

**Return of Organization Exempt From Income Tax**

**2001**

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)

Open to Public Inspection

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

**A** For the 2001 calendar year, or tax year period beginning and ending

|  |  |  |  |   |
|--|--|--|--|---|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions | <b>C</b> Name of organization<br>VIETNAM VETERANS MEMORIAL FUND, INC.  |  | <b>D</b> Employer identification number<br>52-1149668   |
|  |  | Number and street (or P O box if mail is not delivered to street address)<br>1023 15TH STREET, N.W. SECOND FLOOR |  | <b>E</b> Telephone number<br>202-393-0090   |
|  |  | City or town, state or country, and ZIP + 4<br>WASHINGTON, DC 20005  |  | <b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) |

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations  
 H(a) Is this a group return for affiliates?  Yes  No  
 H(b) If "Yes" enter number of affiliates

**G** Web site WWW.VVMF.ORG

**J** Organization type (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

H(c) Are all affiliates included? N/A  Yes  No (If "No," attach a list)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

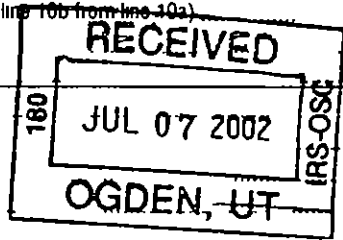
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **8,319,950.**

I Enter 4-digit GEN

M Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances**

|  |  | 1a          |     | 1b |  | 1c        |             | 1d          |  |
|--|--|-------------|-----|----|--|-----------|-------------|-------------|--|
| Revenue  | 1 Contributions, gifts, grants, and similar amounts received                               | 5,488,052.  |     |    |  |           |             | 5,488,052.  |  |
|  | a Direct public support  |             |     |    |  |           |             | 142,566.    |  |
|  | b Indirect public support  |             |     |    |  |           |             |             |  |
|  | c Government contributions (grants)  |             |     |    |  |           |             |             |  |
|  | d Total (add lines 1a through 1c)<br>(cash \$ 4,619,695. noncash \$ 868,357.)              |             |     |    |  |           |             | 311,618.    |  |
|  | 2 Program service revenue including government fees and contracts (from Part VII, line 93) |             |     |    |  |           |             |             |  |
|  | 3 Membership dues and assessments  |             |     |    |  |           |             |             |  |
|  | 4 Interest on savings and temporary cash investments                                       |             |     |    |  |           |             |             |  |
|  | 5 Dividends and interest from securities   |             |     |    |  |           |             |             |  |
|  | 6 a Gross rents  |             |     |    |  |           |             |             |  |
|  | b Less rental expenses   |             |     |    |  |           |             |             |  |
|  | c Net rental income or (loss) (subtract line 6b from line 6a)                              |             |     |    |  |           |             |             |  |
| 7 Other investment income (describe)   |  |             |     |    |  |           |             |             |  |
| 8 a Gross amount from sale of assets other than inventory  | (A) Securities   | 2,347,955.  |     | 8a |  | (B) Other |             |             |  |
|  | b Less cost or other basis and sales expenses  | 3,392,203.  |     | 8b |  |           |             |             |  |
|  | c Gain or (loss) (attach schedule)   | -1,044,248. |     | 8c |  |           |             |             |  |
|  | d Net gain or (loss) (combine line 8c, columns (A) and (B))                                | STMT 1      |     |    |  |           |             | -1,044,248. |  |
| 9 Special events and activities (attach schedule)  |  |             |     |    |  |           |             |             |  |
| a Gross revenue (not including \$ of contributions reported on line 1a)                              |  |             | 9a  |    |  |           |             |             |  |
|  |  |             | 9b  |    |  |           |             |             |  |
|  |  |             |     |    |  |           |             |             |  |
| c Net income or (loss) from special events (subtract line 9b from line 9a)                           |  |             |     |    |  |           |             |             |  |
| 10 a Gross sales of inventory, less returns and allowances   |  |             | 10a |    |  |           |             |             |  |
|  |  |             | 10b |    |  |           |             |             |  |
|  |  |             |     |    |  |           |             |             |  |
| c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) |  |             |     |    |  |           | 29,759.     |             |  |
| 11 Other revenue (from Part VII, line 103)   |  |             |     |    |  |           | 4,927,747.  |             |  |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)                              |  |             |     |    |  |           | 3,951,424.  |             |  |
| Expenses   | 13 Program services (from line 44, column (B))   |             |     |    |  |           |             | 749,950.    |  |
|  | 14 Management and general (from line 44, column (C))                                       |             |     |    |  |           |             | 1,310,590.  |  |
|  | 15 Fundraising (from line 44, column (D))  |             |     |    |  |           |             |             |  |
|  | 16 Payments to affiliates (attach schedule)  |             |     |    |  |           |             |             |  |
|  | 17 Total expenses (add lines 16 and 44, column (A))  |             |     |    |  |           |             | 6,011,964.  |  |
| 18 Excess or (deficit) for the year (subtract line 17 from line 12)                                  |  |             |     |    |  |           | -1,084,217. |             |  |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A))                       |  |             |     |    |  |           | 9,690,911.  |             |  |
| 20 Other changes in net assets or fund balances (attach explanation)                                 |  |             |     |    |  |           | -88,756.    |             |  |
| 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)                         |  |             |     |    |  |           | 8,517,938.  |             |  |



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3

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I |   | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|---|-----------|----------------------|----------------------------|-----------------|
| 22   | Grants and allocations (attach schedule)  |           |                      |                            |                 |
|  | cash \$ _____ noncash \$ _____  | 22        |                      |                            |                 |
| 23   | Specific assistance to individuals (attach schedule)  | 23        |                      |                            |                 |
| 24   | Benefits paid to or for members (attach schedule)   | 24        |                      |                            |                 |
| 25   | Compensation of officers, directors, etc  | 25        | 103,000.             | 62,890.                    | 20,785.         |
| 26   | Other salaries and wages  | 26        | 424,232.             | 259,028.                   | 85,607.         |
| 27   | Pension plan contributions  | 27        | 47,728.              | 29,142.                    | 9,631.          |
| 28   | Other employee benefits   | 28        | 45,658.              | 27,986.                    | 9,370.          |
| 29   | Payroll taxes   | 29        | 44,159.              | 26,854.                    | 8,755.          |
| 30   | Professional fundraising fees   | 30        | 84,740.              | 9,136.                     | 73,472.         |
| 31   | Accounting fees   | 31        | 38,888.              |                            | 38,888.         |
| 32   | Legal fees  | 32        | 37,933.              |                            | 37,933.         |
| 33   | Supplies  | 33        | 26,913.              | 17,752.                    | 7,059.          |
| 34   | Telephone   | 34        | 12,764.              | 7,493.                     | 3,888.          |
| 35   | Postage and shipping  | 35        | 836,814.             | 470,839.                   | 12,023.         |
| 36   | Occupancy   | 36        | 119,533.             | 16,277.                    | 103,256.        |
| 37   | Equipment rental and maintenance  | 37        | 28,838.              | 23,468.                    | 5,181.          |
| 38   | Printing and publications   | 38        | 389,806.             | 320,308.                   | 10,754.         |
| 39   | Travel  | 39        | 117,387.             | 102,960.                   | 11,593.         |
| 40   | Conferences, conventions, and meetings  | 40        |                      |                            |                 |
| 41   | Interest  | 41        |                      |                            |                 |
| 42   | Depreciation, depletion, etc (attach schedule)  | 42        | 86,731.              | 78,928.                    | 3,390.          |
| 43   | Other expenses not covered above (itemize)  |           |                      |                            |                 |
| a  |   | 43a       |                      |                            |                 |
| b  |   | 43b       |                      |                            |                 |
| c  |   | 43c       |                      |                            |                 |
| d  |   | 43d       |                      |                            |                 |
| e  | SEE STATEMENT 3   | 43e       | 3,566,840.           | 2,498,363.                 | 308,365.        |
| 44   | Total functional expenses (add lines 22 through 43)<br>Organizations completing columns (B)-(D) carry these totals to lines 13-15 | 44        | 6,011,964.           | 3,951,424.                 | 749,950.        |

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 2,300,950., (ii) the amount allocated to Program services \$ 1,189,248.,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ 1,111,702.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)

|   |  |                                   |            |
|---|--|-----------------------------------|------------|
| a | MEMORIAL MAINTENANCE AND ADDITION OF NAMES: DISBURSEMENTS FOR COSTS RELATED TO THE ADDITION OF NAMES TO THE MEMORIAL AND THE COSTS ASSOCIATED WITH MAINTAINING AND PRESERVING THE MEMORIAL ELEMENTS. | (Grants and allocations \$ _____) | 208,461.   |
| b | SPECIAL EVENTS AND PROGRAM RELATED EXPENSES: DISBURSEMENTS FOR CEREMONIES AT THE MEMORIAL AND VARIOUS PROJECTS RELATED TO THE USE OF THE LAND ON WHICH THE MEMORIAL SITS.                            | (Grants and allocations \$ _____) | 284,264.   |
| c | SEE STATEMENT 5  | (Grants and allocations \$ _____) | 2,890,593. |
| d | SEE STATEMENT 6  | (Grants and allocations \$ _____) | 352,878.   |
| e | Other program services (attach schedule) STATEMENT 7   | (Grants and allocations \$ _____) | 215,228.   |
| f | Total of Program Service Expenses (should equal line 44, column (B) Program services)  |                                   | 3,951,424. |

**Part IV Balance Sheets**

| Note  |   | (A)   |   | (B)         |            |            |
|---|---|---|---|-------------|------------|------------|
| Where required, attached schedules and amounts within the description column should be for end-of-year amounts only |   | Beginning of year   |   | End of year |            |            |
| Assets  | 45  | Cash - non-interest-bearing                                       | 904,841.  | 45          | 293,677.   |            |
|   | 46  | Savings and temporary cash investments                            | 969,591.  | 46          | 635,657.   |            |
|   | 47 a  | Accounts receivable   | 47a 21,509.   |             |            |            |
|   | b   | Less allowance for doubtful accounts                              | 47b   | 47c         | 21,509.    |            |
|   | 48 a  | Pledges receivable  | 48a 703,722.  |             |            |            |
|   | b   | Less allowance for doubtful accounts                              | 48b   | 48c         | 703,722.   |            |
|   | 49  | Grants receivable   |   | 49          |            |            |
|   | 50  | Receivables from officers, directors, trustees, and key employees |   | 50          |            |            |
|   | 51 a  | Other notes and loans receivable                                  | 51a   |             |            |            |
|   | b   | Less allowance for doubtful accounts                              | 51b   | 51c         |            |            |
|   | 52  | Inventories for sale or use                                       |   | 52          |            |            |
|   | 53  | Prepaid expenses and deferred charges                             | 12,633.   | 53          | 843.       |            |
|   | 54  | Investments - securities <b>STMT 8</b>                            | <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 5,750,522.  | 54         | 7,029,009. |
|   | 55 a  | Investments - land, buildings, and equipment basis                | 55a   |             |            |            |
|   | b   | Less accumulated depreciation                                     | 55b   | 55c         |            |            |
| 56  | Investments - other   |   | 56  |             |            |            |
| 57 a  | Land, buildings, and equipment basis  | 57a 709,151.  |   |             |            |            |
| b   | Less accumulated depreciation <b>STMT 9</b>   | 57b 303,632.  | 374,458.  | 57c         | 405,519.   |            |
| 58  | Other assets (describe <b>SEE STATEMENT 10</b> )  |   | 53,990.   | 58          | 30,696.    |            |
| 59  | <b>Total assets</b> (add lines 45 through 58) (must equal line 74)  |   | 10,085,074.   | 59          | 9,120,632. |            |
| Liabilities   | 60  | Accounts payable and accrued expenses                             | 394,163.  | 60          | 538,944.   |            |
|   | 61  | Grants payable  |   | 61          | 63,750.    |            |
|   | 62  | Deferred revenue  |   | 62          |            |            |
|   | 63  | Loans from officers, directors, trustees, and key employees       |   | 63          |            |            |
|   | 64 a  | Tax-exempt bond liabilities                                       |   | 64a         |            |            |
|   | b   | Mortgages and other notes payable                                 |   | 64b         |            |            |
|   | 65  | Other liabilities (describe )                                     |   | 65          |            |            |
| 66  | <b>Total liabilities</b> (add lines 60 through 65)  |   | 394,163.  | 66          | 602,694.   |            |
| Net Assets or Fund Balances   | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74                 |   |   |             |            |            |
|   | 67  | Unrestricted  | 3,634,941.  | 67          | 2,913,077. |            |
|   | 68  | Temporarily restricted  | 6,055,970.  | 68          | 3,955,198. |            |
|   | 69  | Permanently restricted  |   | 69          | 1,649,663. |            |
|   | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74   |   |   |             |            |            |
|   | 70  | Capital stock, trust principal, or current funds                  |   | 70          |            |            |
|   | 71  | Paid-in or capital surplus, or land, building, and equipment fund |   | 71          |            |            |
|   | 72  | Retained earnings, endowment, accumulated income, or other funds  |   | 72          |            |            |
| 73  | <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) |   | 9,690,911.  | 73          | 8,517,938. |            |
| 74  | <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)   |   | 10,085,074.   | 74          | 9,120,632. |            |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|     |  |   |            |
|-----|--|---|------------|
| a   | Total revenue, gains, and other support per audited financial statements | a | 4,953,861. |
| b   | Amounts included on line a but not on line 12, Form 990                  |   |            |
| (1) | Net unrealized gains on investments \$ -88,756.                          |   |            |
| (2) | Donated services and use of facilities \$ 114,870.                       |   |            |
| (3) | Recoveries of prior year grants \$                                       |   |            |
| (4) | Other (specify) \$   |   |            |
|     | Add amounts on lines (1) through (4)                                     | b | 26,114.    |
| c   | Line a minus line b  | c | 4,927,747. |
| d   | Amounts included on line 12, Form 990 but not on line a                  |   |            |
| (1) | Investment expenses not included on line 6b, Form 990 \$                 |   |            |
| (2) | Other (specify) \$   |   |            |
|     | Add amounts on lines (1) and (2)   | d | 0.         |
| e   | Total revenue per line 12, Form 990 (line c plus line d)                 | e | 4,927,747. |

|     |  |   |            |
|-----|--|---|------------|
| a   | Total expenses and losses per audited financial statements | a | 6,126,834. |
| b   | Amounts included on line a but not on line 17, Form 990    |   |            |
| (1) | Donated services and use of facilities \$ 114,870.         |   |            |
| (2) | Prior year adjustments reported on line 20, Form 990 \$    |   |            |
| (3) | Losses reported on line 20, Form 990 \$                    |   |            |
| (4) | Other (specify) \$   |   |            |
|     | Add amounts on lines (1) through (4)                       | b | 114,870.   |
| c   | Line a minus line b  | c | 6,011,964. |
| d   | Amounts included on line 17, Form 990 but not on line a    |   |            |
| (1) | Investment expenses not included on line 6b, Form 990 \$   |   |            |
| (2) | Other (specify) \$   |   |            |
|     | Add amounts on lines (1) and (2)                           | d | 0.         |
| e   | Total expenses per line 17, Form 990 (line c plus line d)  | e | 6,011,964. |

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)**

| (A) Name and address   | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|---|---|--|
| JAN C. SCRUGGS<br>1023 15TH STREET, SECOND FLOOR<br>WASHINGTON, DC 20005             | PRESIDENT<br>40  | 103,000.                                  | 10,128.   | 0.                                       |
| ROBERT H. FRANK (SEE STATEMENT 11)<br>1360 BEVERLY RD, SUITE 300<br>MCLEAN, VA 22101 | TREASURER<br>10  | 0.  | 0.  | 0.                                       |
| RONALD E. GIBBS<br>FLEISCHMAN & HILLARD 875 N MICHIGAN A<br>CHICAGO, IL 60611        | DIRECTOR<br>1  | 0.  | 0.  | 0.                                       |
| GEORGE W. MAYO<br>HOGAN & HARTSON 555 13TH ST. 13TH FLO<br>WASHINGTON, DC 20004      | DIRECTOR<br>1  | 0.  | 0.  | 0.                                       |
| HARRY G. ROBINSON III<br>HOWARD UNIVERSITY 2366 6TH ST, NW<br>WASHINGTON, DC 20059   | DIRECTOR<br>1  | 0.  | 0.  | 0.                                       |
| JOHN O. WOODS<br>5250 CHEROKEE AVE, SUITE 420<br>ALEXANDRIA, VA 22312                | DIRECTOR<br>1  | 0.  | 0.  | 0.                                       |
| JAMES KIMSEY<br>8101 K STREET, SUITE 203L, N.W.<br>WASHINGTON, DC 20006              | DIRECTOR<br>1  | 0.  | 0.  | 0.                                       |
| JANIS NARK<br>581 LAKE CLUB DRIVE<br>NEBO, NC 28761                                  | DIRECTOR<br>1  | 0.  | 0.  | 0.                                       |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? If "Yes" attach schedule  Yes  No Form 990 (2001)

123001 01-02-02

Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding organizational activities, financials, and governance.

91 The books are in care of FRANK & COMPANY, P.C. Telephone no 703-821-0702
Located at MCLEAN, VIRGINIA ZIP + 4 22101-3685

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
|  | (A)<br>Business<br>code   | (B)<br>Amount | (C)<br>Exclu-<br>sion<br>code        | (D)<br>Amount |   |
| <b>Note</b> Enter gross amounts unless otherwise indicated   |                           |               |                                      |               |   |
| 93 Program service revenue                                   |                           |               |                                      |               |   |
| a <u>SITE FEES</u>   |                           |               |                                      |               | 142,566.                                    |
| b _____  |                           |               |                                      |               |   |
| c _____  |                           |               |                                      |               |   |
| d _____  |                           |               |                                      |               |   |
| e _____  |                           |               |                                      |               |   |
| f Medicare/Medicaid payments                                 |                           |               |                                      |               |   |
| g Fees and contracts from government agencies                |                           |               |                                      |               |   |
| 94 Membership dues and assessments                           |                           |               |                                      |               |   |
| 95 Interest on savings and temporary cash investments        |                           |               |                                      |               |   |
| 96 Dividends and interest from securities                    |                           |               | 14                                   | 311,618.      |   |
| 97 Net rental income or (loss) from real estate              |                           |               |                                      |               |   |
| a debt-financed property                                     |                           |               |                                      |               |   |
| b not debt-financed property                                 |                           |               |                                      |               |   |
| 98 Net rental income or (loss) from personal property        |                           |               |                                      |               |   |
| 99 Other investment income                                   |                           |               |                                      |               |   |
| 100 Gain or (loss) from sales of assets other than inventory |                           |               | 19                                   | -1,044,248.   |   |
| 101 Net income or (loss) from special events                 |                           |               |                                      |               |   |
| 102 Gross profit or (loss) from sales of inventory           |                           |               |                                      |               |   |
| 103 Other revenue  |                           |               |                                      |               |   |
| a <u>LIST RENTAL INCOME</u>                                  |                           |               | 15                                   | 8,804.        |   |
| b <u>ROYALTY INCOME</u>                                      |                           |               | 15                                   | 20,955.       |   |
| c _____  |                           |               |                                      |               |   |
| d _____  |                           |               |                                      |               |   |
| e _____  |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E))                 |                           | 0.            |                                      | -702,871.     | 142,566.                                    |
| 105 Total (add line 104, columns (B), (D), and (E))          |                           |               |                                      |               | -560,305.                                   |

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

| Line No | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---------|--|
| 93A     | SITE RENTAL FEES RECEIVED IN FURTHERANCE OF THE MEMORIAL'S PURPOSE TO EDUCATE THE PUBLIC AND PROVIDE OPPORTUNITIES FOR CITIZENS TO COME TOGETHER TO UNDERSTAND THE VIETNAM CONFLICT.                                   |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

completing schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge

▶ JAN SCARFF, President  
Type or print name and title

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**VIETNAM VETERANS MEMORIAL FUND, INC.**

Employer identification number

**52 1149668**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

| (a) Name and address of each employee paid more than \$50,000       | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| ALAN GRIELSAMER<br>-----<br>6259 RATHLIN DR. SPRINGFIELD, VA 22152  | DIR. COMMUNIC<br>40                                      | 62,933.          | 6,230.  |  |
| KATHERINE GRIFFEN<br>-----<br>3750 39 ST NW, WASHINGTON, D.C. 20016 | VP<br>40   | 65,317.          | 7,611.  |  |
| WILLIAM YANCEY<br>-----<br>2400 S GLEBE ROAD ARLINGTON, VA 22206    | DEVEL. ASSIST<br>40                                      | 55,000.          | 5,445.  |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| Total number of other employees paid over \$50,000 ▶                | 0  |                  |   |  |

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

| (a) Name and address of each independent contractor paid more than \$50,000  | (b) Type of service   | (c) Compensation |
|--|-----------------------|------------------|
| FRANK & COMPANY, P.C.<br>-----<br>1360 BEVERLY ROAD, # 300, MCLEAN, VA 22101 | ACCOUNTING/CONSULTING | 258,845.         |
| CREATIVE DIRECT RESPONSE<br>-----<br>1682 VILLAGE GREEN, CROFTON, MD 2114    | CONSULTING            | 227,050.         |
| -----  |                       |                  |
| -----  |                       |                  |
| -----  |                       |                  |
| Total number of others receiving over \$50,000 for professional services ▶   | 0                     |                  |

**Part III** Statements About Activities (See page 2 of the instructions)

|  | Yes | No |
|--|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )<br>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities |     | X  |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions ) <b>SEE STATEMENT 11</b>   |     |    |
| a Sale, exchange, or leasing of property?  |     | X  |
| b Lending of money or other extension of credit?   |     | X  |
| c Furnishing of goods, services, or facilities?  | X   |    |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  | X   |    |
| e Transfer of any part of its income or assets?  |     | X  |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )  |     | X  |
| 4 Do you have a section 403(b) annuity plan for your employees?  |     | X  |
| <b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments  |     |    |

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting **N/A**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in)  | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)  |          |          |          |          |           |
| <b>16</b> Membership fees received   |          |          |          |          |           |
| <b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose  |          |          |          |          |           |
| <b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 |          |          |          |          |           |
| <b>19</b> Net income from unrelated business activities not included in line 18  |          |          |          |          |           |
| <b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf   |          |          |          |          |           |
| <b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.  |          |          |          |          |           |
| <b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.  |          |          |          |          |           |
| <b>23</b> Total of lines 15 through 22   | 0.       | 0.       | 0.       | 0.       | 0.        |
| <b>24</b> Line 23 minus line 17  |          |          |          |          |           |
| <b>25</b> Enter 1% of line 23  |          |          |          |          |           |

|   |   |            |       |
|---|---|------------|-------|
| <b>26</b> Organizations described on lines 10 or 11   | a Enter 2% of amount in column (e), line 24 | <b>26a</b> | N/A   |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. |   | <b>26b</b> | N/A   |
| c Total support for section 509(a)(1) test. Enter line 24, column (e).  |   | <b>26c</b> | N/A   |
| d Add Amounts from column (e) for lines   | 18 _____ 19 _____<br>22 _____ 26b _____     | <b>26d</b> | N/A   |
| e Public support (line 26c minus line 26d total)  |   | <b>26e</b> | N/A   |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))  |   | <b>26f</b> | N/A % |

|  |   |            |        |        |        |
|--|---|------------|--------|--------|--------|
| <b>27</b> Organizations described on line 12   | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. | (2000)     | (1999) | (1998) | (1997) |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. | (2000)  | (1999)     | (1998) | (1997) |        |
| c Add Amounts from column (e) for lines  | 15 _____ 16 _____<br>17 _____ 20 _____ 21 _____   | <b>27c</b> | N/A    |        |        |
| d Add Line 27a total _____ and line 27b total _____  |   | <b>27d</b> | N/A    |        |        |
| e Public support (line 27c total minus line 27d total)   |   | <b>27e</b> | N/A    |        |        |
| f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).   | <b>27f</b> N/A  |            |        |        |        |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))   |   | <b>27g</b> | N/A %  |        |        |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))   |   | <b>27h</b> | N/A %  |        |        |

**28 Unusual Grants** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions) N/A  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|   |            | Yes | No |
|---|------------|-----|----|
| <b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?   | <b>29</b>  |     |    |
| <b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  | <b>30</b>  |     |    |
| <b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?<br>If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.) | <b>31</b>  |     |    |
| <hr/> <hr/> <hr/>   |            |     |    |
| <b>32</b> Does the organization maintain the following:   |            |     |    |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?  | <b>32a</b> |     |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | <b>32b</b> |     |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  | <b>32c</b> |     |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?<br>If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)   | <b>32d</b> |     |    |
| <hr/> <hr/>   |            |     |    |
| <b>33</b> Does the organization discriminate by race in any way with respect to:  |            |     |    |
| <b>a</b> Students' rights or privileges?  | <b>33a</b> |     |    |
| <b>b</b> Admissions policies?   | <b>33b</b> |     |    |
| <b>c</b> Employment of faculty or administrative staff?   | <b>33c</b> |     |    |
| <b>d</b> Scholarships or other financial assistance?  | <b>33d</b> |     |    |
| <b>e</b> Educational policies?  | <b>33e</b> |     |    |
| <b>f</b> Use of facilities?   | <b>33f</b> |     |    |
| <b>g</b> Athletic programs?   | <b>33g</b> |     |    |
| <b>h</b> Other extracurricular activities?<br>If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)   | <b>33h</b> |     |    |
| <hr/> <hr/>   |            |     |    |
| <b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?   | <b>34a</b> |     |    |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either 34a or b, please explain using an attached statement.  | <b>34b</b> |     |    |
| <b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.  | <b>35</b>  |     |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred) |   | (a)<br>Affiliated group<br>totals | (b)<br>To be completed for ALL<br>electing organizations |
|--|---|-----------------------------------|--|
|  | <b>36</b>   | N/A                               |  |
| <b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)            | <b>36</b>   |                                   |  |
| <b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)            | <b>37</b>   |                                   |  |
| <b>38</b> Total lobbying expenditures (add lines 36 and 37)  | <b>38</b>   |                                   |  |
| <b>39</b> Other exempt purpose expenditures  | <b>39</b>   |                                   |  |
| <b>40</b> Total exempt purpose expenditures (add lines 38 and 39)                                  | <b>40</b>   |                                   |  |
| <b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -                  |   |                                   |  |
| If the amount on line 40 is -  | The lobbying nontaxable amount is -               |                                   |  |
| Not over \$500,000   | 20% of the amount on line 40                      |                                   |  |
| 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                                       |                                   |  |
| <b>42</b> Grassroots nontaxable amount (enter 25% of line 41)                                      | <b>42</b>   |                                   |  |
| <b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36                 | <b>43</b>   |                                   |  |
| <b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38                 | <b>44</b>   |                                   |  |

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**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 45 through 50 on page 11 of the instructions.)

| Calendar year (or fiscal year beginning in)              | Lobbying Expenditures During 4-Year Averaging Period |             |             |             | N/A          |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2001  | (b)<br>2000 | (c)<br>1999 | (d)<br>1998 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount                     |  |             |             |             | 0.           |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |  |             |             |             | 0.           |
| <b>47</b> Total lobbying expenditures                    |  |             |             |             | 0.           |
| <b>48</b> Grassroots nontaxable amount                   |  |             |             |             | 0.           |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) |  |             |             |             | 0.           |
| <b>50</b> Grassroots lobbying expenditures               |  |             |             |             | 0.           |

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Volunteers  |     |    |        |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h)   |     |    |        |
| <b>c</b> Media advertisements  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  |     |    |        |
| <b>i</b> Total lobbying expenditures (Add lines c through h)   |     |    | 0.     |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number

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 box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

|   |   |
|---|---|
| Name of organization<br><b>VIETNAM VETERANS MEMORIAL FUND, INC.</b> | Employer identification number<br><b>52-1149668</b> |
|---|---|

**Part I Contributors** (See Specific Instructions)

| (a)<br>No | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|-----------|----------------------------------|--------------------------------|---|
| <u>1</u>  |                                  | \$ <u>5,000.</u>               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| <u>2</u>  |                                  | \$ <u>20,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| <u>3</u>  |                                  | \$ <u>100,000.</u>             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| <u>4</u>  |                                  | \$ <u>31,250.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| <u>5</u>  |                                  | \$ <u>5,000.</u>               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| <u>6</u>  |                                  | \$ <u>112,045.</u>             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |

|   |   |
|---|---|
| Name of organization<br><b>VIETNAM VETERANS MEMORIAL FUND, INC.</b> | Employer identification number<br><b>52-1149668</b> |
|---|---|

**Part I Contributors** (See Specific Instructions)

| (a)<br>No | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|-----------|----------------------------------|--------------------------------|---|
| 7         |                                  | \$ 10,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 8         |                                  | \$ 7,272.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 9         |                                  | \$ 5,000.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 10        |                                  | \$ 36,615.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 11        |                                  | \$ 50,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 12        |                                  | \$ 25,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |

|   |   |
|---|---|
| Name of organization<br><b>VIETNAM VETERANS MEMORIAL FUND, INC.</b> | Employer identification number<br><b>52-1149668</b> |
|---|---|

**Part I Contributors** (See Specific Instructions)

| (a)<br>No | (b) | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|-----------|-----|--------------------------------|---|
| 13        |     | \$ <u>5,000.</u>               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 14        |     | \$ <u>15,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 15        |     | \$ <u>10,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 16        |     | \$ <u>10,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 17        |     | \$ <u>30,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 18        |     | \$ <u>50,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |



Name of organization

Employer identification number

VIETNAM VETERANS MEMORIAL FUND, INC.

52-1149668

**Part I Contributors** (See Specific Instructions)

| (a)<br>No | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|-----------|----------------------------------|--------------------------------|---|
| 19        |                                  | \$ 5,000.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 20        |                                  | \$ 20,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 21        |                                  | \$ 8,604.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 22        |                                  | \$ 25,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 23        |                                  | \$ 5,000.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| 24        |                                  | \$ 125,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |

Name of organization

Employer identification number

VIETNAM VETERANS MEMORIAL FUND, INC.

52-1149668

**Part I Contributors** (See Specific Instructions)

| (a)<br>No  | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|------------|----------------------------------|--------------------------------|---|
| 25         |                                  | \$ 10,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| (a)<br>No  |                                  | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
| 26         |                                  | \$ 10,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
| (a)<br>No  | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|            |                                  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
| (a)<br>No  | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|            |                                  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
| (a)<br>No. | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|            |                                  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
| (a)<br>No  | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|            |                                  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |

| Asset No | Description             | Date Acquired | Method | Life  | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis - ITC, 179, Salvage | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|----------|-------------------------|---------------|--------|-------|---------|--------------------------|------------|--|------------------------|--------------------------|-----------------|------------------------|
| 1        | TRAVELING WALL          | VARIESSL      |        | 10.00 | 16      | 267,190.                 |            |  | 267,190.               | 86,373.                  |                 | 34,005.                |
| 2        | FURNITURE AND EQUIPMENT | VARIESSL      |        | 3.00  | 16      | 132,492.                 |            |  | 132,492.               | 87,495.                  |                 | 23,420.                |
| 3        | TRAILER EXHIBIT         | VARIESSL      |        | 10.00 | 16      | 302,918.                 |            |  | 302,918.               | 43,033.                  |                 | 29,106.                |
| 4        | DELL COMPUTER           | 061501SL      |        | 3.00  | 16      | 1,202.                   |            |  | 1,202.                 |                          |                 | 200.                   |
| 5        | SERIES 5MXMULBERRY      | 122601SL      |        | 3.00  | 16      | 564.                     |            |  | 564.                   |                          |                 | 0.                     |
| 6        | UNDERGROUND MUSEUM      | VARIESL       |        |       |         | 4,785.                   |            |  | 4,785.                 |                          |                 | 0.                     |
|          | * TOTAL 990 PAGE 2 DEPR |               |        |       |         | 709,151.                 |            | 0.                                     | 709,151.               | 216,901.                 | 0.              | 86,731.                |

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

| DESCRIPTION                 | GROSS<br>SALES PRICE | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE | NET GAIN<br>OR (LOSS) |
|-----------------------------|----------------------|------------------------|--------------------|-----------------------|
| MERRILL LYNCH               | 2,347,955.           | 3,392,203.             | 0.                 | -1,044,248.           |
| TO FORM 990, PART I, LINE 8 | 2,347,955.           | 3,392,203.             | 0.                 | -1,044,248.           |

|          |  |           |   |
|----------|--|-----------|---|
| FORM 990 | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT | 2 |
|----------|--|-----------|---|

| DESCRIPTION   | AMOUNT   |
|---|----------|
| UNREALIZED LOSS FROM INVESTMENTS, BOOK/TAX DIFFERENCE | -88,756. |
| TOTAL TO FORM 990, PART I, LINE 20                    | -88,756. |

FORM 990

OTHER EXPENSES

STATEMENT 3

| DESCRIPTION                 | (A)<br>TOTAL | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>AND GENERAL | (D)<br>FUNDRAISING |
|-----------------------------|--------------|----------------------------|----------------------------------|--------------------|
| CONSULTING                  | 364,549.     | 312,577.                   | 10,289.                          | 41,683.            |
| LIST RENTALS                | 187,429.     | 98,126.                    |                                  | 89,303.            |
| INSURANCE                   | 89,759.      | 62,599.                    | 22,645.                          | 4,515.             |
| MISCELLANEOUS               | 243,535.     | 135,730.                   | 28,888.                          | 78,917.            |
| CAGING                      | 94,801.      |                            | 94,801.                          |                    |
| ADMINISTRATIVE<br>SERVICES  | 14,076.      | 8,280.                     | 5,744.                           | 52.                |
| BAD DEBT                    | 70,000.      |                            | 70,000.                          |                    |
| STATE FILINGS               | 14,601.      |                            | 14,601.                          |                    |
| SPECIAL EVENTS              | 32,998.      | 32,998.                    |                                  |                    |
| MAILHOUSE                   | 1,118,244.   | 591,735.                   |                                  | 526,509.           |
| REPAIRS AND<br>MAINTENANCE  | 92,293.      | 90,438.                    | 1,855.                           |                    |
| PHOTOS                      | 11,241.      | 11,161.                    | 80.                              |                    |
| NAME ADDITIONS              | 17,788.      | 17,788.                    |                                  |                    |
| MEALS AND<br>ENTERTAINMENT  | 51,176.      | 38,549.                    | 11,253.                          | 1,374.             |
| GASOLINE                    | 5,005.       | 5,005.                     |                                  |                    |
| COMPUTER SERVICES           | 167,513.     | 126,248.                   | 33,386.                          | 7,879.             |
| VIRTUAL WALL WEBSITE        | 850,000.     | 850,000.                   |                                  |                    |
| GRANTS AND<br>CONTRIBUTIONS | 74,059.      | 74,059.                    |                                  |                    |
| BOOKKEEPING                 | 14,823.      |                            | 14,823.                          |                    |
| PROMOTIONAL ITEMS           | 20,449.      | 10,569.                    |                                  | 9,880.             |
| PLAQUE DESIGN               | 32,501.      | 32,501.                    |                                  |                    |
| TOTAL TO FM 990, LN 43      | 3,566,840.   | 2,498,363.                 | 308,365.                         | 760,112.           |

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      4  
PART III

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EXPLANATION

EDUCATION AND PROMOTION OF THE MEMORIAL - PRESERVE THE LEGACY OF THE VIETNAM VETERANS MEMORIAL, TO EDUCATE AND TO PROMOTE HEALING FROM THE EFFECTS OF THE VIETNAM WAR.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE THREE

MEMORIAL LEGACY: DISBURSEMENTS FOR COSTS  
INTENDED TO SEEK VISITATION OF THE MEMORIAL BY THE PUBLIC;  
SEEK PARTICIPATION OF THE GENERAL PUBLIC IN THE  
MEMORIAL NATIONAL CEREMONIES; DEVELOPMENT AND OPERATION OF  
THE VIRTUAL WALL WEBSITE.

TO FORM 990, PART III, LINE C

GRANTS

EXPENSES

2,890,593.



FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE FOUR

THE TRAVELING WALL, "THE WALL THAT HEALS", IS A HALF-SCALE REPLICA OF THE VIETNAM VETERANS MEMORIAL. THE TRAVELING WALL VISITS TOWNS AND CITIES ACROSS AMERICA TO BRING THE HEALING POWER OF THE VIETNAM VETERANS MEMORIAL TO PEOPLE WHO HAVE NOT HAD AN OPPORTUNITY TO TRAVEL TO WASHINGTON, D.C.

TO FORM 990, PART III, LINE D

GRANTS

EXPENSES

352,878.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 7

| DESCRIPTION                         | GRANTS AND ALLOCATIONS | EXPENSES |
|-------------------------------------|------------------------|----------|
| PROJECT RENEW                       |                        | 215,228. |
| TOTAL TO FORM 990, PART III, LINE E |                        | 215,228. |

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 8

| SECURITY DESCRIPTION | CORPORATE STOCKS | CORPORATE BONDS | OTHER PUBLICLY TRADED SECURITIES | OTHER SECURITIES | TOTAL NON-GOV'T SECURITIES |
|----------------------|------------------|-----------------|----------------------------------|------------------|----------------------------|
| CORPORATE BONDS      |                  | 944,879.        |                                  |                  | 944,879.                   |
| CORPORATE STOCK      | 2,522,580.       |                 |                                  |                  | 2,522,580.                 |
| MUTUAL FUNDS         |                  |                 |                                  | 3,561,550.       | 3,561,550.                 |
| TO 990, LN 54 COL B  | 2,522,580.       | 944,879.        |                                  | 3,561,550.       | 7,029,009.                 |

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**FORM 990**      **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT**      **STATEMENT**      **9**


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| DESCRIPTION                              | COST OR<br>OTHER BASIS | ACCUMULATED<br>DEPRECIATION | BOOK VALUE      |
|--|------------------------|-----------------------------|-----------------|
| TRAVELING WALL                           | 267,190.               | 120,378.                    | 146,812.        |
| FURNITURE AND EQUIPMENT                  | 132,492.               | 110,915.                    | 21,577.         |
| TRAILER EXHIBIT                          | 302,918.               | 72,139.                     | 230,779.        |
| DELL COMPUTER                            | 1,202.                 | 200.                        | 1,002.          |
| SERIES 5MXMULBERRY                       | 564.                   | 0.                          | 564.            |
| UNDERGROUND MUSEUM                       | 4,785.                 | 0.                          | 4,785.          |
| <b>TOTAL TO FORM 990, PART IV, LN 57</b> | <b>709,151.</b>        | <b>303,632.</b>             | <b>405,519.</b> |

FORM 990

OTHER ASSETS

STATEMENT 10

DESCRIPTION

AMOUNT

INTEREST RECEIVABLE  
DEPOSITS AND OTHER  
OTHER

11,152.  
15,647.  
3,897.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

30,696.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH  
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,  
CREATORS, KEY EMPLOYEES, ETC.,  
PART III, LINE 2

STATEMENT 11

THE FUND RETAINS THE CERTIFIED PUBLIC ACCOUNTING FIRM OF FRANK & COMPANY, P.C. TO PROVIDE ACCOUNTING, TAX, BOOKKEEPING AND ADMINISTRATIVE CONSULTING SERVICES. A SHAREHOLDER IN THE FRIM FUNCTIONS AS THE FUND'S TREASURER. THE FUND PAYS FEES TO AND REIMBURSES EXPENSES OF THE FIRM PURSUANT TO POLICIES ESTABLISHED BY THE FUND'S BOARD OF DIRECTORS. THE FUND REIMBURSES OUT-OF-POCKET EXPENSE OF THE OFFICERS AND DIRECTORS WHEN THEY ARE ACTING ON BEHALF AND FULFILLING THEIR RESPONSIBILITIES TO THE FUND.

Vietnam Veterans Memorial Fund, Inc

52-1149668

Page 5, Part VI, Line 90

List of States where Form 990 is filed

California  
Connecticut  
District of Columbia  
Florida  
Hawaii  
Illinois  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Nebraska  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
Oklahoma  
Oregon  
Pennsylvania  
Tennessee  
Virginia  
West Virginia  
Wisconsin

Statement 12

## VIETNAM VETERANS MEMORIAL FUND, INC

December 31, 2001

Federal Form 990

### GENERAL

Vietnam Veterans Memorial Fund, Inc (VVMF) was founded in 1979 to erect and maintain a national memorial in Washington, D C honoring those who served with the U S Armed Forces in the Vietnam War and to help educate the public about the sacrifices rendered and aid the reconciliation of our country after the war

During the year ending December 31, 2001, VVMF focused on specific areas

- Educating the public about the Vietnam Veterans Memorial, the sacrifices of veterans and the need for societal reconciliation after the divisive Vietnam War In addition, VVMF seeks participation from the public in programs sponsored by our organization
- Continued maintenance of The Wall and support of the volunteers who provide millions of visitors annually with information about the Vietnam War and the effort to build the Memorial and assisting visitors with locating friends and loved ones on The Wall
- Management of *The Wall That Heals* exhibition to communities throughout the United States
- Development of a digital legacy program that allows the public to view a digital version of The Wall through the Internet and leave messages about loved ones
- Annual ceremonies held on Memorial and Veteran Day

### EDUCATING THE PUBLIC

Vietnam veteran Senators Chuck Hagel (R-NE), Max Cleland (D-GA) and Chuck Robb (D-VA) JOINED Memorial Fund President Jan Scruggs on September 21, 2000 to announce legislation providing for the construction of an Education Center at the Vietnam Veterans Memorial The structure would feature interactive displays about the history of the Vietnam War, the efforts to build the Memorial, and the Memorial's legacy, it would provide a historical context for the Memorial's visitors, particularly young people

In October 2000, the Memorial Fund introduced *Echoes From The Mall A Teacher's Guide to the Vietnam Veterans and the Korean War Veterans Memorials on the National Mall* This guide is intended to help teachers - who often lack knowledge about the context and history of the Vietnam and Korean Wars - interpret these two Memorials for their students A wide variety



of suggested activities offer K-12 educators a framework for exploring the Memorials and for teaching students that history is a chain of events

In fall 2000, the Memorial Fund developed a traveling story board exhibit for schools and other educational institutions to help teach about the Vietnam War era. The display, titled *The Legacy Of The Wall*, addresses several different aspects of the Vietnam War and the Memorial, including American involvement in Vietnam, events on the homefront, the history of The Wall, and how America honors veterans

## MAINTAINING THE WALL

While the National Park Service provides daily maintenance, grounds keeping and security for the Memorial, VVMF takes responsibility for major repairs and special maintenance, such as adding names and purchasing extra granite

VVMF provides free name rubbings to the public and financial support to the volunteer guides at the Memorial. VVMF also contributes monies to help provide much needed equipment and supplies for The Wall (i.e., specially supplied outdoor illuminating lamps and covers for the directory holders), and for the NPS Museum and Archeological Regional Storage, which collects and categorizes the many mementos left at the Memorial. We also finance commercial insurance on The Wall and the Three Servicemen statue

## CEREMONIES

VVMF takes great pride in the ceremonies it co-sponsors with the NPS on Memorial and Veterans Day. Thousands of people from all across the country attend these events annually. These ceremonies are widely covered by the Washington, D.C. and national media

## THE WALL THAT HEALS

On Veterans Day, 1996, the Memorial Fund inaugurated a half-scale replica of the Vietnam Veterans Memorial designed to travel to destinations nationwide. Bringing the Wall home to communities throughout our country allows the souls enshrined on the Memorial to exist, once more, among family and friends in the peace and comfort of familiar surroundings

The success of the traveling Memorial inspired plans for the addition of *The Wall That Heals* traveling museum, providing a comprehensive educational component to enrich and complete visitors' experiences. *The Wall That Heals* traveling museum profiles the Vietnam War and the unique healing power of the Vietnam Veterans Memorial and educates visitors through the range of voices of many Americans

During its fifth year of operation, *The Wall That Heals* was visited by nearly 500,000 people in 30 cities in 2000

## DIGITAL LEGACY

The Memorial Fund web site ([www.vvmf.org](http://www.vvmf.org)) received a facelift in July 2000, combining information about the Memorial and the Memorial Fund with historical pictures chronicling the organization's two decades of service. In addition, VVMF opened the Memorial Fund Marketplace, which allows visitors to purchase mementos of the Memorial and give donations online.

The virtual Wall ([www.thevirtualwall.org](http://www.thevirtualwall.org)), which marked its third year of existence on November 10, 2001, is a site that allows visitors to search for names on The Wall as leave text, photographic, and audio remembrances. Visitors may also view digital replicas of the black granite Memorial and print electronic name rubbings.

## PROMOTING WALL

VVMF actively works to place stories about the Memorial and VVMF in the media. The organization issues press releases to the national and local media about newsworthy developments of the Memorial or VVMF.

Press conferences and interviews with spokespersons are scheduled as requested by the media.

## INTERNATIONAL HUMANITARIAN EFFORT

VVMF has a landmine awareness effort in the Quang Tri province of Vietnam which has significantly reduced casualties from landmines and unexploded ordnance left from the war. The program relies on television advertising and awareness programs for youngsters in schools to help modify the behaviors which result in injuries and deaths. We also provide first aid supplies and training for the rural communes in the province.

VVMF also built a library in an economically disadvantaged area of Vietnam for the public in Quang Tri City.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

|  |  |                                |
|--|--|--------------------------------|
| Type or print  | Name of Exempt Organization  | Employer identification number |
|  | VIETNAM VETERANS MEMORIAL FUND, INC.   | 52-1149668                     |
| File by the due date for filing your return See instructions | Number, street, and room or suite no. If a P O box, see instructions                   |                                |
|  | 1023 15TH STREET, N.W. SECOND FLOOR  |                                |
|  | City, town or post office, state, and ZIP code For a foreign address, see instructions |                                |
|  | WASHINGTON, DC 20005   |                                |

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990 T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- 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 will cover

1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until AUGUST 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year 2001 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990 BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

### 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 Margaret S. Park Title CPA Date 4/18/02

LHA For Paperwork Reduction Act Notice, see instruction