

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

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

Title/Date of Hearing: 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

Witnesses Representing Organizations

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

Title/Date of Hearing: 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

l. 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)).

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
VIETNAM VETERANS MEMORIAL FUND, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2600 VIRGINIA AVENUE, N.W. 104
 City or town, state or country, and ZIP + 4
WASHINGTON, DC 20037
F Name and address of principal officer: DANIEL REESE
2600 VIRGINIA AVENUE, N.W. SUITE 104, WASHIN

D Employer identification number
52-1149668

E Telephone number
202-393-0090

G Gross receipts \$ **16,324,917.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.VVMF.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1979** **M State of legal domicile:** **DC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PRESERVE THE LEGACY OF THE VIETNAM VETERANS MEMORIAL, TO PROMOTE NATIONAL HEALING, AND TO	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	7
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	26
	6 Total number of volunteers (estimate if necessary)	750
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 10,037,188. Current Year: 7,560,161.
	9 Program service revenue (Part VIII, line 2g)	108,500. 119,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	529,513. 805,522.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,047. 53,881.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,781,248. 8,538,564.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 343,567.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,374,684. 1,609,795.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	273,396. 227,437.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,988,171.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,067,950. 6,127,007.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,716,030. 8,307,806.
19 Revenue less expenses. Subtract line 18 from line 12	4,065,218. 230,758.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 30,721,100. End of Year: 29,962,849.
	21 Total liabilities (Part X, line 26)	1,942,948. 1,849,624.
	22 Net assets or fund balances. Subtract line 21 from line 20	28,778,152. 28,113,225.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Daniel Reese* Date: **05/18/12**
 Type or print name and title: **DANIEL REESE, CFO, COO**

Paid Preparer Use Only
 Print/Type preparer's name: **JOAN M. RENNER** Preparer's signature: *Joan M Renner* Date: **5/18/12** Check if self-employed PTIN: **P00456765**
 Firm's name: **RENNER AND COMPANY, CPA, P.C** Firm's EIN: **54-1498950**
 Firm's address: **700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314** Phone no.: **703-535-1200**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,300,186. 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 THE 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 (Code:) (Expenses \$ 1,656,256. including grants of \$) (Revenue \$) THE ORGANIZATION IS CONDUCTING A NATIONAL CAMPAIGN TO PROMOTE FUTURE VISITATION BY THE GENERAL PUBLIC OF THE EDUCATION CENTER TO BE BUILT ADJACENT TO THE VIETNAM VETERANS MEMORIAL ONCE CONSTRUCTION IS COMPLETE. THE PROJECT FOCUSES ON PROVIDING INFORMATION ABOUT THE IMPORTANT ROLE THE EDUCATION CENTER WILL PLAY IN PRESERVING THE LEGACY OF THOSE WHOSE NAMES ARE INSCRIBED ON THE WALL. DURING 2011 THE ORGANIZATION'S CAPITAL EXPENDITURES RELATED TO CONSTRUCTING THE EDUCATION CENTER TOTALED \$2,602,938.

4c (Code:) (Expenses \$ 914,673. including grants of \$) (Revenue \$) 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 THE REMOVAL OF UNEXPLODED ORDINANCE IN QUANG TRI AND QUANG BINH PROVINCES, THE MOST HEAVILY BOMBED AND SHELLED AREAS OF VIETNAM.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,273,373. including grants of \$) (Revenue \$ 119,000.)

4e Total program service expenses 6,144,488.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, sub-question, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 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 (Section 501(c)(3)s only) available 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, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 202-393-0090 2600 VIRGINIA AVE., NW, SUITE 104, WASHINGTON, DC 20037

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.

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 week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAN C. SCRUGGS PRESIDENT	40.00	X		X			219,888.	0.	39,899.	
(2) JOHN C. DIBBLE CHAIRMAN	1.00	X		X			0.	0.	0.	
(3) GEORGE W. MAYO JR. DIRECTOR	1.00	X					0.	0.	0.	
(4) HARRY G. ROBINSON III, FAIA, AIC DIRECTOR	1.00	X					0.	0.	0.	
(5) JOHN O. WOODS JR. TREASURER	1.00	X		X			0.	0.	0.	
(6) JAMES V KIMSEY DIRECTOR	1.00	X					0.	0.	0.	
(7) LT. COL. JANIS NARK, USAR (RET.) DIRECTOR	1.00	X					0.	0.	0.	
(8) JUDY HEISLEY BISHOP DIRECTOR	1.00	X					0.	0.	0.	
(9) DANIEL W. REESE EXECUTIVE VP/CFO/COO	40.00			X			220,912.	0.	37,246.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							440,800.	0.	77,145.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							440,800.	0.	77,145.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ENNEAD ARCHITECTS 320 WEST 13TH STREET, NEW YORK, NY 10014	ARCHITECTURE FIRM	996,518.
RALPH APPLEBAUM ASSOCIATES 88 PINE STREET, NEW YORK, NY 10005	ARCHITECTURE AND DESIGN FIRM	936,913.
CREATIVE DIRECT RESPONSE 1682 VILLAGE GREEN, CROFTON, MD 21114	PROFESSIONAL FUNDRAISING	515,704.
TISHMAN CONSTRUCTION CORP OF DC 1150 18TH ST NW #475, WASHINGTON, DC 20036	GENERAL CONSTRUCTION CONTRACTOR	308,000.
RENNER AND COMPANY, CPA, PC, 700 N. FAIRFA STREET #400, ALEXANDRIA, VA 22314	CERTIFIED PUBLIC ACCOUNTANTS	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 organization **7**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	69,501.					
	b Membership dues	1b						
	c Fundraising events	1c	179,431.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	629,394.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,681,835.					
	g Noncash contributions included in lines 1a-1f: \$		5,439.					
	h Total. Add lines 1a-1f			7,560,161.				
	Program Service Revenue	2 a SITE FEES-TRAVELING WA	Business Code	900099	119,000.	119,000.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				119,000.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			488,870.			488,870.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			2,311.			2,311.	
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	8028616.				
		b Less: cost or other basis and sales expenses		7711925.	399.			
		c Gain or (loss)		316,691.	-39.			
		d Net gain or (loss)				316,652.		316,652.
	8 a Gross income from fundraising events (not including \$ 179,431. of contributions reported on line 1c). See Part IV, line 18	a		74,029.				
		b Less: direct expenses		74,029.				
		c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a LIST RENTAL		900099		51,570.			51,570.	
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				51,570.				
12 Total revenue. See instructions.				8,538,564.	119,000.	0.	859,403.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX X

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 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 United States. See Part IV, lines 15 and 16	343,567.	343,567.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	517,946.	272,051.	215,180.	30,715.
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	802,978.	484,782.	263,039.	55,157.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	58,024.		58,024.	
9 Other employee benefits	149,010.		149,010.	
10 Payroll taxes	81,837.	52,195.	23,269.	6,373.
11 Fees for services (non-employees):				
a Management				
b Legal	30,019.	8,631.	21,388.	
c Accounting	241,929.	4,806.	237,123.	
d Lobbying	51,600.			51,600.
e Professional fundraising services. See Part IV, line 17	227,437.			227,437.
f Investment management fees	87,242.		87,242.	
g Other	467,746.	407,371.	40,745.	19,630.
12 Advertising and promotion	248,473.	217,213.	9,182.	22,078.
13 Office expenses	269,234.	129,836.	120,820.	18,578.
14 Information technology	216,442.	120,398.	53,816.	42,228.
15 Royalties	49,545.	49,281.	264.	
16 Occupancy	234,282.	2,053.	232,229.	
17 Travel	185,749.	169,754.	7,190.	8,805.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	157,874.	87,309.	7,350.	63,215.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	119,099.	40,269.	78,830.	
23 Insurance	8,199.	5,177.	3,022.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL EXPENSES	3,397,875.	2,125,305.		1,272,570.
b VIETNAM PROGRAM	215,926.	215,926.		
c REPAIRS AND MAINTENANCE	107,328.	104,384.	2,944.	
d DIRECT CALLING FOR PHOT	28,160.			28,160.
e All other expenses SEE SCH O	10,285.	1,304,180.	-1,435,520.	141,625.
25 Total functional expenses. Add lines 1 through 24e	8,307,806.	6,144,488.	175,147.	1,988,171.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	3,270,778.	2,144,702.	0.	1,126,076.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	533,393.	1	389,215.
	2 Savings and temporary cash investments	2,826,235.	2	1,149,423.
	3 Pledges and grants receivable, net	12,074,448.	3	8,189,418.
	4 Accounts receivable, net	88,826.	4	35,873.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	104,678.	9	87,015.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,086,225.		
	b Less: accumulated depreciation	10b 682,758.	541,692.	10c 403,467.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	9,969,032.	12	12,522,704.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,582,796.	15	7,185,734.
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,721,100.	16	29,962,849.	
Liabilities	17 Accounts payable and accrued expenses	1,012,727.	17	1,017,814.
	18 Grants payable		18	
	19 Deferred revenue	10,500.	19	20,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	919,721.	25	811,810.
	26 Total liabilities. Add lines 17 through 25	1,942,948.	26	1,849,624.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,706,830.	27	9,581,211.
	28 Temporarily restricted net assets	19,171,322.	28	16,632,014.
	29 Permanently restricted net assets	1,900,000.	29	1,900,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and 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 equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	28,778,152.	33	28,113,225.	
34 Total liabilities and net assets/fund balances	30,721,100.	34	29,962,849.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,538,564.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,307,806.
3	Revenue less expenses. Subtract line 2 from line 1	3	230,758.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,778,152.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-895,685.
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	28,113,225.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **VIETNAM VETERANS MEMORIAL FUND, INC.** Employer identification number **52-1149668**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 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)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8635870.	8688291.	8156094.	10037188.	7560161.	43077604.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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 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.

Section B. Total Support

Calendar 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 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 or loss from the sale of capital assets (Explain in Part IV.)	115,131.	10,973.	43,326.	85,758.	51,570.	306,758.
11 Total support. Add lines 7 through 10						45594284.
12 Gross receipts from related activities, etc. (see instructions)					12	637,140.
13 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 box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	82.66	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	76.34	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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 disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 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 supported organization

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

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

Name of the organization

Employer identification number

VIETNAM VETERANS MEMORIAL FUND, INC.

52-1149668

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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)

Name of organization

Employer identification number

VIETNAM VETERANS MEMORIAL FUND, INC.

52-1149668

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRIWEST HEALTH 6010 N. 28TH AVENUE PHOENIX, AZ 85053	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ALAN AND CHRISTINE BUCKELEW 3212 COLBY AVENUE LOS ANGELES, CA 90066	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	WHS ACQUISITION & PROCUREMENT OFFICE 1155 DEFENSE PENTAGON WASHINGTON, DC 20301	\$ 492,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

VIETNAM VETERANS MEMORIAL FUND, INC.

52-1149668

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year 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					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

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)).

	(a)		(b)
	Yes	No	Amount
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 or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
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	
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

DURING 2011 VVMF'S LOBBYING ACTIVITIES CONSISTED SOLELY OF LOBBYING LEGISLATORS TO LIFT THE BAN ON THE USE OF FEDERAL FUNDS FOR THE BUILDING OF THE EDUCATION CENTER AT THE WALL.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **VIETNAM VETERANS MEMORIAL FUND, INC.** Employer identification number **52-1149668**

Part I 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) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a 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
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 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 the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$
- (ii) Assets included in Form 990, Part X
- ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$
- b Assets included in Form 990, Part X
- ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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 Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,900,000.	1,900,000.	1,900,000.	1,900,000.	
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,900,000.	1,900,000.	1,900,000.	1,900,000.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		278,420.	104,407.	174,013.
d Equipment		742,825.	531,974.	210,851.
e Other		64,980.	46,377.	18,603.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				403,467.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	12,522,704.	

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 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) DEFERRED RENT	416,011.
(3) DEFERRED COMPENSATION	
(4) REFUNDABLE ADVANCES	257,661.
(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 statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,538,564.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,307,806.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	230,758.
4	Net unrealized gains (losses) on investments	4	-751,551.
5	Donated services and use of facilities	5	-101,300.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-42,834.
9	Total adjustments (net). Add lines 4 through 8	9	-895,685.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-664,927.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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:		
a	Net unrealized gains on investments	2a	-751,551.
b	Donated services and use of facilities	2b	3,724,114.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-42,834.
e	Add lines 2a through 2d	2e	2,929,729.
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:		
a	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.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,538,564.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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:		
a	Donated services and use of facilities	2a	3,825,414.
b	Prior year adjustments	2b	
c	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:		
a	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.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,307,806.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART 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

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	-42,834.
--	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS FROM FOREIGN CURRENCY ADJUSTMENT	-42,834.
--	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)

LOSS ON SALE OF EQUIPMENT -39.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT -39.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: **VIETNAM VETERANS MEMORIAL FUND, INC.**
Employer identification number: **52-1149668**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can 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 PACIFIC - VIETNAM	1	1	PROGRAM SERVICES	REMOVAL OF UNEXPLODED ORDNANCE - SEE SCHEDULE F, PART IV	513,109.
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

Part III 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
 Part III can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			HUMANITARIAN MINE EAST ASIA AND THE ACTION IN QUANG BINH PACIFIC - VIETNAM PROVINCE IN VIETNAM.	343,567.	ELECTRONIC FUNDS TRANSFER	0.		

2 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 **▲**
3 Enter total number of other organizations or entities **▲**

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 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 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 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 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 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 No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2: THE ORGANIZATION DOES NOT MAKE GRANTS IN 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: 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.

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.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		ANNUAL GALA (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	253,460.		253,460.
	2	Less: Charitable contributions	179,431.		179,431.
	3	Gross income (line 1 minus line 2)	74,029.		74,029.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	3,578.		3,578.
	6	Rent/facility costs	5,560.		5,560.
	7	Food and beverages	46,507.		46,507.
	8	Entertainment	13,563.		13,563.
	9	Other direct expenses	4,821.		4,821.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(74,029)
	11	Net income summary. Combine line 3, column (d), and line 10			0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 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? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE

(I) ADDRESS OF FUNDRAISER: 16900 SCIENCE DRIVE #210, BOWIE, MD 20715

(I) NAME OF FUNDRAISER: ADVANTAGE

(I) ADDRESS OF FUNDRAISER: 208 PASSAIC AVENUE, FAIRFIELD, NJ 07004

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE AGREEMENT BETWEEN VVMF AND

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number

52-1149668

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-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.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

Part III Supplemental Information

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.

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.

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.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JAN SCRUGGS	FOUNDER AND PRESIDE	360.	MR. SCRUGGS		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: 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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **VIETNAM VETERANS MEMORIAL FUND, INC.** Employer identification number **52-1149668**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	5,439.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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)

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.

OMB No. 1545-0047

2011

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 \$ 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.

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

132211
01-23-12

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 COMPONENT 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 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
 LOCATED, TO MAINTAIN THE SITE'S FUNCTION AS A PLACE OF REFLECTION ON
 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

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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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.

EXPENSES \$ 219,347. 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 2011, THE ORGANIZATION'S CAPITAL EXPENDITURES RELATED TO THE DEVELOPMENT OF THE EDUCATION CENTER TOTALED \$2,602,938.

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.

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number

52-1149668

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, 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)

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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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 (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.

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	FURNITURE & EQUIPMENT														
24	FILE CABINET	12/10/96	SL	3.00		16	130.				130.	130.		0.	130.
46	(D) DESKS	04/03/98	SL	3.00		16	630.				630.	630.		0.	0.
47	(D) FILE CABINET	04/03/98	SL	3.00		16	330.				330.	330.		0.	0.
55	FILE CABINET	06/26/98	SL	3.00		16	800.				800.	800.		0.	800.
59	FAX MACHINE	09/29/98	SL	3.00		16	250.				250.	250.		0.	250.
64	GUEST CHAIRS - 2	01/07/99	SL	3.00		16	551.				551.	551.		0.	551.
68	FURNITURE	11/11/99	SL	3.00		16	8,938.				8,938.	8,938.		0.	8,938.
69	FURNITURE	11/11/99	SL	3.00		16	7,483.				7,483.	7,483.		0.	7,483.
70	(D) FURNITURE	12/01/99	SL	3.00		16	811.				811.	811.		0.	0.
71	(D) FURNITURE	12/01/99	SL	3.00		16	1,607.				1,607.	1,607.		0.	0.
72	FURNITURE	12/01/99	SL	3.00		16	1,666.				1,666.	1,666.		0.	1,666.
73	FURNITURE	12/01/99	SL	3.00		16	6,788.				6,788.	6,788.		0.	6,788.
74	FURNITURE	12/31/99	SL	3.00		16	1,279.				1,279.	1,279.		0.	1,279.
75	FURNITURE	12/31/99	SL	3.00		16	8,566.				8,566.	8,566.		0.	8,566.
92	2 DELL LAPTOPS	02/14/03	SL	3.00		16	4,237.				4,237.	4,237.		0.	4,237.
93	DELL COMPUTER	11/12/03	SL	3.00		16	2,310.				2,310.	2,310.		0.	2,310.
94	DELL COMPUTER	03/24/03	SL	3.00		16	1,280.				1,280.	1,280.		0.	1,280.

128111-06-01-11

(D) - Asset disposed

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

2011 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
95	DELL COMPUTER	03/11/04	SL	3.00		16	6,555.				6,555.	6,555.		0.	6,555.
96	DELL COMPUTER	05/01/04	SL	3.00		16	2,375.				2,375.	2,375.		0.	2,375.
97	DELL SERVER LAPTOP	07/01/04	SL	3.00		16	5,063.				5,063.	5,063.		0.	5,063.
100	COMPUTER MONITOR	04/23/05	SL	3.00		16	433.				433.	433.		0.	433.
101	COMPUTER	06/28/05	SL	3.00		16	421.				421.	421.		0.	421.
102	COMPUTER	08/28/05	SL	3.00		16	977.				977.	977.		0.	977.
103	COMPUTER	01/24/07	SL	3.00		16	606.				606.	606.		0.	606.
104	DESKTOP COMPUTER	02/18/07	SL	3.00		16	966.				966.	966.		0.	966.
105	DESKTOP COMPUTER	02/18/07	SL	3.00		16	966.				966.	966.		0.	966.
106	LAPTOP COMPUTER	05/22/07	SL	3.00		16	1,385.				1,385.	1,385.		0.	1,385.
107	LAPTOP COMPUTER	06/22/07	SL	3.00		16	1,385.				1,385.	1,385.		0.	1,385.
108	DESKS	05/11/07	SL	3.00		16	3,850.				3,850.	3,850.		0.	3,850.
109	COMPUTERS	06/30/07	SL	3.00		16	3,633.				3,633.	3,633.		0.	3,633.
110	COMPUTERS	09/30/07	SL	3.00		16	3,459.				3,459.	3,459.		0.	3,459.
111	COMPUTERS	12/17/07	SL	3.00		16	2,714.				2,714.	2,714.		0.	2,714.
112	COMPUTERS	03/14/08	SL	3.00		16	4,650.				4,650.	4,650.		288.	4,585.
113	COMPUTERS	03/19/08	SL	3.00		16	6,307.				6,307.	5,867.		440.	6,307.
114	COMPUTERS	03/31/08	SL	3.00		16	683.				683.	625.		57.	683.

128111 05-01-11

(D) - Asset disposed

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

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
115	OFFICE FURNITURE	04/11/08	SL	3.00		16	3,700.				3,700.	3,391.		309.	3,700.
116	COMPUTERS	11/04/08	SL	3.00		16	1,195.				1,195.	863.		332.	1,195.
117	COMPUTER	01/21/09	SL	3.00		16	1,535.				1,535.	1,024.		511.	1,535.
118	COMPUTER	03/20/09	SL	3.00		16	1,018.				1,018.	594.		339.	932.
120	COMPUTER	07/14/09	SL	3.00		16	1,364.				1,364.	682.		455.	1,137.
121	FURNITURE	07/31/09	SL	7.00		16	1,848.				1,848.	374.		264.	638.
122	FURNITURE	09/19/09	SL	7.00		16	38,739.				38,739.	6,918.		5,534.	12,452.
123	ADDITIONAL PHONES	10/21/09	SL	7.00		16	1,326.				1,326.	236.		189.	425.
124	SECURITY SYSTEMS	11/12/09	SL	7.00		16	4,526.				4,526.	755.		647.	1,402.
157	HP PRINTER	03/03/10	SL	3.00		16	630.				630.	175.		210.	385.
158	COMPUTER	04/11/10	SL	3.00		16	600.				600.	150.		200.	350.
159	DESKS	05/01/10	SL	7.00		16	407.				407.	39.		58.	97.
160	FILE CABINET	05/08/10	SL	7.00		16	330.				330.	31.		47.	78.
161	CHAIRS	05/15/10	SL	7.00		16	455.				455.	43.		65.	108.
162	OPTOMA PROJECTOR	05/07/10	SL	3.00		16	708.				708.	138.		236.	374.
163	BATTERY BACKUP	04/28/10	SL	3.00		16	1,274.				1,274.	203.		425.	708.
164	DELL VOSTRO COMPUTER	05/01/10	SL	3.00		16	1,029.				1,029.	229.		343.	572.
165	KNOX DOOR LOCK	05/10/10	SL	3.00		16	595.				595.	132.		108.	330.

128111 05-01-11

(D) - Asset disposed

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

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
166	ACER LAPTOP	05/28/10	SL	3.00		16	340.				340.	66.		113.	179.
167	BATTERY BACKUP	09/02/10	SL	3.00		16	613.				613.	85.		294.	899.
168	DELL QUAD COMPUTERS	08/24/10	SL	3.00		16	3,078.				3,078.	342.		1,026.	1,368.
169	DELL QUAD COMPUTER	08/24/10	SL	3.00		16	614.				614.	66.		289.	273.
170	PHONE SYSTEM	10/06/10	SL	3.00		16	6,709.				6,709.	559.		2,236.	2,795.
171	DELL DESKTOP COMPUTERS	11/16/10	SL	3.00		16	1,519.				1,519.	42.		596.	948.
172	SAMSUNG LCD MONITOR	11/17/10	SL	3.00		16	487.				487.	14.		162.	176.
173	CONFERENCE ROOM TELEVISION	12/01/10	SL	3.00		16	499.				499.	14.		188.	189.
174	IPAD 16GB 3G	12/20/10	SL	3.00		16	828.				828.			276.	276.
175	IPAD 16GB	12/20/10	SL	3.00		16	598.				598.			139.	
183	APPLE COMPUTER MAC BOOK PRO	06/01/11	SL	3.00		16	1,894.				1,894.			368.	368.
184	APPLE COMPUTER MAC BOOK PRO	07/28/11	SL	3.00		16	1,363.				1,363.			189.	189.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT - TRAVELING MALL						173,925.				173,925.	110,531.		16,767.	123,731.
156	FURNITURE	04/01/99	SL	10.00		16	40,990.				40,990.	40,990.		0.	40,990.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT - TRAVELING MALL						40,990.				40,990.	40,990.		0.	40,990.
125	TENANT IMPROVEMENT	10/01/99	SE	5.00		16	41,540.				41,540.	8,654.		6,923.	15,977.

128111 05-01-11

(D) - Asset disposed

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

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	TENANT IMPROVEMENT														
126	CONCESSIONS	10/01/09	SL	6.00		16	236,880.				236,880.	49,350.		39,480.	88,830.
	* 990 PAGE 10 TOTAL TENANT IMPROVEMENT						278,420.				278,420.	58,004.		46,403.	104,407.
	VEHICLES - PROJECT RENEW														
140	VEHICLES - PROJECT RENEW	08/30/07	SL	5.00		16	101,450.				101,450.	71,015.		8,454.	
	* 990 PAGE 10 TOTAL VEHICLES - PROJECT RENEW						101,450.				101,450.	71,015.		8,454.	0.
	TRAVELLING WALL REPLICA														
132	NEW TRAVEL WALL REPLICA	12/19/02	SL	10.00		16	11,967.				11,967.	9,574.		1,197.	10,771.
133	NEW TRAVEL WALL REPLICA	03/11/03	SL	10.00		16	12,069.				12,069.	9,453.		1,207.	10,600.
134	NEW TRAVEL WALL REPLICA	03/24/03	SL	10.00		16	11,967.				11,967.	9,374.		1,197.	10,571.
135	NEW TRAVEL WALL REPLICA	04/28/03	SL	10.00		16	16,306.				16,306.	12,448.		1,631.	11,099.
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	SL	10.00		16	6,800.				6,800.	3,457.		600.	4,137.
138	NEW TRAVEL WALL REPLICA	03/31/05	SL	10.00		16	39,154.				39,154.	18,598.		3,915.	22,513.
139	NEW TRAVEL WALL REPLICA	07/01/09	SL	10.00		16	23,779.				23,779.	3,567.		2,378.	5,985.
176	TRAVELLING WALL PANELS X2	05/06/10	SL	5.00		16	1,500.				1,500.	200.		300.	500.
177	TRAVEL WALL PANEL	06/08/10	SL	5.00		16	873.				873.	103.		175.	277.
178	TWTH TRUCK COMPUTER	10/08/10	SL	3.00		16	1,031.				1,031.	86.		344.	430.
179	TWTH TRUCK PRINTER	10/08/10	SL	3.00		16	441.				441.	37.		147.	184.

128111
06-01-11

(D) - Asset disposed

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

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	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 - TRAVELLING WALL REPLICA TRAVELLING WALL MUSEUM EXHIBIT						136,558.				136,558.	72,410.		14,238.	86,648.
127	ORIGINAL EXP	04/01/08	SL	10.00		16	155,578.				155,578.	155,578.		0.	155,578.
128	FEATHERLITE TRAILER	01/31/01	SL	10.00		16	69,880.				69,880.	69,210.		582.	59,890.
130	UPDATES TO TRAILER	06/30/08	SL	10.00		16	169,950.				169,950.	38,239.		16,995.	55,234.
	* 990 PAGE 10 TOTAL - TRAVELLING WALL MUSEUM EXHIBIT WEBSITE						395,328.				395,328.	243,035.		17,577.	280,612.
144	TV WORLDWIDE WEB PAGE	06/30/05	SL	3.00		16	18,000.				18,000.	18,000.		0.	18,000.
180	CORPORATE ZEN - WEBSITE	03/31/10	SL	3.00		16	13,980.				13,980.	3,495.		4,660.	8,155.
181	WEBSITE DEV - WPC SALSA	08/19/10	SL	3.00		16	8,000.				8,000.	883.		2,687.	3,556.
182	WEBSITE - EDUCATION CENTER	01/01/10	SL	3.00		16	25,000.				25,000.	8,333.		8,333.	16,666.
	* 990 PAGE 10 TOTAL - WEBSITE						64,980.				64,980.	30,717.		15,680.	46,377.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,191,651.				1,191,651.	646,702.		119,099.	682,755.

128111 03-01-11

(D) - Asset disposed

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

2011 DEPRECIATION AND AMORTIZATION REPORT
- 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
	FURNITURE & EQUIPMENT											
24	FILE CABINET	121096SL		3.00	16	130.			130.	130.		0.
46	(D) DESKS	040398SL		3.00	16	630.			630.	630.		0.
47	(D) FILE CABINET	040398SL		3.00	16	330.			330.	330.		0.
55	FILE CABINET	062698SL		3.00	16	800.			800.	800.		0.
59	FAX MACHINE	092998SL		3.00	16	250.			250.	250.		0.
64	GUEST CHAIRS - 2	010799SL		3.00	16	551.			551.	551.		0.
68	FURNITURE	111199SL		3.00	16	8,958.			8,958.	8,958.		0.
69	FURNITURE	111199SL		3.00	16	7,483.			7,483.	7,483.		0.
70	(D) FURNITURE	120199SL		3.00	16	811.			811.	811.		0.
71	(D) FURNITURE	120199SL		3.00	16	1,607.			1,607.	1,607.		0.
72	FURNITURE	120199SL		3.00	16	1,666.			1,666.	1,666.		0.
73	FURNITURE	120199SL		3.00	16	6,788.			6,788.	6,788.		0.
74	FURNITURE	123199SL		3.00	16	1,279.			1,279.	1,279.		0.
75	FURNITURE	123199SL		3.00	16	8,566.			8,566.	8,566.		0.
922	DELL LAPTOPS	021403SL		3.00	16	4,237.			4,237.	4,237.		0.
93	DELL COMPUTER	111203SL		3.00	16	2,310.			2,310.	2,310.		0.
94	DELL COMPUTER	032403SL		3.00	16	1,280.			1,280.	1,280.		0.

128102
05-01-11

(D) - Asset disposed

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

2011 DEPRECIATION AND AMORTIZATION REPORT

- 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
95	DELL COMPUTER	031104SL	3.00	16	6,555.				6,555.	6,555.		0.
96	DELL COMPUTER	050104SL	3.00	16	2,375.				2,375.	2,375.		0.
97	DELL SERVER LAPTOP	070104SL	3.00	16	5,063.				5,063.	5,063.		0.
100	COMPUTER MONITOR	042905SL	3.00	16	433.				433.	433.		0.
101	COMPUTER	062805SL	3.00	16	421.				421.	421.		0.
102	COMPUTER	082205SL	3.00	16	977.				977.	977.		0.
103	COMPUTER	012407SL	3.00	16	606.				606.	606.		0.
104	DESKTOP COMPUTER	021807SL	3.00	16	966.				966.	966.		0.
105	DESKTOP COMPUTER	021807SL	3.00	16	966.				966.	966.		0.
106	LAPTOP COMPUTER	062207SL	3.00	16	1,385.				1,385.	1,385.		0.
107	LAPTOP COMPUTER	062207SL	3.00	16	1,385.				1,385.	1,385.		0.
108	DESKS	061107SL	3.00	16	3,850.				3,850.	3,850.		0.
109	COMPUTERS	063007SL	3.00	16	3,633.				3,633.	3,633.		0.
110	COMPUTERS	093007SL	3.00	16	3,459.				3,459.	3,459.		0.
111	COMPUTERS	121707SL	3.00	16	2,714.				2,714.	2,714.		0.
112	COMPUTERS	031408SL	3.00	16	4,650.				4,650.	4,327.		258.
113	COMPUTERS	031908SL	3.00	16	6,307.				6,307.	5,867.		440.
114	COMPUTERS	033108SL	3.00	16	683.				683.	626.		57.

128102
06-01-11

(D) - Asset disposed

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

2011 DEPRECIATION AND AMORTIZATION REPORT

- 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
115	OFFICE FURNITURE	041108SL		3.00	16	3,700.			3,700.	3,391.		309.
116	COMPUTERS	110408SL		3.00	16	1,195.			1,195.	863.		332.
117	COMPUTER	012109SL		3.00	16	1,535.			1,535.	1,024.		511.
118	COMPUTER	032009SL		3.00	16	1,018.			1,018.	594.		339.
120	COMPUTER	071409SL		3.00	16	1,364.			1,364.	682.		455.
121	FURNITURE	073109SL		7.00	16	1,848.			1,848.	374.		264.
122	FURNITURE	091909SL		7.00	16	38,739.			38,739.	6,918.		5,534.
123	ADDITIONAL PHONES	102109SL		7.00	16	1,326.			1,326.	236.		189.
124	SECURITY SYSTEMS	111209SL		7.00	16	4,526.			4,526.	755.		647.
157	HP PROBOOK	030910SL		3.00	16	630.			630.	175.		210.
158	COMPUTER	041110SL		3.00	16	600.			600.	150.		200.
159	DESKS	050110SL		7.00	16	407.			407.	39.		58.
160	FILE CABINET	050810SL		7.00	16	330.			330.	31.		47.
161	CHAIRS	051510SL		7.00	16	455.			455.	43.		65.
162	OPTOMA PROJECTOR	060710SL		3.00	16	708.			708.	138.		236.
163	BATTERY BACKUP DELL VOSTRO	042810SL		3.00	16	1,274.			1,274.	293.		425.
164	COMPUTER	050110SL		3.00	16	1,029.			1,029.	229.		343.
165	CLOSET DOOR LOCK	051010SL		3.00	16	595.			595.	132.		198.

128102
05-01-11

(D) - Asset disposed

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

2011 DEPRECIATION AND AMORTIZATION REPORT
- 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
166	ACER LAPTOP	052810SL		3.00	16	340.			340.	66.		113.
167	BATTERY BACKUP	080210SL		3.00	16	613.			613.	85.		204.
168	DELL QUAD COMPUTERS	082410SL		3.00	16	3,078.			3,078.	342.		1,026.
169	DELL QUAD COMPUTER	082410SL		3.00	16	614.			614.	68.		205.
170	PHONE SYSTEM	100610SL		3.00	16	6,709.			6,709.	559.		2,236.
171	DELL DESKTOP	111610SL		3.00	16	1,519.			1,519.	42.		506.
172	COMPUTERS	111610SL		3.00	16	1,519.			1,519.	42.		506.
173	SAMSUNG LCD MONITOR	111710SL		3.00	16	487.			487.	14.		162.
174	CONFERENCE ROOM	120110SL		3.00	16	499.			499.	14.		166.
175	TELEVISION	120110SL		3.00	16	499.			499.	14.		166.
176	IPAD 16GB 3G	122010SL		3.00	16	828.			828.			276.
177	IPAD 16GB	122010SL		3.00	16	598.			598.			199.
178	APPLE COMPUTER MAC	060111SL		3.00	16	1,894.			1,894.			368.
179	BOOK PRO 13.3	072811SL		3.00	16	1,363.			1,363.			189.
180	APPLE COMPUTER MAC	072811SL		3.00	16	1,363.			1,363.			189.
181	BOOK PRO 13.3											
182	* 990 PAGE 10 TOTAL					173,925.			173,925.	110,531.		16,767.
183	- FURNITURE & EQUI											
184	FURNITURE & EQUI											
185	EQUIPMENT - TRAVELL											
156	FURNITURE	040199SL		10.00	16	40,990.			40,990.	40,990.		0.
157	* 990 PAGE 10 TOTAL											
158	- FURNITURE & EQUI											
159	FURNITURE & EQUI											
160	TENANT IMPROVEMENT											
125	OFFICE BUILDOUT	100109SL		6.00	16	41,540.			41,540.	8,654.		6,923.

2011 DEPRECIATION AND AMORTIZATION REPORT
 - 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
126	TENANT IMPROVEMENT CONCESSIONS	1001109SL	6.00	16	236,880.				236,880.	49,350.		39,480.
	* 990 PAGE 10 TOTAL											
	TENANT IMPROVEMENT VEHICLES - PROJECT RENEW				278,420.				278,420.	58,004.		46,403.
140	(D)VEHICLES - PROJECT RENEW	063007SL	5.00	16	101,450.				101,450.	71,015.		8,454.
	* 990 PAGE 10 TOTAL											
	VEHICLES - PROJECT TRAVELLING WALL REPLICA				101,450.				101,450.	71,015.		8,454.
132	NEW TRAVEL WALL REPLICA	121902SL	10.00	16	11,967.				11,967.	9,574.		1,197.
133	NEW TRAVEL WALL REPLICA	031203SL	10.00	16	12,068.				12,068.	9,453.		1,207.
134	NEW TRAVEL WALL REPLICA	032403SL	10.00	16	11,967.				11,967.	9,374.		1,197.
135	NEW TRAVEL WALL REPLICA	042803SL	10.00	16	16,306.				16,306.	12,448.		1,631.
136	NEW TRAVEL WALL REPLICA	1111005SL	10.00	16	10,673.				10,673.	5,514.		1,067.
137	NEW TRAVEL WALL REPLICA	121405SL	10.00	16	6,800.				6,800.	3,457.		680.
138	NEW TRAVEL WALL REPLICA	033105SL	10.00	16	39,154.				39,154.	18,598.		3,915.
139	NEW TRAVEL WALL REPLICA	070109SL	10.00	16	23,778.				23,778.	3,567.		2,378.
176	TRAVELING WALL PANELS X2	050610SL	5.00	16	1,500.				1,500.	200.		300.
177	TRAVEL WALL PANEL	060910SL	5.00	16	873.				873.	102.		175.
178	TWTH TRUCK COMPUTER	100810SL	3.00	16	1,031.				1,031.	86.		344.
179	TWTH TRUCK PRINTER	100810SL	3.00	16	441.				441.	37.		147.

128102
 05-01-11
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2011 DEPRECIATION AND AMORTIZATION REPORT

- 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
* 990	PAGE 10 TOTAL											
-	TRAVELLING WALL					136,558.			136,558.	72,410.		14,238.
	TRAVELLING WALL											
	MUSEUM EXHIBIT											
127	ORIGINAL EXP	040108SL		10.00	16	155,578.			155,578.	155,578.		0.
129	FEATHERLINE TRAILER	063005SL		10.00	16	69,800.			69,800.	69,218.		582.
130	UPDATES TO TRAILER	063008SL		10.00	16	169,950.			169,950.	38,239.		16,995.
* 990	PAGE 10 TOTAL											
-	TRAVELLING WALL					395,328.			395,328.	263,035.		17,577.
	WEBSITE											
	TV WORLDWIDE WEB											
141	PAGE	063005SL		3.00	16	18,000.			18,000.	18,000.		0.
	CORPORATE ZEN -											
180	WEBSITE	033110SL		3.00	16	13,980.			13,980.	3,495.		4,660.
	WEBSITE DEV - WFC											
181	SALSA	081910SL		3.00	16	8,000.			8,000.	889.		2,667.
	WEBSITE - EDUCATION											
182	CENTER	010110SL		3.00	16	25,000.			25,000.	8,333.		8,333.
* 990	PAGE 10 TOTAL											
-	WEBSITE					64,980.			64,980.	30,717.		15,660.
* GRAND TOTAL	990					1191651.			1191651.	646,702.		119,099.
	PAGE 10 DEPR											

2012 DEPRECIATION AND AMORTIZATION REPORT

- - NEXT YEAR FEDERAL - -

VIETNAM VETERANS MEMORIAL FUND, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & EQUIPMENT								
24	FILE CABINET	12/10/96	SL	3.00	130.		130.	130.	0.
55	FILE CABINET	06/26/98	SL	3.00	800.		800.	800.	0.
59	FAX MACHINE	09/29/98	SL	3.00	250.		250.	250.	0.
64	GUEST CHAIRS - 2	01/07/99	SL	3.00	551.		551.	551.	0.
68	FURNITURE	11/11/99	SL	3.00	8,958.		8,958.	8,958.	0.
69	FURNITURE	11/11/99	SL	3.00	7,483.		7,483.	7,483.	0.
72	FURNITURE	12/01/99	SL	3.00	1,666.		1,666.	1,666.	0.
73	FURNITURE	12/01/99	SL	3.00	6,788.		6,788.	6,788.	0.
74	FURNITURE	12/31/99	SL	3.00	1,279.		1,279.	1,279.	0.
75	FURNITURE	12/31/99	SL	3.00	8,566.		8,566.	8,566.	0.
92	DELL LAPTOPS	02/14/03	SL	3.00	4,237.		4,237.	4,237.	0.
93	DELL COMPUTER	11/12/03	SL	3.00	2,310.		2,310.	2,310.	0.
94	DELL COMPUTER	03/24/03	SL	3.00	1,280.		1,280.	1,280.	0.
95	DELL COMPUTER	03/11/04	SL	3.00	6,555.		6,555.	6,555.	0.
96	DELL COMPUTER	05/01/04	SL	3.00	2,375.		2,375.	2,375.	0.
97	DELL SERVER LAPTOP	07/01/04	SL	3.00	5,063.		5,063.	5,063.	0.
100	COMPUTER MONITOR	04/29/05	SL	3.00	433.		433.	433.	0.
101	COMPUTER	06/28/05	SL	3.00	421.		421.	421.	0.
102	COMPUTER	08/22/05	SL	3.00	977.		977.	977.	0.
103	COMPUTER	01/24/07	SL	3.00	606.		606.	606.	0.
104	DESKTOP COMPUTER	02/18/07	SL	3.00	966.		966.	966.	0.
105	DESKTOP COMPUTER	02/18/07	SL	3.00	966.		966.	966.	0.
106	LAPTOP COMPUTER	06/22/07	SL	3.00	966.		966.	966.	0.
107	LAPTOP COMPUTER	06/22/07	SL	3.00	1,385.		1,385.	1,385.	0.
108	DESKS	06/11/07	SL	3.00	1,385.		1,385.	1,385.	0.
109	COMPUTERS	06/30/07	SL	3.00	3,850.		3,850.	3,850.	0.
110	COMPUTERS	09/30/07	SL	3.00	3,633.		3,633.	3,633.	0.
111	COMPUTERS	12/17/07	SL	3.00	3,459.		3,459.	3,459.	0.
112	COMPUTERS	03/14/08	SL	3.00	2,714.		2,714.	2,714.	0.
113	COMPUTERS	03/19/08	SL	3.00	4,650.		4,650.	4,650.	0.
114	COMPUTERS	03/19/08	SL	3.00	6,307.		6,307.	6,307.	0.
115	OFFICE FURNITURE	04/11/08	SL	3.00	683.		683.	683.	0.
116	COMPUTERS	11/04/08	SL	3.00	3,700.		3,700.	3,700.	0.
					1,195.		1,195.	1,195.	0.

(D) - Asset disposed

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

2012 DEPRECIATION AND AMORTIZATION REPORT

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

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
117	COMPUTER	012109SL	SL	3.00	1,535.		1,535.	1,535.	0.
118	COMPUTER	032009SL	SL	3.00	1,018.		1,018.	933.	85.
120	COMPUTER	071409SL	SL	3.00	1,364.		1,364.	1,137.	227.
121	FURNITURE	073109SL	SL	7.00	1,848.		1,848.	638.	264.
122	FURNITURE	091909SL	SL	7.00	38,739.		38,739.	12,452.	5,534.
123	ADDITIONAL PHONES	102109SL	SL	7.00	1,326.		1,326.	425.	189.
124	SECURITY SYSTEMS	111209SL	SL	7.00	4,526.		4,526.	1,402.	647.
157	HP PROROOK	030910SL	SL	3.00	630.		630.	385.	210.
158	COMPUTER	041110SL	SL	3.00	600.		600.	350.	200.
159	DESKS	050110SL	SL	7.00	407.		407.	97.	58.
160	FILE CABINET	050810SL	SL	7.00	330.		330.	78.	47.
161	CHAIRS	051510SL	SL	7.00	455.		455.	108.	65.
162	OPTOMA PROJECTOR	060710SL	SL	3.00	708.		708.	374.	236.
163	BATTERY BACKUP	042810SL	SL	3.00	1,274.		1,274.	708.	425.
164	DELL VOSTRO COMPUTER	050110SL	SL	3.00	1,029.		1,029.	572.	343.
165	CLOSET DOOR LOCK	051010SL	SL	3.00	595.		595.	330.	198.
166	ACER LAPTOP	052810SL	SL	3.00	340.		340.	179.	113.
167	BATTERY BACKUP	080210SL	SL	3.00	613.		613.	289.	204.
168	DELL QUAD COMPUTERS	082410SL	SL	3.00	3,078.		3,078.	1,368.	1,026.
169	DELL QUAD COMPUTER	082410SL	SL	3.00	614.		614.	273.	205.
170	PHONE SYSTEM	100610SL	SL	3.00	6,709.		6,709.	2,795.	2,236.
171	DELL DESKTOP COMPUTERS	111610SL	SL	3.00	1,519.		1,519.	548.	506.
172	SAMSUNG LCD MONITOR	111710SL	SL	3.00	487.		487.	176.	162.
173	CONFERENCE ROOM TELEVISION	120110SL	SL	3.00	499.		499.	180.	166.
174	IPAD 16GB 3G	122010SL	SL	3.00	828.		828.	276.	276.
183	APPLE COMPUTER MAC BOOK PRO 13.3	060111SL	SL	3.00	1,894.		1,894.	368.	631.
184	APPLE COMPUTER MAC BOOK PRO 13.3	072811SL	SL	3.00	1,363.		1,363.	189.	454.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT								
	FURNITURE & EQUIPMENT - TRAVELLING WALL				169,949.		169,949.	123,721.	14,707.
156	FURNITURE	040199SL	SL	10.00	40,990.		40,990.	40,990.	0.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT - TRAVELLING WALL				40,990.		40,990.	40,990.	0.

2012 DEPRECIATION AND AMORTIZATION REPORT

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

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
125	TENANT IMPROVEMENT	100109SL		6.00	41,540.		41,540.	15,577.	6,923.
126	OFFICE BUILDOUT	100109SL		6.00	236,880.		236,880.	88,830.	39,480.
	* 990 PAGE 10 TOTAL - TENANT IMPROVEMENT				278,420.		278,420.	104,407.	46,403.
	VEHICLES - PROJECT RENEW								
132	TRAVELLING WALL REPLICA	121902SL		10.00	11,967.		11,967.	10,771.	1,196.
133	NEW TRAVEL WALL REPLICA	031203SL		10.00	12,068.		12,068.	10,660.	1,207.
134	NEW TRAVEL WALL REPLICA	032403SL		10.00	11,967.		11,967.	10,571.	1,197.
135	NEW TRAVEL WALL REPLICA	042803SL		10.00	16,306.		16,306.	14,079.	1,631.
136	NEW TRAVEL WALL REPLICA	111005SL		10.00	10,673.		10,673.	6,581.	1,067.
137	NEW TRAVEL WALL REPLICA	121405SL		10.00	6,800.		6,800.	4,137.	680.
138	NEW TRAVEL WALL REPLICA	033105SL		10.00	39,154.		39,154.	22,513.	3,915.
139	NEW TRAVEL WALL REPLICA	070109SL		10.00	23,778.		23,778.	5,945.	2,378.
176	TRAVELLING WALL PANELS X2	050610SL		5.00	1,500.		1,500.	500.	300.
177	TRAVEL WALL PANEL	060910SL		5.00	873.		873.	277.	175.
178	TWTH TRUCK COMPUTER	100810SL		3.00	1,031.		1,031.	430.	344.
179	TWTH TRUCK PRINTER	100810SL		3.00	441.		441.	184.	147.
	* 990 PAGE 10 TOTAL - TRAVELLING WALL REPLICA				136,558.		136,558.	86,648.	14,237.
	TRAVELLING WALL MUSEUM EXHIBIT								
127	ORIGINAL EXP	040108SL		10.00	155,578.		155,578.	155,578.	0.
129	FEATHERLINE TRAILER	013110SL		10.00	69,800.		69,800.	69,800.	0.
130	UPDATES TO TRAILER	063008SL		10.00	169,950.		169,950.	55,234.	16,995.
	* 990 PAGE 10 TOTAL - TRAVELLING WALL MUSEUM EXHIBIT WEBSITE				395,328.		395,328.	280,612.	16,995.
141	TV WORLDWIDE WEB PAGE	063005SL		3.00	18,000.		18,000.	18,000.	0.
180	CORPORATE ZEN - WEBSITE	032110SL		3.00	13,980.		13,980.	8,155.	4,660.
181	WEBSITE DEV - WFC SALSA	081910SL		3.00	8,000.		8,000.	3,556.	2,667.
182	WEBSITE - EDUCATION CENTER	010110SL		3.00	25,000.		25,000.	16,666.	8,333.
	* 990 PAGE 10 TOTAL - WEBSITE				64,980.		64,980.	46,377.	15,660.
	* GRAND TOTAL 990 PAGE 10 DEPR				1086225.		1086225.	682,753.	108,002.

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2010** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VIETNAM VETERANS MEMORIAL FUND, INC.		D Employer identification number 52-1149668
	Doing Business As		E Telephone number 202-393-0090
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 12,592,168.
	2600 VIRGINIA AVENUE, N.W.		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

F Name and address of principal officer: **DANIEL REESE**
2600 VIRGINIA AVENUE, N.W. SUITE 104, WASHIN

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.VVMF.ORG**

K Form of organization: Corporation Trust Association Other


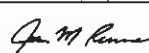
L Year of formation: **1979** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PRESERVE THE LEGACY OF THE VIETNAM VETERANS MEMORIAL, TO PROMOTE NATIONAL HEALING, AND TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	500
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,156,094.	Current Year 10,037,188.
	9 Program service revenue (Part VIII, line 2g)	181,160.	108,500.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-616,993.	529,513.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,101.	106,047.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,781,362.	10,781,248.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,070,425.	1,374,684.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	675,050.	273,396.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,605,548.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,080,953.	5,067,950.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,826,428.	6,716,030.	
19 Revenue less expenses. Subtract line 18 from line 12	954,934.	4,065,218.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 26,139,112.	End of Year 30,721,100.
	21 Total liabilities (Part X, line 26)	1,461,386.	1,942,948.
	22 Net assets or fund balances. Subtract line 21 from line 20	24,677,726.	28,778,152.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date 5/11/11			
	DANIEL REESE, CFO, COO	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JOAN M. RENNER	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name RENNER AND COMPANY, CPA, P.C	Firm's address 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314	Firm's EIN	Phone no. 703-535-1200	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 THE 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 (Code:) (Expenses \$ 730,877. including grants of \$) (Revenue \$) 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.

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 WAR, 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 DEVELOP THE EDUCATION CENTER TOTALED \$1,312,192.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,380,543. including grants of \$) (Revenue \$ 108,500.)

4e Total program service expenses 4,880,313.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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 "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?	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
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
15c	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 taxable entity during the year?		X
16b	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?		

Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization: **THE ORGANIZATION - 202-393-0090**
2600 VIRGINIA AVE., NW, SUITE 104, WASHINGTON, DC 20037

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.

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 week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAN C. SCRUGGS PRESIDENT	40.00	X		X				228,131.	0.	36,547.
JOHN DIBBLE CHAIRMAN	1.00	X		X				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		X				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			X				179,151.	0.	31,538.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							407,282.	0.	68,085.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							407,282.	0.	68,085.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ENNEAD ARCHITECTS 320 WEST 13TH STREET, NEW YORK, NY 10014	ARCHITECTURE FIRM	696,748.
RALPH APPLEBAUM ASSOCIATES 88 PINE STREET, NEW YORK, NY 10005	ARCHITECTURE AND DESIGN FIRM	431,819.
CREATIVE DIRECT RESPONSE 1682 VILLAGE GREEN, CROFTON, MD 21114	PROFESSIONAL FUNDRAISING	273,396.
NATIONAL FUNDRAISING LISTS, 16900 SCIENCE DRIVE SUITE 210, BOWIE, MD 20715	FUNDRAISING LIST RENTAL	171,929.
FRANK AND COMPANY, 1360 BEVERLY ROAD SUITE 300, MCLEAN, VA 22101	CERTIFIED PUBLIC ACCOUNTANTS	117,748.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

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	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	55,523.				
	b	Membership dues	1b					
	c	Fundraising events	1c	168,937.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	287,241.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,525,487.				
	g	Noncash contributions included in lines 1a-1f: \$		29,919.				
	h	Total. Add lines 1a-1f		10037188.				
	Program Service Revenue	2 a	SITE FEES-TRAVELING WA	Business Code 900099	108,500.	108,500.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		108,500.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		317,259.			317,259.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		20,289.			20,289.	
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			212,254.		212,254.
	8 a	Gross income from fundraising events (not including \$ 168,937. of contributions reported on line 1c). See Part IV, line 18	a		33,938.			
		b	Less: direct expenses	b	33,938.			
		c	Net income or (loss) from fundraising events			0.		
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	LIST RENTAL	900099		85,758.			85,758.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			85,758.				
12	Total revenue. See instructions.			10781248.	108,500.	0.	635,560.	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 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.
10 Payroll taxes	77,425.	69,003.	2,646.	5,776.
11 Fees for services (non-employees):				
a Management				
b Legal	16,146.	9,541.	6,068.	537.
c Accounting	275,655.	216,036.	39,307.	20,312.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	273,396.			273,396.
f Investment management fees	80,719.		80,719.	
g 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 O.)				
a DIRECT MAIL EXPENSES	2,702,846.	1,770,966.		931,880.
b CONSULTING	380,097.	338,503.	4,642.	36,952.
c MEMORIAL MAINTENANCE	221,966.	221,966.		
d CAGING	159,721.			159,721.
e 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 <input checked="" type="checkbox"/> 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.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,105,214.	1	533,393.	
	2 Savings and temporary cash investments	1,590,637.	2	2,826,235.	
	3 Pledges and grants receivable, net	10,012,586.	3	12,074,448.	
	4 Accounts receivable, net	17,162.	4	88,826.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	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	10a 1,188,394.			
	b Less: accumulated depreciation	10b 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 line 34)	26,139,112.	16	30,721,100.		
Liabilities	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 IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	412,209.	25	919,721.	
	26 Total liabilities. Add lines 17 through 25	1,461,386.	26	1,942,948.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> 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 here <input type="checkbox"/> and 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 equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	24,677,726.	33	28,778,152.	
34 Total liabilities and net assets/fund balances	26,139,112.	34	30,721,100.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,781,248.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,716,030.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,065,218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,677,726.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	35,208.
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	28,778,152.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number

52-1149668

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 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)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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.)

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 include any "unusual grants.")	9378261.	8635870.	8688291.	8156094.	10037188.	44895704.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9378261.	8635870.	8688291.	8156094.	10037188.	44895704.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9087960.
6 Public support. Subtract line 5 from line 4.						35807744.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	9378261.	8635870.	8688291.	8156094.	10037188.	44895704.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	257,630.	336,405.	314,859.	280,043.	469,083.	1658020.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	98,624.	115,131.	10,973.	43,326.	85,758.	353,812.
11 Total support. Add lines 7 through 10						46907536.
12 Gross receipts from related activities, etc. (see instructions)					12	627,510.
13 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 box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	76.34	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	77.83	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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 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 disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 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 box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 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 supported organization

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 Identification of Excess Contributions Included on Part II, Line 5 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.
Total Excess Contributions to Schedule A, Part II, Line 5		9,087,960.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

VIETNAM VETERANS MEMORIAL FUND, INC.

52-1149668

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 cruelty to children or animals. Complete Parts I, II, and III.

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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)

Name of organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
---	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 3,201,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 1,015,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
VIETNAM VETERANS MEMORIAL FUND, INC.	52-1149668

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
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization	Employer identification number
VIETNAM VETERANS MEMORIAL FUND, INC.	52-1149668

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number

52-1149668

Part I 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) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a 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
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 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 the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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 Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,900,000.	1,900,000.	1,900,000.		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,900,000.	1,900,000.	1,900,000.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,188,394.	646,702.	541,692.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				541,692.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PUBLICLY TRADED		
(B) SECURITIES	9,951,290.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY		
(D) COMMODITIES	17,742.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	9,969,032.	

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	4,557,711.
(2) DEPOSITS	25,085.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	4,582,796.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED RENT	397,644.
(3) DEFERRED COMPENSATION	188,168.
(4) REFUNDABLE ADVANCES	333,909.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	919,721.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,781,248.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,716,030.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,065,218.
4	Net unrealized gains (losses) on investments	4	296,813.
5	Donated services and use of facilities	5	-304,439.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	42,834.
9	Total adjustments (net). Add lines 4 through 8	9	35,208.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,100,426.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,179,216.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	296,813.
b	Donated services and use of facilities	2b	66,076.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	60,049.
e	Add lines 2a through 2d	2e	422,938.
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,719.
b	Other (Describe in Part XIV.)	4b	-55,749.
c	Add lines 4a and 4b	4c	24,970.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,781,248.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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:		
a	Donated services and use of facilities	2a	370,515.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	51,153.
e	Add lines 2a through 2d	2e	421,668.
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,719.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	80,719.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,716,030.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART 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 42,834.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON FOREIGN CURRENCY TRANSACTION 42,834.

Part XIV Supplemental Information *(continued)*

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization: **VIETNAM VETERANS MEMORIAL FUND, INC.**
Employer identification number: **52-1149668**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can 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 PACIFIC - VIETNAM	1	1	PROGRAM SERVICES	REMOVAL OF UNEXPLODED ORDNANCE - SEE SCHEDULE F, PART IV	415,078.
3 a Sub-total	1	1			415,078.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			415,078.

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
 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 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 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 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes 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 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 No

Schedule F (Form 990) 2010

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2: THE ORGANIZATION DOES NOT MAKE GRANTS IN 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
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

Open To Public
Inspection

Name of the organization **VIETNAM VETERANS MEMORIAL FUND, INC.** Employer identification number **52-1149668**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
CREATIVE DIRECT RESPONSE - 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.

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

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUNDRAISING GALA		NONE	
Revenue		(event type)	(event type)	(total number)	
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.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	9,114.		9,114.
	7	Food and beverages	7,937.		7,937.
	8	Entertainment	7,830.		7,830.
	9	Other direct expenses	9,057.		9,057.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			(_____)
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 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? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE

(I) ADDRESS OF FUNDRAISER: 1682 VILLAGE GREEN, CROFTON, MD 21114

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number

52-1149668

Part I Questions Regarding Compensation

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

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

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAN C. SCRUGGS	(i)	155,631.	0.	72,500.	23,063.	13,484.	264,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DANIEL W. REESE	(i)	179,151.	0.	0.	17,532.	14,006.	210,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization **VIETNAM VETERANS MEMORIAL FUND, INC.** Employer identification number **52-1149668**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

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 to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROBERT FRANK, PARTNER OF FRANK & COMPANY, PC	NONVOTING MEMBER OF THE BOARD OF DIRECTORS	117,748.	INDEPENDENT CONTRACTOR ARRANGEMENT		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)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **VIETNAM VETERANS MEMORIAL FUND, INC.** Employer identification number **52-1149668**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	29,919.	COST
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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) (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.

OMB No. 1545-0047

2010

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 \$ 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

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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WALL THAT HEALS AND THE TRAVELING MUSEUM AND INFORMATION CENTER TO 23 LOCATIONS IN THE UNITED STATES AND BROUGHT THE MUSEUM COMPONENT 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 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 LOCATED, TO MAINTAIN THE SITE'S FUNCTION AS A PLACE OF REFLECTION ON 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 \$ 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.

THE ORGANIZATION IS DEVELOPING AN EDUCATION CENTER THAT WILL BE LOCATED

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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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 4C, DURING 2010, THE ORGANIZATION'S CAPITAL EXPENDITURES RELATED TO THE DEVELOPMENT OF THE EDUCATION CENTER TOTALED \$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 RESPONSIBILITY 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.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE REVIEW OF

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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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, 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 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	296,813.
DONATED SERVICES AND USE OF FACILITIES:	-304,439.
UNREALIZED GAIN ON FOREIGN CURRENCY TRANSACTION	42,834.

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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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 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. VVMF'S TOTAL NET ASSETS AS OF DECEMBER 31, 2010 INCLUDES \$16,580,374 RESTRICTED FOR THE DEVELOPMENT AND BUILDING OF THE EDUCATION 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 WITH PRIOR RETURN.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	FURNITURE														
8	(D)PHONE	11/09/91	SL	3.00			4,776.				4,776.	4,776.		0.	
9	(D)COMPUTER	12/16/91	SL	3.00			3,312.				3,312.	3,312.		0.	
10	(D)FAX	12/16/91	SL	3.00			854.				854.	854.		0.	
11	(D)REFRIGERATOR	01/25/92	SL	3.00			104.				104.	104.		0.	
12	(D)MICROWAVE	03/31/92	SL	3.00			122.				122.	122.		0.	
13	(D)PHONE	05/15/92	SL	3.00			552.				552.	552.		0.	
14	(D)COPIER	05/11/94	SL	3.00			5,000.				5,000.	5,000.		0.	
15	(D)FURNITURE	01/13/95	SL	3.00			1,856.				1,856.	1,856.		0.	
16	(D)COMPUTER	03/27/95	SL	3.00			572.				572.	572.		0.	
17	(D)FURNITURE	09/21/95	SL	3.00			1,999.				1,999.	1,999.		0.	
18	(D)COPIER	12/12/95	SL	3.00			810.				810.	810.		0.	
19	(D)TV	04/08/96	SL	3.00			304.				304.	304.		0.	
20	(D)PANEL	06/25/96	SL	3.00			252.				252.	252.		0.	
21	(D)COMPUTER	07/22/96	SL	3.00			3,400.				3,400.	3,400.		0.	
22	(D)PHONE	08/27/96	SL	3.00			304.				304.	304.		0.	
23	(D)COMPUTER	11/13/96	SL	3.00			1,899.				1,899.	1,899.		0.	
24	FILE CABINET	12/10/96	SL	3.00			130.				130.	130.		0.	130.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
25	(D)FAX	12/17/96	SL	3.00		HY16	500.				500.	500.		0.	
26	(D)PRINTER	12/16/96	SL	3.00		HY16	200.				200.	200.		0.	
27	(D)COMPUTER	12/26/96	SL	3.00		HY16	1,617.				1,617.	1,617.		0.	
28	(D)CAR CARRIER	04/15/97	SL	3.00		HY16	405.				405.	405.		0.	
29	(D)FURNITURE	06/24/97	SL	3.00		HY16	3,096.				3,096.	3,096.		0.	
30	(D)FURNITURE	06/30/97	SL	3.00		HY16	686.				686.	686.		0.	
31	(D)PHONE WIRING	07/01/97	SL	3.00		HY16	3,671.				3,671.	3,671.		0.	
32	(D)COOLER	07/08/97	SL	3.00		HY16	369.				369.	369.		0.	
33	(D)PRINTER	07/09/97	SL	3.00		HY16	400.				400.	400.		0.	
34	(D)PRINTER	07/09/97	SL	3.00		HY16	400.				400.	400.		0.	
35	(D)REFRIGERATOR	07/15/97	SL	3.00		HY16	378.				378.	378.		0.	
36	(D)COUNTERTOP	08/01/97	SL	3.00		HY16	1,640.				1,640.	1,640.		0.	
37	(D)PRINTER	08/07/97	SL	3.00		HY16	400.				400.	400.		0.	
38	(D)WIRING	09/02/97	SL	3.00		HY16	1,160.				1,160.	1,160.		0.	
39	(D)PHONE WIRING	09/15/97	SL	3.00		HY16	396.				396.	396.		0.	
40	(D)PHONE WIRING	09/16/97	SL	3.00		HY16	521.				521.	521.		0.	
41	(D)PRINTER	12/02/97	SL	3.00		HY16	350.				350.	350.		0.	
42	(D)CABLE WIRING	03/07/98	SL	3.00		HY16	1,046.				1,046.	1,046.		0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
43	(D)HARDWARE INSTALL	03/19/98	SL	3.00		HY16	1,948.				1,948.	1,948.		0.	
44	(D)2 COMPUTER	03/19/98	SL	3.00		HY16	3,646.				3,646.	3,646.		0.	
45	(D)COMPUTER EQUIPMENT	04/14/98	SL	3.00		HY16	1,187.				1,187.	1,187.		0.	
46	DESKS	04/03/98	SL	3.00		HY16	630.				630.	630.		0.	630.
47	FILE CABINET	04/03/98	SL	3.00		HY16	330.				330.	330.		0.	330.
48	(D)CHAIRS	04/03/98	SL	3.00		HY16	765.				765.	765.		0.	
49	(D)PRINTER STAND	04/03/98	SL	3.00		HY16	180.				180.	180.		0.	
50	(D)PRINTER	04/13/98	SL	3.00		HY16	262.				262.	262.		0.	
51	(D)PRINTER	06/19/98	SL	3.00		HY16	747.				747.	747.		0.	
52	(D)PHONE WIRING	06/14/98	SL	3.00		HY16	800.				800.	800.		0.	
53	(D)COMPUTER	05/12/98	SL	3.00		HY16	1,134.				1,134.	1,134.		0.	
54	(D)SUPPLIES & OFFICE FURNITURE	05/26/98	SL	3.00		HY16	1,357.				1,357.	1,357.		0.	
55	FILE CABINET	06/26/98	SL	3.00		HY16	800.				800.	800.		0.	800.
56	(D)PHONE SYSTEM	04/06/98	SL	3.00		HY16	9,606.				9,606.	9,606.		0.	
57	(D)CABLE INSTALLATION	07/31/98	SL	3.00		HY16	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		HY16	250.				250.	250.		0.	250.
60	(D)STAPLES	09/30/98	SL	3.00		HY16	799.				799.	799.		0.	

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61	(D)HP SCANNER	10/20/98	SL	5.00		HY16	348.				348.	348.		0.	
62	(D)STAPLES	11/05/98	SL	5.00		HY16	240.				240.	240.		0.	
63	(D)LOVESEAT	01/07/99	SL	3.00		HY16	633.				633.	633.		0.	
64	GUEST CHAIRS - 2	01/07/99	SL	3.00		HY16	551.				551.	551.		0.	551.
65	(D)CHERRY COFFEE TABLE	01/07/99	SL	3.00		HY16	227.				227.	227.		0.	
66	(D)CHERRY ENDTABLE - 2	01/07/99	SL	3.00		HY16	454.				454.	454.		0.	
67	(D)FAX MACHINE	09/20/99	SL	3.00		HY16	585.				585.	585.		0.	
68	FURNITURE	11/11/99	SL	3.00		HY16	8,958.				8,958.	8,958.		0.	8,958.
69	FURNITURE	11/11/99	SL	3.00		HY16	7,483.				7,483.	7,483.		0.	7,483.
70	FURNITURE	12/01/99	SL	3.00		HY16	811.				811.	811.		0.	811.
71	FURNITURE	12/01/99	SL	3.00		HY16	1,607.				1,607.	1,607.		0.	1,607.
72	FURNITURE	12/01/99	SL	3.00		HY16	1,666.				1,666.	1,666.		0.	1,666.
73	FURNITURE	12/01/99	SL	3.00		HY16	6,788.				6,788.	6,788.		0.	6,788.
74	FURNITURE	12/31/99	SL	3.00		HY16	1,279.				1,279.	1,279.		0.	1,279.
75	FURNITURE	12/31/99	SL	3.00		HY16	8,566.				8,566.	8,566.		0.	8,566.
76	(D)COMPUTER EQUIPMENT	02/03/00	SL	3.00		HY16	7,406.				7,406.	7,406.		0.	
77	(D)COMPUTER EQUIPMENT	02/25/00	SL	3.00		HY16	1,601.				1,601.	1,601.		0.	
78	(D)ART DISPLAY	02/28/00	SL	3.00		HY16	3,807.				3,807.	3,807.		0.	

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79	(D)HAUGHT DESIGNS	02/28/00	SL	3.00		HY16	890.				890.	890.		0.	
80	(D)COMPUTER EQUIPMENT	03/03/00	SL	3.00		HY16	1,348.				1,348.	1,348.		0.	
81	(D)HAUGHT DESIGNS	03/06/00	SL	3.00		HY16	1,919.				1,919.	1,919.		0.	
82	(D)HAUGHT DESIGNS	03/22/00	SL	3.00		HY16	748.				748.	748.		0.	
83	(D)ADV PREMIUM WEB SETUP	02/28/00	SL	5.00		HY16	2,550.				2,550.	2,550.		0.	
84	(D)HAUGHT DESIGNS	05/15/00	SL	3.00		HY16	917.				917.	917.		0.	
85	(D)COMPUTER FRANK&CO	08/28/00	SL	3.00		HY16	1,847.				1,847.	1,847.		0.	
86	(D)COMPUTER FRANK&CO	12/22/00	SL	3.00		HY16	416.				416.	416.		0.	
87	(D)DELL COMPUTER	06/15/01	SL	3.00		HY16	1,202.				1,202.	1,202.		0.	
88	(D)SERIES 5M & MULBERRY	12/26/01	SL	3.00		HY16	563.				563.	563.		0.	
89	(D)DELL COMPUTER	06/19/02	SL	3.00		HY16	4,031.				4,031.	4,031.		0.	
90	(D)CONSOLE TABLE	09/23/02	SL	3.00		HY16	380.				380.	380.		0.	
91	(D)10 FUJITSU COMPUTERS	11/01/02	SL	3.00		HY16	5,000.				5,000.	5,000.		0.	
92	2 DELL LAPTOPS	02/14/03	SL	3.00		HY16	4,237.				4,237.	4,237.		0.	4,237.
93	DELL COMPUTER	11/12/03	SL	3.00		HY16	2,310.				2,310.	2,310.		0.	2,310.
94	DELL COMPUTER	03/24/03	SL	3.00		HY16	1,280.				1,280.	1,280.		0.	1,280.
95	DELL COMPUTER	03/11/04	SL	3.00		HY16	6,555.				6,555.	6,555.		0.	6,555.
96	DELL COMPUTER	05/01/04	SL	3.00		HY16	2,375.				2,375.	2,375.		0.	2,375.

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97	DELL SERVER LAPTOP	07/01/04	SL	3.00		HY16	5,063.				5,063.	5,063.		0.	5,063.
98	(D)TELEPHONE SYSTEMS	08/01/04	SL	3.00		HY16	7,557.				7,557.	7,557.		0.	
99	(D)OFFICE CHAIR	03/31/05	SL	3.00		HY16	735.				735.	735.		0.	
100	COMPUTER MONITOR	04/29/05	SL	3.00		HY16	433.				433.	433.		0.	433.
101	COMPUTER	06/28/05	SL	3.00		HY16	421.				421.	421.		0.	421.
102	COMPUTER	08/22/05	SL	3.00		HY16	977.				977.	977.		0.	977.
103	COMPUTER	01/24/07	SL	3.00		HY16	606.				606.	505.		101.	606.
104	DESKTOP COMPUTER	02/18/07	SL	3.00		HY16	966.				966.	778.		188.	966.
105	DESKTOP COMPUTER	02/18/07	SL	3.00		HY16	966.				966.	778.		188.	966.
106	LAPTOP COMPUTER	06/22/07	SL	3.00		HY16	1,385.				1,385.	962.		423.	1,385.
107	LAPTOP COMPUTER	06/22/07	SL	3.00		HY16	1,385.				1,385.	962.		423.	1,385.
108	DESKS	06/11/07	SL	3.00		HY16	3,850.				3,850.	2,674.		1,176.	3,850.
109	COMPUTERS	06/30/07	SL	3.00		HY16	3,633.				3,633.	2,422.		1,211.	3,633.
110	COMPUTERS	09/30/07	SL	3.00		HY16	3,459.				3,459.	2,018.		1,441.	3,459.
111	COMPUTERS	12/17/07	SL	3.00		HY16	2,714.				2,714.	1,357.		1,357.	2,714.
112	COMPUTERS	03/14/08	SL	3.00		HY16	4,650.				4,650.	2,777.		1,550.	4,327.
113	COMPUTERS	03/19/08	SL	3.00		HY16	6,307.				6,307.	3,765.		2,102.	5,867.
114	COMPUTERS	03/31/08	SL	3.00		HY16	683.				683.	398.		228.	626.

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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		HY16	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		HY16	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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165	CLOSET DOOR LOCK	05/10/10	SL	3.00			595.				595.			132.	132.
166	ACER LAPTOP	05/28/10	SL	3.00			340.				340.			66.	66.
167	BATTERY BACKUP	08/02/10	SL	3.00			613.				613.			85.	85.
168	DELL QUAD COMPUTERS	08/24/10	SL	3.00			3,078.				3,078.			342.	342.
169	DELL QUAD COMPUTER	08/24/10	SL	3.00			614.				614.			68.	68.
170	PHONE SYSTEM	10/06/10	SL	3.00			6,709.				6,709.			559.	559.
171	DELL DESKTOP COMPUTERS	11/16/10	SL	3.00			1,519.				1,519.			42.	42.
172	SAMSUNG LCD MONITOR	11/17/10	SL	3.00			487.				487.			14.	14.
173	CONFERENCE ROOM TELEVISION	12/01/10	SL	3.00			499.				499.			14.	14.
174	IPAD 16GB 3G	12/20/10	SL	3.00			828.				828.			0.	0.
175	IPAD 16GB	12/20/10	SL	3.00			598.				598.			0.	0.
	* 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			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			41,540.				41,540.	1,731.		6,923.	8,654.
	TENANT IMPROVEMENT														
126	CONCESSIONS	10/01/09	SL	6.00			236,880.				236,880.	9,870.		39,480.	49,350.

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	* 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		HY16	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		HY16	11,967.				11,967.	8,377.		1,197.	9,574.
133	NEW TRAVEL WALL REPLICA	03/12/03	SL	10.00		HY16	12,068.				12,068.	8,246.		1,207.	9,453.
134	NEW TRAVEL WALL REPLICA	03/24/03	SL	10.00		HY16	11,967.				11,967.	8,177.		1,197.	9,374.
135	NEW TRAVEL WALL REPLICA	04/28/03	SL	10.00		HY16	16,306.				16,306.	10,817.		1,631.	12,448.
136	NEW TRAVEL WALL REPLICA	11/10/05	SL	10.00		HY16	10,673.				10,673.	4,447.		1,067.	5,514.
137	NEW TRAVEL WALL REPLICA	12/14/05	SL	10.00		HY16	6,800.				6,800.	2,777.		680.	3,457.
138	NEW TRAVEL WALL REPLICA	03/31/05	SL	10.00		HY16	39,154.				39,154.	14,683.		3,915.	18,598.
139	NEW TRAVEL WALL REPLICA	07/01/09	SL	10.00		HY16	23,778.				23,778.	1,189.		2,378.	3,567.
176	TRAVELING WALL PANELS X2	05/06/10	SL	5.00		HY16	1,500.				1,500.			200.	200.
177	TRAVEL WALL PANEL	06/09/10	SL	5.00		HY16	873.				873.			102.	102.
178	TWTH TRUCK COMPUTER	10/08/10	SL	3.00		HY16	1,031.				1,031.			86.	86.
179	TWTH TRUCK PRINTER	10/08/10	SL	3.00		HY16	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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	TRAVELLING WALL MUSEUM EXHIBIT														
127	ORIGINAL EXP	04/01/08	SL	10.00		HY16	155,578.				155,578.	155,578.		0.	155,578.
128	(D)BAKERSFIELD TRUCK	01/31/01	SL	10.00		HY16	72,526.				72,526.	64,669.		0.	
129	FEATHERLITE TRAILER	01/31/01	SL	10.00		HY16	69,800.				69,800.	62,238.		6,980.	69,218.
130	UPDATES TO TRAILER	06/30/08	SL	10.00		HY16	169,950.				169,950.	21,244.		16,995.	38,239.
	* 990 PAGE 10 TOTAL - TRAVELLING WALL MUSEUM EXHIBIT						467,854.				467,854.	303,729.		23,975.	263,035.
	WEBSITE														
131	(D)OLD VVMF WEBSITE - REPLACED	12/20/07	SL	3.00		HY16	40,000.				40,000.	26,667.		2,222.	
141	TV WORLDWIDE WEB PAGE	06/30/05	SL	3.00		HY16	18,000.				18,000.	18,000.		0.	18,000.
180	CORPORATE ZEN - WEBSITE	03/31/10	SL	3.00		HY16	13,980.				13,980.			3,495.	3,495.
181	WEBSITE DEV - WFC SALSA	08/19/10	SL	3.00		HY16	8,000.				8,000.			889.	889.
182	WEBSITE - EDUCATION CENTER	01/01/10	SL	3.00		HY16	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		HY16	1,498.				1,498.	1,498.		0.	
144	(D)LAHR INDUSTRIES	04/01/99	SL	10.00		HY16	14,384.				14,384.	14,384.		0.	
145	(D)CENTRAL COAST	04/01/99	SL	10.00		HY16	3,375.				3,375.	3,375.		0.	
146	(D)ARCH. METAL FABRICATION	04/01/99	SL	10.00		HY16	1,250.				1,250.	1,250.		0.	

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147	(D)LAHR INDUSTRIES	04/01/99	SL	10.00		HY16	3,375.				3,375.	3,375.		0.	
148	(D)YELLOW FREIGHT	04/01/99	SL	10.00		HY16	1,767.				1,767.	1,767.		0.	
149	(D)AMERICAN LASER	04/01/99	SL	10.00		HY16	27,700.				27,700.	27,700.		0.	
150	(D)YELLOW FREIGHT	04/01/99	SL	10.00		HY16	1,767.				1,767.	1,767.		0.	
151	(D)YELLOW FREIGHT	04/01/99	SL	10.00		HY16	668.				668.	668.		0.	
152	(D)EXACT EXPRESS	04/01/99	SL	10.00		HY16	668.				668.	668.		0.	
153	(D)AMERICAN LASER	04/01/99	SL	10.00		HY16	12,600.				12,600.	12,600.		0.	
154	(D)WELLS CARGO	04/01/99	SL	10.00		HY16	2,606.				2,606.	2,606.		0.	
155	(D)WELLS CARGO	04/01/99	SL	10.00		HY16	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.

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- 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
	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	033192	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	040896	SL	3.00	16	304.			304.	304.		0.
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	082796	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.

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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	12/17/96	SL	3.00	16	500.			500.	500.		0.
26	(D) PRINTER	12/16/96	SL	3.00	16	200.			200.	200.		0.
27	(D) COMPUTER	12/26/96	SL	3.00	16	1,617.			1,617.	1,617.		0.
28	(D) CAR CARRIER	04/15/97	SL	3.00	16	405.			405.	405.		0.
29	(D) FURNITURE	06/24/97	SL	3.00	16	3,096.			3,096.	3,096.		0.
30	(D) FURNITURE	06/30/97	SL	3.00	16	686.			686.	686.		0.
31	(D) PHONE WIRING	07/01/97	SL	3.00	16	3,671.			3,671.	3,671.		0.
32	(D) COOLER	07/08/97	SL	3.00	16	369.			369.	369.		0.
33	(D) PRINTER	07/09/97	SL	3.00	16	400.			400.	400.		0.
34	(D) PRINTER	07/09/97	SL	3.00	16	400.			400.	400.		0.
35	(D) REFRIGERATOR	07/15/97	SL	3.00	16	378.			378.	378.		0.
36	(D) COUNTERTOP	08/01/97	SL	3.00	16	1,640.			1,640.	1,640.		0.
37	(D) PRINTER	08/07/97	SL	3.00	16	400.			400.	400.		0.
38	(D) WIRING	09/02/97	SL	3.00	16	1,160.			1,160.	1,160.		0.
39	(D) PHONE WIRING	09/15/97	SL	3.00	16	396.			396.	396.		0.
40	(D) PHONE WIRING	09/16/97	SL	3.00	16	521.			521.	521.		0.
41	(D) PRINTER	12/02/97	SL	3.00	16	350.			350.	350.		0.
42	(D) CABLE WIRING	03/07/98	SL	3.00	16	1,046.			1,046.	1,046.		0.

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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	(D)2 COMPUTER (D)COMPUTER	031998	SL	3.00	16	3,646.			3,646.	3,646.		0.
45	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.		0.
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	(D)COMPUTER (D)SUPPLIES &	051298	SL	3.00	16	1,134.			1,134.	1,134.		0.
54	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	(D)PHONE SYSTEM (D)CABLE	040698	SL	3.00	16	9,606.			9,606.	9,606.		0.
57	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.

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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	GUEST CHAIRS - 2	010799	SL	3.00	16	551.			551.	551.		0.
65	(D)CHERRY COFFEE TABLE	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	FURNITURE	123199	SL	3.00	16	8,566.			8,566.	8,566.		0.
76	(D)COMPUTER EQUIPMENT	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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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 (D)COMPUTER	022800	SL	3.00	16	890.			890.	890.		0.
80	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	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.

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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	DELL SERVER LAPTOP	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.

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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	COMPUTER	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.

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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.
170	PHONE SYSTEM	100610	SL	3.00	16	6,709.			6,709.			559.
171	DELL DESKTOP COMPUTERS	111610	SL	3.00	16	1,519.			1,519.			42.
172	SAMSUNG LCD MONITOR	111710	SL	3.00	16	487.			487.			14.
173	CONFERENCE ROOM TELEVISION	120110	SL	3.00	16	499.			499.			14.
174	IPAD 16GB 3G	122010	SL	3.00	16	828.			828.			0.
175	IPAD 16GB	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	FURNITURE	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											
125	OFFICE BUILDOUT	100109	SL	6.00	16	41,540.			41,540.	1,731.		6,923.
126	TENANT IMPROVEMENT CONCESSIONS	100109	SL	6.00	16	236,880.			236,880.	9,870.		39,480.

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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 VEHICLES - PROJECT RENEW					278,420.			278,420.	11,601.		46,403.
140	VEHICLES - PROJECT RENEW	063007	SL	5.00	16	101,450.			101,450.	50,725.		20,290.
	* 990 PAGE 10 TOTAL - VEHICLES - PROJE TRAVELLING WALL REPLICA					101,450.			101,450.	50,725.		20,290.
132	NEW TRAVEL WALL REPLICA	121902	SL	10.00	16	11,967.			11,967.	8,377.		1,197.
133	NEW TRAVEL WALL REPLICA	031203	SL	10.00	16	12,068.			12,068.	8,246.		1,207.
134	NEW TRAVEL WALL REPLICA	032403	SL	10.00	16	11,967.			11,967.	8,177.		1,197.
135	NEW TRAVEL WALL REPLICA	042803	SL	10.00	16	16,306.			16,306.	10,817.		1,631.
136	NEW TRAVEL WALL REPLICA	111005	SL	10.00	16	10,673.			10,673.	4,447.		1,067.
137	NEW TRAVEL WALL REPLICA	121405	SL	10.00	16	6,800.			6,800.	2,777.		680.
138	NEW TRAVEL WALL REPLICA	033105	SL	10.00	16	39,154.			39,154.	14,683.		3,915.
139	NEW TRAVEL WALL REPLICA	070109	SL	10.00	16	23,778.			23,778.	1,189.		2,378.
176	TRAVELING WALL PANELS X2	050610	SL	5.00	16	1,500.			1,500.			200.
177	TRAVEL WALL PANEL	060910	SL	5.00	16	873.			873.			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.

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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	TRUCK	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 - TRAVELLING WALL	063008	SL	10.00	16	169,950.			169,950.	21,244.		16,995.
						467,854.			467,854.	303,729.		23,975.
	WEBSITE (D)OLD VVMF WEBSITE - REPLACED	122007	SL	3.00	16	40,000.			40,000.	26,667.		2,222.
131	TV WORLDWIDE WEB PAGE	063005	SL	3.00	16	18,000.			18,000.	18,000.		0.
141	CORPORATE ZEN - WEBSITE	033110	SL	3.00	16	13,980.			13,980.			3,495.
180	WEBSITE DEV - WFC	081910	SL	3.00	16	8,000.			8,000.			889.
181	SALSA WEBSITE - EDUCATION CENTER	010110	SL	3.00	16	25,000.			25,000.			8,333.
182	* 990 PAGE 10 TOTAL - WEBSITE					104,980.			104,980.	44,667.		14,939.
	TRAVELLING WALL - IRELAND											
143	(D)LAHR INDUSTRIES	040199	SL	10.00	16	1,498.			1,498.	1,498.		0.
144	(D)LAHR INDUSTRIES	040199	SL	10.00	16	14,384.			14,384.	14,384.		0.
145	(D)CENTRAL COAST (D)ARCH. METAL	040199	SL	10.00	16	3,375.			3,375.	3,375.		0.
146	FABRICATION	040199	SL	10.00	16	1,250.			1,250.	1,250.		0.

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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	04/01/99	SL	10.00	16	3,375.			3,375.	3,375.		0.
148	(D)YELLOW FREIGHT	04/01/99	SL	10.00	16	1,767.			1,767.	1,767.		0.
149	(D)AMERICAN LASER	04/01/99	SL	10.00	16	27,700.			27,700.	27,700.		0.
150	(D)YELLOW FREIGHT	04/01/99	SL	10.00	16	1,767.			1,767.	1,767.		0.
151	(D)YELLOW FREIGHT	04/01/99	SL	10.00	16	668.			668.	668.		0.
152	(D)EXACT EXPRESS	04/01/99	SL	10.00	16	668.			668.	668.		0.
153	(D)AMERICAN LASER	04/01/99	SL	10.00	16	12,600.			12,600.	12,600.		0.
154	(D)WELLS CARGO	04/01/99	SL	10.00	16	2,606.			2,606.	2,606.		0.
155	(D)WELLS CARGO	04/01/99	SL	10.00	16	2,606.			2,606.	2,606.		0.
	* 990 PAGE 10 TOTAL											
	- TRAVELLING WALL					74,264.			74,264.	74,264.		0.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					1499129.			1499129.	786,933.		144,632.

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.

A For the 2009 calendar year, or tax year beginning and ending

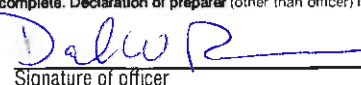

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. C Name of organization VIETNAM VETERANS MEMORIAL FUND, INC. Doing Business As	D Employer identification number 52-1149668
	See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2600 VIRGINIA AVENUE, N.W. 104	E Telephone number 202-393-0090
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037	G Gross receipts \$ 12,497,772.
	F Name and address of principal officer: DANIEL REESE 2600 VIRGINIA AVENUE, N.W. SUITE 104, WASHIN	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.VVMF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1979 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PRESERVE THE LEGACY OF THE VIETNAM VETERANS MEMORIAL, TO PROMOTE NATIONAL HEALING, AND TO
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 7
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6
	5 Total number of employees (Part V, line 2a) 5 28
	6 Total number of volunteers (estimate if necessary) 6 500
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8,661,291. 8,156,094.
	9 Program service revenue (Part VIII, line 2g) 110,700. 181,160.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <362,580.> <616,993.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 153,920. 61,101.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,563,331. 7,781,362.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 361,667.
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 935,919. 1,070,425.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 163,505.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,162,186.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,833,905. 5,756,003.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,294,996. 6,826,428.	
19 Revenue less expenses. Subtract line 18 from line 12 2,268,335. 954,934.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 23,310,737. 26,139,077.
	21 Total liabilities (Part X, line 26) 1,045,493. 1,461,351.
	22 Net assets or fund balances. Subtract line 21 from line 20 22,265,244. 24,677,726.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer:  Date: 1/28/2011	DANIEL REESE, CHIEF FINANCIAL OFFICER Type or print name and title
Preparer's signature:  Date: 1/23/11	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00456765
Firm's name (or yours if self-employed), address, and ZIP + 4 RENNER AND COMPANY, CPA, P.C 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VIRGINIA 22314	EIN ▶ 54-1498950 Phone no. ▶ 703-535-1200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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? Yes No

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,793,943. 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 THE 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 (Code:) (Expenses \$ 833,114. including grants of \$) (Revenue \$)

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 PROVINCE, THE MOST HEAVILY BOMBED AND SHELLED AREA OF VIETNAM.

4c (Code:) (Expenses \$ 538,410. including grants of \$) (Revenue \$)

THE ORGANIZATION IS CONDUCTING A NATIONAL EDUCATIONAL CAMPAIGN CALLED HOMETOWN HEROES, 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. 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 2009 THE ORGANIZATION'S CAPITAL EXPENDITURES TO DEVELOP THE EDUCATION CENTER TOTALED \$636,151.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,177,168. including grants of \$) (Revenue \$ 181,160.)

4e Total program service expenses \$ 4,342,635.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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		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	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 Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		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		X
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		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		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	22		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	28		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?	X	
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	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?		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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	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 taxable entity during the year?	X	
16b	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?	X	

Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization: **THE ORGANIZATION - 202-393-0090**
2600 VIRGINIA AVE., NW, SUITE 104, WASHINGTON, DC 20037

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

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. 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.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAN C. SCRUGGS PRESIDENT	40.00	X		X			138,047.	0.	42,772.	
JOHN DIBBLE DIRECTOR	1.00	X					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 CHAIRMAN	1.00	X		X			0.	0.	0.	
JAMES KIMSEY DIRECTOR	1.00	X					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.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							297,323.	0.	75,155.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE DIRECT RESPONSE 1682 VILLAGE GREEN, CROFTON, MD 21114	PROFESSIONAL FUNDRAISING	342,352.
ODELL & SIMMS 7704 LEESBURG PIKE, FALLS CHURCH, VA 22043	PROFESSIONAL FUNDRAISING	332,698.
FRANK & COMPANY, P.C. 1360 BEVERLY RD., STE 300, MCLEAN, VA 22101	ACCOUNTING	322,791.
SOUTHWEST PUBLISHING & MAILING 2600 NW TOPEKA BLVD, TOPEKA, KS 66617	MAILHOUSE	245,896.
THE DIRECT EDGE, 10375-B SOUTHERN MARYLAND BOULEVARD, DUNKIRK, MD 20754	MAILHOUSE	175,437.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

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	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 52,447.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 260,025.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,843,622.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		8,156,094.			
	Program Service Revenue	2 a SPONSORSHIP-TRAVELING	Business Code 900099	125,000.	125,000.	
b SITE FEES-TRAVELING WA		900099	56,160.	56,160.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			181,160.			
Other Revenue	3 Investment Income (including dividends, interest, and other similar amounts)		262,268.		262,268.	
	4 Income from investment of tax-exempt bond proceeds				17,775.	
	5 Royalties		17,775.		17,775.	
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3837149.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	4716410.			
		c Gain or (loss)	<879261.>			
	d Net gain or (loss)		<879,261.>		<879,261.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a LIST RENTAL	900099	43,326.		43,326.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		43,326.				
12 Total revenue. See instructions.		7,781,362.	181,160.	0.	<555,892.>	

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	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	52,447.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	260,025.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,843,622.					
	g Noncash contributions included in lines 1a-1f. \$							
	h Total. Add lines 1a-1f			8,156,094.				
Program Service Revenue	2 a SPONSORSHIP-TRAVELING	Business Code	900099	125,000.	125,000.			
	b SITE FEES-TRAVELING WA		900099	56,160.	56,160.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			181,160.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			262,268.			262,268.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			17,775.			17,775.	
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	3837149.				
		b Less: cost or other basis and sales expenses		4716410.				
		c Gain or (loss)		<879261.>				
		d Net gain or (loss)			<879,261.>			<879,261.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a LIST RENTAL		900099		43,326.			43,326.	
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				43,326.				
12 Total revenue. See instructions.				7,781,362.	181,160.	0.	<555,892.>	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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(f)(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) and section 403(b) employer contributions)	93,567.	75,642.	4,717.	13,208.
9 Other employee benefits				
10 Payroll taxes	67,514.	54,443.	3,736.	9,335.
11 Fees for services (non-employees):				
a Management				
b Legal	42,051.	2,000.	40,051.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	37,936.		37,936.	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
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 Interest				
21 Payments to affiliates				
22 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.)				
a DIRECT MAIL EXPENSES	2,580,160.	1,260,635.		1,319,525.
b CONSULTING	859,029.	398,975.	95,827.	364,227.
c ALLOCATED INDIRECT COST	857,976.	692,455.	43,334.	122,187.
d PROJECT RENEW EXPENSES	533,372.	533,372.		
e CAGING	165,643.			165,643.
f All other expenses	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 <input checked="" type="checkbox"/> 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.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	500,649.	1	1,105,215.
	2	Savings and temporary cash investments	4,318,152.	2	1,590,637.
	3	Pledges and grants receivable, net	11,073,587.	3	10,012,586.
	4	Accounts receivable, net	25,902.	4	17,162.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	116,121.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,426,991.		
	b	Less: accumulated depreciation	10b 786,975.	10c 3,016,936.	640,016.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	4,362,170.	12	9,361,736.
	13	Investments - program-related. See Part IV, line 11		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 equal line 34)	23,310,737.	16	26,139,077.	
Liabilities	17	Accounts payable and accrued expenses	1,045,493.	17	1,110,222.
	18	Grants payable		18	
	19	Deferred revenue		19	54,500.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	0.	25	296,629.
	26	Total liabilities. Add lines 17 through 25	1,045,493.	26	1,461,351.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,198,272.	27	5,174,625.
	28	Temporarily restricted net assets	16,166,972.	28	17,603,101.
	29	Permanently restricted net assets	1,900,000.	29	1,900,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and 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 equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	22,265,244.	33	24,677,726.
	34	Total liabilities and net assets/fund balances	23,310,737.	34	26,139,077.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

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 Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

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

Name of the organization **VIETNAM VETERANS MEMORIAL FUND, INC.** Employer identification number **52-1149668**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 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). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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.)

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.")	4120498.	9378261.	8635870.	8688291.	8156094.	38979014.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4120498.	9378261.	8635870.	8688291.	8156094.	38979014.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7237388.
6 Public support. Subtract line 5 from line 4						31741626.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4120498.	9378261.	8635870.	8688291.	8156094.	38979014.
8 Gross income from interest, 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 activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	100,635.	98,624.	115,131.	10,973.	43,326.	368,689.
11 Total support. Add lines 7 through 10						40782646.
12 Gross receipts from related activities, etc. (see instructions)					12	593,760.
13 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 box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	77.83	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. 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 <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

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 disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section 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	%

Section 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	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 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 supported organization

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

Schedule of Contributors

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

2009

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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Organization type (check one):

- | | |
|--------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

Name of organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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Part I Contributors (see instructions)

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

Name of organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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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
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number

52-1149668

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic area, historic structure) and a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 8/17/06). Also includes questions 3-9 regarding modifications, monitoring, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,900,000.	1,900,000.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,900,000.	1,900,000.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,426,991.	786,975.	640,016.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				640,016.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
PUBLICLY TRADED SECURITIES		
	9,361,736.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	9,361,736.	

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
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
EDUCATION CENTER, WORK IN PROGRESS	3,270,519.
DEPOSITS	25,085.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	3,295,604.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED RENT	296,629.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	296,629.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,781,362.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,826,428.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	954,934.
4	Net unrealized gains (losses) on investments	4	1,896,355.
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	<183,000.>
9	Total adjustments (net). Add lines 4 through 8	9	1,457,548.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,412,482.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue 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:		
a	Net unrealized gains on investments	2a	1,896,355.
b	Donated services and use of facilities	2b	1,439,253.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	3,335,608.
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,936.
b	Other (Describe in Part XIV.)	4b	<350,000.>
c	Add lines 4a and 4b	4c	<312,064.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,781,362.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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:		
a	Donated services and use of facilities	2a	1,695,060.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,695,060.
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,936.
b	Other (Describe in Part XIV.)	4b	<533,000.>
c	Add lines 4a and 4b	4c	<495,064.>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,826,428.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART 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.

Part XIV Supplemental Information (continued)

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGE: -350000.

UNCOLLECTIBLE IN-KIND PLEDGE: -183000.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional 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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & THE PACIFIC	1	1	PROGRAM SERVICES	REMOVAL OF UNEXPLODED ORDNANCES - SEE SCHEDULE F, PART IV	533,372.
Totals	1	1			533,372.

VIETNAM VETERANS MEMORIAL FUND, INC. 52-1149668

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 **Use Schedule F-1 (Form 990) if additional space is needed.**

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 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 **3** Enter total number of other organizations or entities

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	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: THE ORGANIZATION DOES NOT MAKE GRANTS IN 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
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2009

Open To Public
Inspection

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number
52-1149668

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
CREATIVE DIRECT RESPONSE	DIRECT MAIL FUNDRAISING		X	4,180,845.	342,352.	3,838,493.
ODELL & SIMMS	PERSONAL SOLICITATIONS		X	375,000.	332,698.	42,302.
Total				4,555,845.	675,050.	3,880,795.

3 List all states in which the organization is registered or licensed to solicit funds 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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				()

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				()

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility **13a** %
- b 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? **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 ▶ \$ _____
- 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 ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		
17b		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number

52-1149668

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAN C. SCRUGGS	(i) 138,047.	(ii) 0.	(iii) 0.	27,744.	15,028.	180,819.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
DANIEL W. REESE	(i) 159,276.	(ii) 0.	(iii) 0.	12,980.	19,403.	191,659.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization **VIETNAM VETERANS MEMORIAL FUND, INC.** Employer identification number **52-1149668**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

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 to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$						

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROBERT FRANK, PARTNER OF	NONVOTING MEMBER OF	322,791.	INDEPENDENT		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

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

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

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ 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

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
LOCATED, TO MAINTAIN THE SITE'S FUNCTION AS A PLACE OF REFLECTION ON
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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2009

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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 RESPONSIBILITY 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.

SCHEDULE O
(Form 990)

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

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Name of the organization

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)

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

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

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02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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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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Schedule O (Form 990) 2009

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2009

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Name of the organization

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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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
	Number, street, and room or suite no. If a P.O. box, see instructions. 2600 VIRGINIA AVENUE, N.W., NO. 104	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20037	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return 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 an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ 2600 VIRGINIA AVE., NW, SUITE 104 - WASHINGTON, DC 20037**
 Telephone No. **▶ 202-393-0090** FAX No. **▶ 202-393-0029**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 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, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL INFORMATION NEEDED IN ORDER TO PREPARE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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

Signature **▶ [Signature]** Title **▶ CHIEF FINANCIAL OFFICER** Date **▶ 1/28/2011**