACTIVE

EXHIBITS AND PRIMARY SOURCE MATERIALS TO PERSONALIZE THE NAMES ON THE

WALL TO HELP VISITORS GAIN A GREATER UNDERSTANDING OF THE COURAGE AND

PERSONAL SACRIFICE OF THE INDIVIDUALS WHOSE NAMES ARE INSCRIBED ON THE

MEMORIAL. THE EDUCATION CENTER WILL ALSO PROMOTE A GREATER

UNDERSTANDING OF THE VIETNAM WAR AND THE VIETNAM WAR ERA. AS DISCLOSED

IN ITEM 4B, DURING 2009, THE ORGANIZATION'S CAPITAL EXPENDITURES

RELATED TO THE DEVELOPMENT OF THE EDUCATION CENTER TOTALED \$636,151.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3: IN 2009, THE ORGANIZATION OUTSOURCED THE FINANCIAL ACCOUNTING OPERATIONS AND PROGRAM OVERSIGHT OF PROJECT RENEW RESPONSIBILITIES TO AN INDEPENDENT CONTRACTOR. AS OF MAY 2010, THE FINANCIAL ACCOUNTING OPERATIONS AND PROGRAM OVERSIGHT OF PROJECT RENEW ARE THE RESPONSIBILTY OF VVMF MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 11: A CPA FIRM PREPARES THE FORM 990 AND PROVIDES A DRAFT COPY TO THE CFO AND THE BOARD FOR THEIR REVIEW AND APPROVAL. A CONFERENCE CALL TAKES PLACE TO DISCUSS THE RETURN AND RESPOND TO QUESTIONS. ANY NECESSARY REVISIONS ARE MADE AND THE REVISED DRAFT IS THEN SENT TO THE BOARD FOR REVIEW PRIOR TO THE 990 BEING ISSUED FINAL. THE CFO THEN APPROVES THE 990 FOR ASSEMBLY AND SIGNS THE FINAL FORM.

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

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



VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number 52-1149668

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

REVIEWED AND ACKNOWLEDGED ANNUALLY BY OFFICERS AND DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE REVIEW OF CONTRACT AND SALARY REQUIREMENTS BASED ON SALARY COMPARISON DATA PROVIDED BY INDEPENDENT SURVEY AND CONTEMPORANEOUS DOCUMENTATION OF THE DECISION WAS MADE BY THE COMMITTEE FOR THE PRESIDENT/CEO EMPLOYMENT CONTRACT AND THE CONTRACTS OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CT,DC,FL,GA,HI,IL,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NV,NH NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,UT,VA,WA,WV,WI,WY

FORM 990, PART VI, SECTION C, LINE 18: VVMF COMPLIES WITH SECTION 6104 AND MAKES ITS FORM 1023, 990 AND 990-T (IF APPLICABLE) AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FROM THE VVMF OFFICE, ON GUIDESTAR.COM, AND ON ITS OWN WEBSITE, WWW.VVMF.ORG.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS SUCH AS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND A COPY OF VVMF'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE VVMF OFFICE.

FORM 990, PART VII, SECTION A, LINE 1A; LISTING OF OFFICERS AND DIRECTORS: ROBERT H. FRANK IS NO LONGER AN OFFICER OR DIRECTOR OF VVMF.

Schedule O (Form 990) 2009

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number 52-1149668

SCHEDULE D, PART IX, OTHER ASSETS:

EXPLANATION FOR EDUCATION CENTER ASSET

VVMF IS CONDUCTING A CAPITAL CAMPAIGN TO RAISE FUNDS TO BUILD AN

EDUCATION CENTER ON THE MALL NEAR THE VIETNAM VETERANS MEMORIAL IN

WASHINGTON, DC. THE EDUCATION CENTER WILL HELP VISITORS UNDERSTAND THE

COURAGE, SACRIFICE AND DEVOTION OF THOSE WHO SERVED OUR COUNTRY.

THROUGH INTERACTIVE EXHIBITS AND PRIMARY SOURCE MATERIALS, VISITORS

WILL BE ABLE TO BETTER UNDERSTAND THE PROFOUND IMPACT THE VIETNAM WAR

HAD ON THEIR FAMILY MEMBERS, THEIR HOME TOWNS, THEIR COMMUNITIES, AND

THE NATION. ALL COSTS RELATED TO THE DESIGN, PLANNING AND CONSTRUCTION

OF THE CENTER ARE CAPITALIZED AS WORK IN PROGRESS. UPON COMPLETION OF

CONSTRUCTION, THE EDUCATION CENTER WILL BE DONATED TO THE NATIONAL PARK

SERVICE, AT WHICH TIME ALL CAPITALIZED COSTS WILL BE EXPENSED.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT FRANK, PARTNER OF FRANK & COMPANY, PC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NONVOTING MEMBER OF THE BOARD OF DIRECTORS; NO LONGER ASSOCIATED WITH VVMF

(C) AMOUNT OF TRANSACTION \$ 322791.

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE G, PART I, LINE 2B, COLUMN IV:

AS A RESULT OF SERVICES PROVIDED BY ODELL & SIMMS IN 2009, VVMF SECURED

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

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2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number 52-1149668

PROMISES TO GIVE TOTALING \$3,650,000 IN ADDITION TO ANY RECEIPTS

REPORTED IN COLUMN IV.

FORM 990, PART IV, LINE 12 AND FORM 990 PART XI, LINE 2B, 2C, AND 2D:

EXPLANATION FOR AMENDED RESPONSE

THE ORGANIZATION ENGAGED AN INDEPENDENT CPA FIRM TO PERFORM AN AUDIT OF

ITS 2009 FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY

ACCEPTED ACCOUNTING PRINCIPLES. AS OF THE FILING DATE OF THE ORIGINAL

RETURN, THE AUDIT WAS IN THE DRAFT STAGE. AS OF THIS AMENDED FILING,

THE INDEPENDENT AUDITED FINANCIAL STATEMENTS HAVE BEEN FINALIZED AND

RELEASED.

PART I, LINE 8 CONTRIBUTIONS AND GRANTS

EXPLANATION FOR AMENDED BALANCE

AN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES RECEIVABLE WAS ESTIMATED BASED

ON ADDITIONAL INFORMATION RECEIVED. THE TOTAL CONTRIBUTIONS AND GRANTS

IS PRESENTED NET OF ANY UNCOLLECTIBLE PLEDGES.

PART VIII, LINE 1F

EXPLANATION FOR AMENDED BALANCE

AN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES RECEIVABLE WAS ESTIMATED BASED

ON ADDITIONAL INFORMATION RECEIVED. THE TOTAL CONTRIBUTIONS AND GRANTS

IS PRESENTED NET OF ANY UNCOLLECTIBLE PLEDGES.

PART X BALANCE SHEET, LINE 3 PLEDGES AND GRANTS RECEIVABLE, NET:

EXPLANATION FOR AMENDED BALANCE

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2009.05030 VIETNAM VETERANS MEMORIAL F 0403-001

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990. OMB No. 1545-0047 2009 Open to Public Inspection

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number 52-1149668

AN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES RECEIVABLE WAS ESTIMATED BASED

ON ADDITIONAL INFORMATION RECEIVED.

PART I, LINE 34 TOTAL LIABILITIES AND NET ASSETS/FUND BALANCES

EXPLANATION FOR AMENDED BALANCE

AN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES RECEIVABLE WAS ESTIMATED BASED

ON ADDITIONAL INFORMATION RECEIVED. THE TOTAL CONTRIBUTIONS AND GRANTS

IS PRESENTED NET OF ANY UNCOLLECTIBLE PLEDGES.

FORM 990, SCHEDULE A, PART II, SECTION A, LINE 1

EXPLANATION FOR AMENDED BALANCE

AN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES RECEIVABLE WAS ESTIMATED BASED

ON ADDITIONAL INFORMATION RECEIVED. THE TOTAL CONTRIBUTIONS AND GRANTS

IS PRESENTED NET OF ANY UNCOLLECTIBLE PLEDGES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 92211 02-03-10 Schedule O (Form 990) 2009

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Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex				. –	► X
Note. Only complete Part II if you have already been granted an a			Form	8868.	
• If you are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I (on page 1).			
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	7	,	
Type or Name of exempt organization			Emp	loyer identificatio	n number
print VIETNAM VETERANS MEMORIAL F	UND,	INC.	5	2-1149668	
extended [Number, street, and room or suite no. If a P.O. box, s due date for 2600 VIRGINIA AVENUE, N.W.					
filing your return. See City, town or post office, state, and ZIP code. For a feature washingtron, DC 20037					
MADILINGTON, DC 20057				-	
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			01
Application	Return	Application	_		Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	d an auton	natic 3-month extension on a previou	sly file	ed Form 8868.	
• The books are in the care of 2600 VIRGINIA	AVE.,			GTON, DC	20037
Telephone No. 202-393-0090		FAX No. ► 202-393-0029			
• If the organization does not have an office or place of business	s in the Un	ited States, check this box		🕨	
• If this is for a Group Return, enter the organization's four digit					
box L. If it is for part of the group, check this box L.	J and atta	ch a list with the names and EINs of all	memb	ers the extension	is for.
	NOVEMI	BER 15, 2010			
5 For calendar year 2009 , or other tax year beginning		, and ending			·
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Linitial return	Final r	etum	
 Change in accounting period State in detail why you need the extension 					
ADDITIONAL INFORMATION NEEDED	TN OF	NER TO DEFEARE AN A	CCII	סאיידי סדייני	DN
		CODAL TO TRUTALD AN A		TALE REIO	<u></u>
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 . er	ter the tentative tax loss any		<u> </u>	
nonrefundable credits. See instructions.	01 0000, 01	nor the terrative tax, less any	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimated	Qa	9	
tax payments made. Include any prior year overpayment all					
previously with Form 8868.	101100 10 0	croant and any amount paid	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	wment wit	h this form if required by using	00	\$	
EFTPS (Electronic Federal Tax Payment System). See instru	-	in the form, in required, by daming	8c	\$	0.
				<u> </u>	
Sidna	ature an	a vertication			
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this for	ling accomp	d Verification anying schedules and statements, and to the	e best o	f my knowledge and	belief,
Inder penalties of perjury, I declare that I have examined this form, includ	ling accomp		e best o	f my knowledge and	belief,

923842 01-03-11

Form 8868 (Rev. 1-2011)