

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning **OCT 1, 2016** and ending **SEP 30, 2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>VIETNAM VETERANS MEMORIAL FUND, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1235 S CLARK ST 910</b> City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22202</b> <b>F</b> Name and address of principal officer: <b>JIM KNOTTS</b> <b>1235 SOUTH CLARK STREET, SUITE 910, ARLINGTO</b>	<b>D</b> Employer identification number <b>52-1149668</b> <b>E</b> Telephone number <b>202-393-0090</b> <b>G</b> Gross receipts \$ <b>17,573,611.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.VVMF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1979</b> <b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO HONOR AND PRESERVE THE LEGACY OF SERVICE AND EDUCATE ALL GENERATIONS ABOUT THE IMPACT OF THE</b>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> <b>8</b>																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> <b>8</b>																								
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) .....	<b>5</b> <b>25</b>																								
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> <b>0</b>																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> <b>0.</b>																								
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b> <b>0.</b>																								
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">11,127,473.</td> <td align="right">16,502,382.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">206,325.</td> <td align="right">274,000.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">417,825.</td> <td align="right">425,635.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">141,539.</td> <td align="right">247,318.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">11,893,162.</td> <td align="right">17,449,335.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	11,127,473.	16,502,382.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	206,325.	274,000.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	417,825.	425,635.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	141,539.	247,318.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	11,893,162.	17,449,335.						
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**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.

<b>Sign Here</b>	Signature of officer: <i>Christopher J. Knotts</i>	Date: <b>4/25/2018</b>
	<b>JIM KNOTTS, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOAN M.RENNER CPA</b>	Preparer's signature <b>JOAN M.RENNER CPA</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00456765</b>
	Firm's name ▶ <b>RENNER AND COMPANY, CPA, P.C</b>	Firm's EIN ▶ <b>54-1498950</b>			
	Firm's address ▶ <b>700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314</b>	Phone no. <b>703-535-1200</b>			

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO HONOR AND PRESERVE THE LEGACY OF SERVICE AND EDUCATE ALL GENERATIONS ABOUT THE IMPACT OF THE VIETNAM WAR.

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 \$ 4,045,321. 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 WALL OF FACES, THAT ALLOWS FAMILIES, FRIENDS AND VETERANS TO POST REMEMBRANCES OF 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. 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 DISPLAYED IN THE EDUCATION CENTER.

4b (Code: ) (Expenses \$ 469,925. including grants of \$ ) (Revenue \$ ) 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.

4c (Code: ) (Expenses \$ 672,024. including grants of \$ ) (Revenue \$ 274,000.) THE ORGANIZATION PROMOTES HEALING AND PROVIDES EDUCATION ABOUT THE IMPACT OF THE VIETNAM WAR THROUGH ITS TRAVELING MOBILE EXHIBIT 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 WALL THAT HEALS AND THE TRAVELING MUSEUM AND INFORMATION CENTER TO 35 LOCATIONS IN THE UNITED STATES AND BROUGHT THE MUSEUM COMPONENT TO TWO

4d Other program services (Describe in Schedule O.) (Expenses \$ 579,965. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,767,235.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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> .....		X
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</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 and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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	
<b>18</b> 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
<b>19</b> 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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, 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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> 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 or note to any line in this Part V

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes data for lines 1a (30), 1b (0), 2a (25), 2b (X), 3a (X), 4a (X), 5a (X), 5b (X), 6a (X), 7a (X), 7c (X), 7e (X), 7f (X), 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 13a, 13b, 13c, 14a (X), 14b.

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and 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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 202-393-0090**  
**1235 S CLARK STREET, SUITE 910, ARLINGTON, VA 22202**

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

Check if Schedule O contains a response or note to any line 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 (list any hours for related organizations below line)	(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) JOHN C. DIBBLE CHAIRMAN	1.00	X		X				0.	0.	0.
(2) HARRY G. ROBINSON III, FAIA, AI DIRECTOR	1.00	X						0.	0.	0.
(3) JOHN O. WOODS JR. TREASURER	1.00	X		X				0.	0.	0.
(4) JANIS NARK DIRECTOR	1.00	X						0.	0.	0.
(5) MICHAEL J. NARDOTTI, JR. DIRECTOR	1.00	X						0.	0.	0.
(6) ALAN BUCKELEW DIRECTOR	1.00	X						0.	0.	0.
(7) WILLIAM F. MURDY DIRECTOR	1.00	X						0.	0.	0.
(8) ROBERT M KIMMITT DIRECTOR	1.00	X						0.	0.	0.
(9) JIM KNOTTS PRESIDENT, CEO & COO	40.00			X				242,055.	0.	30,483.
(10) VIKTORAS ZIKAS CHIEF DEVELOPMENT OFFICER	40.00					X		174,700.	0.	26,750.
(11) LEE ALLEN FORMER COO UNTIL 11/1/16	40.00					X		151,481.	0.	15,288.
(12) JAN C. SCRUGGS FOUNDER AND PRESIDENT EMERITUS	0.00						X	45,357.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
<b>1b Sub-total</b>							613,593.	0.	72,521.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							613,593.	0.	72,521.	

**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 **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> 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	
<b>5</b> 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. 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
ROBBINSKERSTEN DIRECT, LLC, 201 SUMMER STREET, PO BOX 5838, HOLLISTON, MA 01746	DIRECT MAIL CONSULTING	361,584.
COMMUNITY COUNSELING SERVICE CO, LLC P.O BOX 824885, PHILADELPHIA, PA 19182	CONSULTING	170,000.
RENNER AND COMPANY, CPA'S PA, 700 NORTH FAIRFAX STREET, ALEXANDRIA, VA 22314	ACCOUNTING SERVICES	166,188.
DATA MANAGEMENT, INC., 160 STONE STREET, PO BOX 2, STONEVILLE, NC 27048	MANAGEMENT OF DIRECT MAIL DATA	151,380.
DIRECT MAIL PROCESSORS 1150 CONRAD COURT, HAGERSTOWN, MD 21740	CAGING SERVICES	127,481.

**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 **5**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 1,990.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 16,500,392.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....		16,502,382.			
<b>Program Service Revenue</b>	<b>2 a</b> SITE FEES-THE WALL THAT HEALS .....	<b>Business Code</b> 900099	274,000.	274,000.		
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		274,000.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		424,653.		424,653.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....		247,318.		247,318.	
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....		982.		982.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....				
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....					
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....					
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> .....						
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....					
<b>12 Total revenue.</b> See instructions. ....		17,449,335.	274,000.	0.	672,953.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	276,273.	187,866.	27,627.	60,780.
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	1,118,075.	756,842.	117,341.	243,892.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,682.		47,682.	
9 Other employee benefits	217,275.		217,275.	
10 Payroll taxes	86,031.	55,758.	9,205.	21,068.
11 Fees for services (non-employees):				
a Management				
b Legal	14,508.	12,458.	2,050.	
c Accounting	280,396.		280,396.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	361,584.			361,584.
f Investment management fees	133,324.		133,324.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	225,469.	96,265.	114,204.	15,000.
12 Advertising and promotion				
13 Office expenses	189,857.	120,836.	61,789.	7,232.
14 Information technology	124,657.	95,935.	10,114.	18,608.
15 Royalties				
16 Occupancy	181,679.	18,592.	163,087.	
17 Travel	221,404.	176,868.	4,620.	39,916.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,684.	26,188.	1,271.	4,225.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	636,183.	620,981.	15,202.	
23 Insurance	38,084.	102.	37,982.	
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 <b>LICENSES AND REGISTRATI</b>	52,094.	30,550.	20,881.	663.
b <b>DIRECT MAIL AND DIGITAL</b>	3,159,647.	2,619,634.		540,013.
c <b>CAGING SERVICES</b>	167,769.			167,769.
d <b>PROMOTIONAL ITEMS</b>	106,917.	106,917.	0.	0.
e All other expenses	139,084.	841,443.	-844,655.	142,296.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,809,676.	5,767,235.	419,395.	1,623,046.
26 <b>Joint costs.</b> 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"/> if following SOP 98-2 (ASC 958-720)	3,521,231.	2,619,634.	0.	901,597.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	845,693.	<b>1</b>	542,309.
	<b>2</b> Savings and temporary cash investments .....	1,927,404.	<b>2</b>	3,808,457.
	<b>3</b> Pledges and grants receivable, net .....	5,842,188.	<b>3</b>	3,754,430.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	179,410.	<b>9</b>	211,478.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 597,431.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 528,488.		
	<b>11</b> Investments - publicly traded securities .....	371,638.	<b>10c</b>	68,943.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,915,515.	<b>11</b>	19,950,090.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	4,427,972.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	13,969,082.	<b>15</b>	8,449,374.	
	32,050,930.	<b>16</b>	41,213,053.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	897,427.	<b>17</b>	463,824.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	23,000.	<b>19</b>	39,110.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	482,506.	<b>25</b>	357,339.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,402,933.	<b>26</b>	860,273.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	15,601,068.	<b>27</b>	14,886,101.
	<b>28</b> Temporarily restricted net assets .....	14,846,929.	<b>28</b>	25,266,679.
	<b>29</b> Permanently restricted net assets .....	200,000.	<b>29</b>	200,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	30,647,997.	<b>33</b>	40,352,780.	
<b>34</b> Total liabilities and net assets/fund balances .....	32,050,930.	<b>34</b>	41,213,053.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,449,335.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,809,676.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,639,659.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	30,647,997.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,186,721.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-1,121,597.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	40,352,780.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	X	
<b>c</b>	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	
<b>3a</b>	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>b</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		

Form 990 (2016)



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9155056.	4941910.	8368454.	11127473.	16502382.	50095275.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9155056.	4941910.	8368454.	11127473.	16502382.	50095275.
<b>5</b> 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) .....						13985278.
<b>6 Public support.</b> Subtract line 5 from line 4.						36109997.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	9155056.	4941910.	8368454.	11127473.	16502382.	50095275.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	393,696.	135,878.	376,555.	755,201.	671,971.	2333301.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						52428576.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	630,589.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	68.87 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	81.78 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			



**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the 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 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

Name of organization  <b>VIETNAM VETERANS MEMORIAL FUND, INC.</b>	Employer identification number  <b>52-1149668</b>
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**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	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>VIETNAM VETERANS MEMORIAL FUND, INC.</b>	Employer identification number  <b>52-1149668</b>
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**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  <b>VIETNAM VETERANS MEMORIAL FUND, INC.</b>	Employer identification number  <b>52-1149668</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

Name of organization <b>VIETNAM VETERANS MEMORIAL FUND, INC.</b>	Employer identification number <b>52-1149668</b>
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**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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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) 2016

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	0.													
<b>d</b>	Other exempt purpose expenditures .....	7,508,579.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	7,508,579.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	525,429.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	131,357.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	480,136.	540,595.	521,657.	525,429.	2,067,817.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,101,726.
<b>c</b> Total lobbying expenditures	2,593.	7,317.			9,910.
<b>d</b> Grassroots nontaxable amount	120,034.	135,149.	130,414.	131,357.	516,954.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					775,431.
<b>f</b> Grassroots lobbying expenditures					

**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
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<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 similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on 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 a 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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

9 In Part XIII, 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" on 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 XIII, 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

**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 XIII.

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" on 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 XIII 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, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	3,099,204.	2,901,466.	5,293,778.	4,295,314.	4,195,495.
b Contributions	0.	850.		1,737,170.	60,000.
c Net investment earnings, gains, and losses	1,005,355.	397,537.	-197,432.	247,040.	113,400.
d Grants or scholarships					
e Other expenditures for facilities and programs	155,927.	200,649.	2,194,970.	985,749.	73,581.
f Administrative expenses					
g End of year balance	3,948,632.	3,099,204.	2,901,466.	5,293,778.	4,295,314.

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  5.07 %
- c Temporarily restricted endowment  94.93 %

The percentages on 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		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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				
d Equipment		510,284.	477,085.	33,199.
e Other		87,147.	51,403.	35,744.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				68,943.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	14,127.
(2) CONSTRUCTION IN PROGRESS - EDUCATION CENTER	8,435,247.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	8,449,374.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	216,473.
(3) DEFERRED COMPENSATION	140,866.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	357,339.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	21,613,975.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,186,721.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	3,111,243.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,297,964.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	17,316,011.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	133,324.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	133,324.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	17,449,335.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	10,787,595.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	3,111,243.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,111,243.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,676,352.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	133,324.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	133,324.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,809,676.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, 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 INCLUDING MAINTENANCE OF THE MEMORIAL AND EDUCATION PROGRAMS.

**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 PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE FUND HAD NO NET

**Part XIII** Supplemental Information (continued)

UNRELATED BUSINESS INCOME FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017.

MANAGEMENT EVALUATED THE FUND'S TAX POSITIONS AND CONCLUDED THAT THE FUND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.



**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" on Form 990, Part IV, line 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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" on 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 10 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			
ROBBINSKERSTEN DIRECT, LLC - 201 SUMMER STREET, HOLLISTON,	DIRECT MAIL CONSULTING		X	5,134,168.	361,584.	4,772,584.
<b>Total</b>				5,134,168.	361,584.	4,772,584.

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

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct 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 conduct 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 conducted 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.** 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 provide any additional information. See instructions

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

(I) NAME OF FUNDRAISER: ROBBINSKERSTEN DIRECT, LLC

(I) ADDRESS OF FUNDRAISER: 201 SUMMER STREET, HOLLISTON, MA 01746

**PART I, LINE 2B, COLUMN (V):**

**THE AGREEMENTS BETWEEN VVMF AND ROBBINSKERSTEN DIRECT, LLC PROVIDES FOR THE REIMBURSEMENT OF EXPENSES SEPARATE FROM THE PAYMENT OF FEES RELATED TO FUNDRAISING SERVICES. ROBBINSKERSTEN DIRECT, LLC LISTS THESE EXPENSES**

**Part IV** Supplemental Information (continued)

AS DIFFERENT LINE-ITEMS ON INVOICES TO DISTINGUISH THEM FROM FUNDRAISING SERVICE FEES.

PART IV LINE (V)

THE ORGANIZATION HAS CONTRACTED WITH ROBBINSKERSTEN DIRECT, LLC, A FUNDRAISING CONSULTANT FOR THE PURPOSE OF BUILDING AND CULTIVATING A QUALITY DONOR CONSTITUENCY AND OBTAINING FOR VIETNAM VETERANS MEMORIAL FUND, THE MAXIMUM POSSIBLE DIRECT RESPONSE GIFT FROM SUCH DONORS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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 on 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 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 (such as, 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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, but 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2016

**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 on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JIM KNOTTS PRESIDENT, CEO & COO	(i)	225,000.	16,875.	180.	12,103.	18,380.	272,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VIKTORAS ZIKAS CHIEF DEVELOPMENT OFFICER	(i)	174,592.	0.	108.	8,735.	18,015.	201,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LEE ALLEN FORMER COO UNTIL 11/1/16	(i)	151,334.	0.	147.	5,836.	9,452.	166,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAN C. SCRUGGS FOUNDER AND PRESIDENT EMERITUS	(i)	45,357.	0.	0.	0.	0.	45,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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.

## SCHEDULE J, PART 1, 4B

EXPLANATION: IN RECOGNITION OF THEIR SERVICES TO VVMF, THE ORGANIZATION

MAKES CONTRIBUTIONS TO SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS: 457

(F) ON BEHALF OF VVMF'S FOUNDER AND FORMER PRESIDENT, JAN SCRUGGS.

FORMER PRESIDENT/CEO JAN SCRUGGS, SEPARATED FROM THE ORGANIZATION

EFFECTIVE JUNE 2015.

MR. SCRUGGS RECEIVED COMPENSATION FOR THE 2016 CALENDAR YEAR RELATED TO

THE 457 (F) PLAN IN THE AMOUNT OF \$45,357.

FORMER COO, LEE ALLEN, SEPARATED FROM THE ORGANIZATION EFFECTIVE

NOVEMBER 2016.

## SCHEDULE J, PART 11 (A)

THE EXECUTIVE COMMITTEE REVIEWS THE EMPLOYMENT TERMS AND SALARY

REQUIREMENTS BASED ON SALARY COMPARISON DATA AND CONTEMPORANEOUS

DOCUMENTATION OF THE DECISION IS MADE BY THE COMMITTEE FOR THE

PRESIDENT/CEO.

THE EXECUTIVE COMMITTEE ALSO APPROVES SALARY REQUIREMENTS OF OTHER

**Part III Supplemental Information**

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.

STAFF OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE MAKES RECOMMENDATIONS TO THE FULL BOARD RELATED TO EXECUTIVE COMPENSATION. THE COMPENSATION PHILOSOPHY OF THE BOARD IS TO PAY AT MARKET RATE FOR BASE SALARY, OFFER COMPETITIVE BENEFITS AS COMPARED TO SIMILAR NONPROFITS, AND TO REWARD EXEMPLARY PERFORMANCE WITH BONUSES BASED ON THE ANNUAL PERFORMANCE REVIEW.

SINCE 2014, THE STAFF HAS BEEN REDUCED BY 1/3. THE PRESIDENT AND CEO HAS ASSUMED RESPONSIBILITIES FOR REQUIRED DUTIES FROM SEVERAL OF THESE POSITIONS. IN ADDITION TO HIS PRIMARY DUTIES, THE PRESIDENT AND CEO CURRENTLY SERVES AS CHIEF OPERATING OFFICER, CHIEF INFORMATION OFFICER, DIRECTOR OF OPERATIONS, AND DIRECT OVERSEER OF THE OUTSOURCED CHIEF FINANCIAL OFFICER AND IN-HOUSE FINANCE STAFF. THE COST AVOIDANCE RELATED TO ASSUMPTION OF THESE ADDITIONAL POSITIONS IS WELL OVER \$300,000 ANNUALLY THAT THE ORGANIZATION IS NO LONGER PAYING IN PERSONNEL COSTS.



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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:

VIETNAM WAR.

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

ADDITIONAL LOCATIONS REACHING THOUSANDS OF VISITORS.

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

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, IN MEMORY PLAQUE, 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 90 MILLION PEOPLE, MAKING IT ONE OF THE MOST VISITED MEMORIALS ON THE NATIONAL MALL.

THIS YEAR 5.07 MILLION PEOPLE VISITED THE VIETNAM VETERANS MEMORIAL IN WASHINGTON D.C.

EXPENSES \$ 156,176. 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

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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

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 EDUCATION 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 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 \$ 199,301. 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. DURING FISCAL YEAR ENDED 9/30/17, THE ORGANIZATION'S CAPITAL EXPENDITURES RELATED TO THE DEVELOPMENT OF THE EDUCATION CENTER TOTALED \$225,800. EXPENSES \$ 224,488. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

A CPA FIRM PREPARES THE FORM 990 AND PROVIDES A DRAFT COPY TO THE CEO FOR REVIEW AND APPROVAL. THE FINANCE COMMITTEE AND MANAGEMENT REVIEW THE RETURN IN DETAIL. A CONFERENCE TAKES PLACE TO DISCUSS THE RETURN AND RESPOND TO

Name of the organization

VIETNAM VETERANS MEMORIAL FUND, INC.

Employer identification number

52-1149668

QUESTIONS. ANY NECESSARY REVISIONS ARE MADE AND THE REVISED DRAFT IS THEN SENT TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO THE 990 BEING ISSUED FINAL. THE CEO THEN APPROVES THE 990 FOR ASSEMBLY AND SIGNS THE FINAL FORM.

FORM 990, SCHEDULE A, PART II (SUPPORT SCHEDULE FOR ORGANIZATIONS)

P 569 87 27

FORM 990, PART VI, SECTION B LINE 12B

A FORMAL PROCESS IS IN PLACE TO IDENTIFY AND REVIEW POTENTIAL CONFLICTS OF INTEREST WITH A REQUIRED ANNUAL DISCLOSURE BY ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES. ANY POTENTIAL CONFLICTS ARE INVESTIGATED AND RESOLVED AS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 12C:

A FORMAL PROCESS IS IN PLACE TO IDENTIFY AND REVIEW POTENTIAL CONFLICTS OF INTEREST WITH A REQUIRED ANNUAL DISCLOSURE. ADDITIONALLY, AN INFORMAL PROCESS IS IN PLACE WHEREBY KEY EMPLOYEES VALIDATE ANY POTENTIAL CONFLICTS DURING THE INDEPENDENT AUDIT.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS THE EMPLOYMENT TERMS AND SALARY REQUIREMENTS BASED ON SALARY COMPARISON DATA AND CONTEMPORANEOUS DOCUMENTATION OF THE DECISION IS MADE BY THE COMMITTEE FOR THE PRESIDENT/CEO.

THE EXECUTIVE COMMITTEE ALSO APPROVES SALARY REQUIREMENTS OF OTHER STAFF OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE MAKES RECOMMENDATIONS TO THE FULL BOARD RELATED TO EXECUTIVE COMPENSATION.

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

THE COMPENSATION PHILOSOPHY OF THE BOARD IS TO PAY AT MARKET RATE FOR BASE SALARY, OFFER COMPETITIVE BENEFITS AS COMPARED TO SIMILAR NONPROFITS, AND TO REWARD EXEMPLARY PERFORMANCE WITH BONUSES BASED ON THE ANNUAL PERFORMANCE REVIEW.

SINCE 2014, THE STAFF HAS BEEN REDUCED BY 1/3. THE PRESIDENT AND CEO HAS ASSUMED RESPONSIBILITIES FOR REQUIRED DUTIES FROM SEVERAL OF THESE POSITIONS. IN ADDITION TO HIS PRIMARY DUTIES, THE PRESIDENT AND CEO CURRENTLY SERVES AS CHIEF OPERATING OFFICER, CHIEF INFORMATION OFFICER, DIRECTOR OF OPERATIONS, AND DIRECT OVERSEER OF THE OUTSOURCED CHIEF FINANCIAL OFFICER AND IN-HOUSE FINANCE STAFF. THE COST AVOIDANCE RELATED TO ASSUMPTION OF THESE ADDITIONAL POSITIONS IS WELL OVER \$300,000 ANNUALLY THAT THE ORGANIZATION IS NO LONGER PAYING IN PERSONNEL COSTS.

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, 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. FORM 990 AND 990-T (IF APPLICABLE) IS AVAILABLE ON THE VVMF WEBSITE, VVMF.ORG, ON GUIDESTAR.COM, AND ON THE WEBSITE OF THE BETTER BUSINESS BUREAU, WWW.BBB.ORG. FORM 1023 IS AVAILABLE UPON REQUEST FROM THE VVMF OFFICE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS SUCH AS GOVERNING DOCUMENTS, AND A COPY OF VVMF'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE VVMF OFFICE.

Name of the organization VIETNAM VETERANS MEMORIAL FUND, INC.	Employer identification number 52-1149668
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FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSIGHT OF THE ORGANIZATION'S AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.

2016 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 & FIXTURES														
237	TWTH TRAILER UPDATE	08/07/17	SL	3.00		16	2,556.				2,556.			142.	142.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						2,556.				2,556.	0.		142.	142.
	MACHINERY & EQUIPMENT														
236	TWTH ASSETS	07/01/17	SL	5.00		16	3,959.				3,959.			198.	198.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						3,959.				3,959.	0.		198.	198.
	PROGRAM SERVICES														
245	WALL OF FACES PROJECT	10/21/15		3M		HY43	12,893.				12,893.	3,939.		4,298.	8,237.
247	WALL OF FACES DESIGN AND CONTENT	09/30/15		120M		HY43	6,005,763.				6,005,763.	1,121,597.		590,849.	1,712,446.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						6,018,656.				6,018,656.	1,125,536.		595,147.	1,720,683.
	MANAGEMENT AND GENERAL OFFICE DESK - PL SERICES (REMAINING TWO)	02/26/13	SL	7.00		16	836.				836.	318.		239.	557.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						836.				836.	318.		239.	557.
	FURNITURE & EQUIPMENT														
	FURNITURE & FIXTURES														
121	(D)FURNITURE	07/31/09	SL	7.00		16	1,848.				1,848.	1,848.		0.	1,848.
159	(D)DESKS	05/01/10	SL	7.00		16	407.				407.	373.		34.	407.
160	FILE CABINET	05/08/10	SL	7.00		16	330.				330.	301.		29.	330.

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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
161	(D)CHAIRS	05/15/10	SL	7.00		16	455.				455.	417.		38.	455.
190	CARPET LIKE WALL REPLICA FOR CEREMONIES	03/01/12	SL	3.00		16	3,425.				3,425.	3,425.		0.	3,425.
193	(D)STEP & REPEAT - PICTURE BACK DROP	10/01/12	SL	3.00		16	1,136.				1,136.	1,136.		0.	1,136.
204	6 NEW CUBICLES	02/08/13	SL	7.00		16	11,537.				11,537.	6,043.		1,648.	7,691.
206	MAINROOM WORKSTATIONS	08/05/13	SL	7.00		16	22,859.				22,859.	10,342.		3,266.	13,608.
214	ADMIN WORKSTATIONS	08/01/13	SL	7.00		16	3,103.				3,103.	1,403.		443.	1,846.
215	FRONT OFFICE DESK	08/01/13	SL	7.00		16	913.				913.	412.		130.	542.
216	36" ROUND TABLE	08/01/13	SL	7.00		16	260.				260.	117.		37.	154.
217	MESH BLACK CHAIRS	08/01/13	SL	7.00		16	2,012.				2,012.	910.		287.	1,197.
218	EXECUTIVE CHAIR	08/01/13	SL	7.00		16	424.				424.	192.		61.	253.
219	GUEST CHAIRS (2)	10/01/13	SL	7.00		16	473.				473.	204.		63.	267.
221	CONFERENCE TABLE	02/26/13	SL	7.00		16	1,175.				1,175.	602.		168.	770.
222	(D)OFFICE L-DESK	02/26/13	SL	7.00		16	1,073.				1,073.	549.		141.	690.
223	(D)OFFICE DESK - PL SERICES	02/26/13	SL	7.00		16	1,671.				1,671.	856.		219.	1,075.
224	PRO-TASK MESH CHAIRS - BLACK	06/26/13	SL	7.00		16	2,711.				2,711.	1,258.		607.	1,865.
225	DAKOTA 7011 MESH CHAIRS - BLACK	02/26/13	SL	7.00		16	984.				984.	504.		141.	645.
226	EXECUTIVE DESK	04/01/14	SL	7.00		16	1,618.				1,618.	751.		867.	1,618.
227	EXECUTIVE CONFERENCE TABLE	04/01/14	SL	7.00		16	699.				699.	325.		374.	699.

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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
228	BLACK CHAIRS (6)	04/01/14	SL	7.00		16	1,160.				1,160.	539.		621.	1,160.
230	(D)DELL DESKTOP W/ 1 TB HDD, I7 PROCESSOR, 8 GIG RAM	04/03/14	SL	3.00		16	1,160.				1,160.	999.		161.	1,160.
231	EXECUTIVE DESK	10/07/14	SL	7.00		16	978.				978.	279.		140.	419.
232	HP ELITEBOOK 820 LAPTOP	10/02/14	SL	3.00		16	1,659.				1,659.	1,106.		553.	1,659.
233	EXECUTIVE FURNITURE	11/01/14	SL	7.00		16	4,832.				4,832.	1,323.		690.	2,013.
234	GEMMIS TECHNOLOGIES	10/14/15	SL	5.00		16	4,679.				4,679.	936.		936.	1,872.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						73,581.				73,581.	37,150.		11,654.	48,804.
	MACHINERY & EQUIPMENT														
123	(D)ADDITIONAL PHONES	10/21/09	SL	7.00		16	1,326.				1,326.	1,323.		3.	1,326.
185	4 HP DESKTOP COMPUTERS	01/12/12	SL	3.00		16	2,360.				2,360.	2,360.		0.	2,360.
186	(D)SERVER UPGRADE	01/18/12	SL	5.00		16	1,849.				1,849.	1,726.		123.	1,849.
187	PHONE SYSTEM UPGRADE - ADDITIONAL PHONES	03/19/12	SL	3.00		16	835.				835.	835.		0.	835.
188	(D)DELL LATITUDE LAPTOP	03/27/12	SL	3.00		16	1,369.				1,369.	1,369.		0.	1,369.
189	(D)DELL XP SLIM LINE LAPTOP	03/27/12	SL	3.00		16	1,799.				1,799.	1,799.		0.	1,799.
239	DELL POWEREDGE SERVER	10/01/14	SL	3.00		16	4,269.				4,269.	2,846.		1,423.	4,269.
240	RACK MOUNT UPS FOR DELL POWEREDGE SERVER	10/01/14	SL	3.00		16	800.				800.	533.		267.	800.
241	LAPTOP	01/29/16	SL	5.00		16	1,600.				1,600.	213.		320.	533.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						16,207.				16,207.	13,004.		2,136.	15,140.



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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
	OTHER														
209	(D)DELL LAPTOP - QUAD CORE PROCESSOR/GIG RAM AND 1TB	07/22/13	SL	3.00		16	1,140.				1,140.	1,140.		0.	1,140.
238	MSI COMPUTER	10/03/16	SL	5.00		16	1,799.				1,799.			360.	360.
	* 990 PAGE 10 TOTAL OTHER						2,939.				2,939.	1,140.		360.	1,500.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT						92,727.				92,727.	51,294.		14,150.	65,444.
	FURNITURE & EQUIPMENT - TRAVELING WALL														
	FURNITURE & FIXTURES														
243	TRAILER WRAP 2	02/16/16	SL	3.00		16	9,841.				9,841.	937.		2,294.	3,231.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						9,841.				9,841.	937.		2,294.	3,231.
	MACHINERY & EQUIPMENT														
244	TWTH TV SCREEN	08/01/16	SL	5.00		16	8,544.				8,544.	285.		1,220.	1,505.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						8,544.				8,544.	285.		1,220.	1,505.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT - TRAV						18,385.				18,385.	1,222.		3,514.	4,736.
	TENANT IMPROVEMENT														
	* 990 PAGE 10 TOTAL - TENANT IMPROVEMENT						0.				0.	0.		0.	0.
	TRAVELING WALL REPLICA														
	MACHINERY & EQUIPMENT														
136	NEW TRAVEL WALL REPLICA	11/10/05	SL	10.00		16	10,673.				10,673.	10,673.		0.	10,673.

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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
137	NEW TRAVEL WALL REPLICA	12/14/05	SL	10.00		16	6,800.				6,800.	6,800.		0.	6,800.
138	NEW TRAVEL WALL REPLICA	03/31/05	SL	10.00		16	39,154.				39,154.	35,238.		3,826.	39,064.
139	NEW TRAVEL WALL REPLICA	07/01/09	SL	10.00		16	23,778.				23,778.	17,240.		2,378.	19,618.
176	TRAVELING WALL PANELS X2	05/06/10	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
177	TRAVEL WALL PANEL	06/09/10	SL	5.00		16	873.				873.	873.		0.	873.
179	TWTH TRUCK PRINTER	10/08/10	SL	3.00		16	441.				441.	441.		0.	441.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						83,219.				83,219.	72,765.		6,204.	78,969.
	OTHER														
208	TENT FOR TWTH	04/02/13	SL	3.00		16	3,734.				3,734.	3,734.		0.	3,734.
	* 990 PAGE 10 TOTAL OTHER						3,734.				3,734.	3,734.		0.	3,734.
	* 990 PAGE 10 TOTAL - TRAVELING WALL REPLICA						86,953.				86,953.	76,499.		6,204.	82,703.
	TRAVELING WALL MUSEUM EXHIBIT														
	FURNITURE & FIXTURES														
242	TENT FOR TWTH IMPROVEMENTS	04/05/16	SL	3.00		16	2,550.				2,550.	496.		850.	1,346.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						2,550.				2,550.	496.		850.	1,346.
	MACHINERY & EQUIPMENT														
127	ORIGINAL EXP	04/01/08	SL	10.00		16	155,578.				155,578.	155,578.		0.	155,578.
129	FEATHERLITE TRAILER	01/31/01	SL	10.00		16	69,800.				69,800.	69,800.		0.	69,800.

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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
130	UPDATES TO TRAILER	06/30/08	SL	10.00		16	169,950.				169,950.	135,960.		16,995.	152,955.
201	TRAILER WRAP	03/14/14	SL	7.00		16	9,275.				9,275.	4,748.		4,527.	9,275.
235	TWTH DISPLAY UPGRADE	05/11/17	SL	5.00		16	95.				95.			8.	8.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						404,698.				404,698.	366,086.		21,530.	387,616.
	* 990 PAGE 10 TOTAL - TRAVELING WALL MUSEUM EXHIBIT WEBSITE						407,248.				407,248.	366,582.		22,380.	388,962.
	OTHER														
195	BTC MICROSITE	05/28/12		3M		HY43	60,000.				60,000.	60,000.		0.	60,000.
196	WALL APP FOR IPHONE	02/01/12		3M		HY43	4,710.				4,710.	4,710.		0.	4,710.
197	WALL APP FOR ANDROID	08/01/12		3M		HY43	8,545.				8,545.	8,545.		0.	8,545.
198	CALL FOR PHOTOS WEB APPLICATION	10/04/12		3M		HY43	11,400.				11,400.	11,400.		0.	11,400.
199	CALL FOR PHOTOS APP	11/06/12		3M		HY43	6,600.				6,600.	6,600.		0.	6,600.
200	CALL FOR PHOTOS APP	12/07/12		3M		HY43	3,060.				3,060.	3,060.		0.	3,060.
203	BLUE STATE DIGITAL	06/26/13		3M		HY43	94,998.				94,998.	94,998.		0.	94,998.
207	CORP ZEN - WEBSITE	06/26/13		3M		HY43	2,580.				2,580.	2,580.		0.	2,580.
210	CORP ZEN WEBSITE	06/30/13		3M		HY43	9,900.				9,900.	9,900.		0.	9,900.
	* 990 PAGE 10 TOTAL OTHER						201,793.				201,793.	201,793.		0.	201,793.
	* 990 PAGE 10 TOTAL - WEBSITE						201,793.				201,793.	201,793.		0.	201,793.

2016 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
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						6,833,113.				6,833,113.	1,823,244.		641,974.	2,465,218.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						6,824,704.			0.	6,824,704.	1,823,244.			2,464,510.
	ACQUISITIONS						8,409.			0.	8,409.	0.			708.
	DISPOSITIONS						15,233.			0.	15,233.	13,535.			14,254.
	ENDING BALANCE						6,817,880.			0.	6,817,880.	1,809,709.			2,450,964.
	ENDING ACCUM DEPR LESS DISPOSITIONS											2,450,964.			
	ENDING BOOK VALUE											4,366,916.			

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return <b>VIETNAM VETERANS MEMORIAL FUND, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>52-1149668</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,010,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	46,827.

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2016 .....	<b>17</b>	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> .....		

**Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	46,827.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2016 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2016 tax year 43 595,147.

44 Total. Add amounts in column (f). See the instructions for where to report 44 595,147.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>VIETNAM VETERANS MEMORIAL FUND, INC.</b>	<b>52-1149668</b>
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.	Social security number (SSN)
	<b>1235 S CLARK ST, NO. 910</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>ARLINGTON, VA 22202</b>	

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

**THE ORGANIZATION**

• The books are in the care of ▶ **1235 S CLARK STREET, SUITE 910 - ARLINGTON, VA 22202**  
 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.

**1** I request an automatic 6-month extension of time until **AUGUST 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2016**, and ending **SEP 30, 2017**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2016 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 & FIXTURES											
237	TWTH TRAILER UPDATE	080717	SL	3.00	16	2,556.			2,556.			142.
	* 990 PAGE 10 TOTAL					2,556.		0.	2,556.	0.		142.
	FURNITURE & FIXTURES											
	MACHINERY & EQUIPMENT											
236	TWTH ASSETS	070117	SL	5.00	16	3,959.			3,959.			198.
	* 990 PAGE 10 TOTAL					3,959.		0.	3,959.	0.		198.
	MACHINERY & EQUIPMENT											
	PROGRAM SERVICES											
	WALL OF FACES											
245	PROJECT	102115		3M	43	12,893.			12,893.	3,939.		4,298.
	WALL OF FACES											
247	DESIGN AND CONTENT	093015		120M	43	6005763.			6005763.	1121597.		590,849.
	* 990 PAGE 10 TOTAL											
	PROGRAM SERVICES					6018656.		0.	6018656.	1125536.		595,147.
	MANAGEMENT AND GENERAL											
	OFFICE DESK - PL											
246	SERVICES (REMAINING	022613	SL	7.00	16	836.			836.	318.		239.
	* 990 PAGE 10 TOTAL					836.		0.	836.	318.		239.
	MANAGEMENT AND GEN											
	FURNITURE & EQUIPMENT											
	FURNITURE & FIXTURES											
121	(D) FURNITURE	073109	SL	7.00	16	1,848.			1,848.	1,848.		0.
159	(D) DESKS	050110	SL	7.00	16	407.			407.	373.		34.
160	FILE CABINET	050810	SL	7.00	16	330.			330.	301.		29.



2016 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
161	(D)CHAIRS	051510	SL	7.00	16	455.			455.	417.		38.
190	CARPET LIKE WALL REPLIC REPLICA FOR CEREMON	030112	SL	3.00	16	3,425.			3,425.	3,425.		0.
193	(D)STEP & REPEAT - PICTURE BACK DROP	100112	SL	3.00	16	1,136.			1,136.	1,136.		0.
204	6 NEW CUBICLES MAINROOM	020813	SL	7.00	16	11,537.			11,537.	6,043.		1,648.
206	WORKSTATIONS	080513	SL	7.00	16	22,859.			22,859.	10,342.		3,266.
214	ADMIN WORKSTATIONS	080113	SL	7.00	16	3,103.			3,103.	1,403.		443.
215	FRONT OFFICE DESK	080113	SL	7.00	16	913.			913.	412.		130.
216	36" ROUND TABLE	080113	SL	7.00	16	260.			260.	117.		37.
217	MESH BLACK CHAIRS	080113	SL	7.00	16	2,012.			2,012.	910.		287.
218	EXECUTIVE CHAIR	080113	SL	7.00	16	424.			424.	192.		61.
219	GUEST CHAIRS (2)	100113	SL	7.00	16	473.			473.	204.		63.
221	CONFERENCE TABLE	022613	SL	7.00	16	1,175.			1,175.	602.		168.
222	(D)OFFICE L-DESK	022613	SL	7.00	16	1,073.			1,073.	549.		141.
223	(D)OFFICE DESK - PL SERICES	022613	SL	7.00	16	1,671.			1,671.	856.		219.
224	PRO-TASK MESH CHAIRS - BLACK	062613	SL	7.00	16	2,711.			2,711.	1,258.		607.
225	DAKOTA 7011 MESH CHAIRS - BLACK	022613	SL	7.00	16	984.			984.	504.		141.
226	EXECUTIVE DESK	040114	SL	7.00	16	1,618.			1,618.	751.		867.
227	EXECUTIVE CONFERENCE TABLE	040114	SL	7.00	16	699.			699.	325.		374.

2016 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
228	BLACK CHAIRS (6)	040114	SL	7.00	16	1,160.			1,160.	539.		621.
230	(D)DELL DESKTOP W/ 1 TB HDD, I7 PROCES	040314	SL	3.00	16	1,160.			1,160.	999.		161.
231	EXECUTIVE DESK HP ELITEBOOK 820	100714	SL	7.00	16	978.			978.	279.		140.
232	LAPTOP	100214	SL	3.00	16	1,659.			1,659.	1,106.		553.
233	EXECUTIVE FURNITURE	110114	SL	7.00	16	4,832.			4,832.	1,323.		690.
234	GEMMIS TECHNOLOGIES	101415	SL	5.00	16	4,679.			4,679.	936.		936.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT					73,581.		0.	73,581.	37,150.		11,654.
123	(D)ADDITIONAL PHONES	102109	SL	7.00	16	1,326.			1,326.	1,323.		3.
185	4 HP DESKTOP COMPUTERS	011212	SL	3.00	16	2,360.			2,360.	2,360.		0.
186	(D)SERVER UPGRADE PHONE SYSTEM	011812	SL	5.00	16	1,849.			1,849.	1,726.		123.
187	UPGRADE - ADDITIONA (D)DELL LATITUDE	031912	SL	3.00	16	835.			835.	835.		0.
188	LAPTOP	032712	SL	3.00	16	1,369.			1,369.	1,369.		0.
189	(D)DELL XP SLIM LINE LAPTOP	032712	SL	3.00	16	1,799.			1,799.	1,799.		0.
239	DELL POWEREDGE SERVER	100114	SL	3.00	16	4,269.			4,269.	2,846.		1,423.
240	RACK MOUNT UPS FOR DELL POWEREDGE SERV	100114	SL	3.00	16	800.			800.	533.		267.
241	LAPTOP	012916	SL	5.00	16	1,600.			1,600.	213.		320.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					16,207.		0.	16,207.	13,004.		2,136.

2016 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
209	OTHER (D)DELL LAPTOP - QUAD CORE PROCESSOR	072213	SL	3.00	16	1,140.			1,140.	1,140.		0.
238	MSI COMPUTER * 990 PAGE 10 TOTAL	100316	SL	5.00	16	1,799.			1,799.			360.
	OTHER * 990 PAGE 10 TOTAL					2,939.		0.	2,939.	1,140.		360.
	- FURNITURE & EQUI FURNITURE & EQUIPMENT - TRAVELI FURNITURE & FIXTURES					92,727.		0.	92,727.	51,294.		14,150.
243	TRAILER WRAP 2 * 990 PAGE 10 TOTAL	021616	SL	3.00	16	9,841.			9,841.	937.		2,294.
	FURNITURE & FIXTUR MACHINERY & EQUIPMENT					9,841.		0.	9,841.	937.		2,294.
244	TWTH TV SCREEN * 990 PAGE 10 TOTAL	080116	SL	5.00	16	8,544.			8,544.	285.		1,220.
	MACHINERY & EQUIPM * 990 PAGE 10 TOTAL					8,544.		0.	8,544.	285.		1,220.
	- FURNITURE & EQUI					18,385.		0.	18,385.	1,222.		3,514.
	TENANT IMPROVEMENT * 990 PAGE 10 TOTAL					0.		0.	0.	0.		0.
	- TENANT IMPROVEME TRAVELING WALL REPLICA MACHINERY & EQUIPMENT NEW TRAVEL WALL											
136	REPLICA	111005	SL	10.00	16	10,673.			10,673.	10,673.		0.

2016 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
137	NEW TRAVEL WALL REPLICAS	121405	SL	10.00	16	6,800.			6,800.	6,800.		0.
138	NEW TRAVEL WALL REPLICAS	033105	SL	10.00	16	39,154.			39,154.	35,238.		3,826.
139	NEW TRAVEL WALL REPLICAS	070109	SL	10.00	16	23,778.			23,778.	17,240.		2,378.
176	TRAVELING WALL PANELS X2	050610	SL	5.00	16	1,500.			1,500.	1,500.		0.
177	TRAVEL WALL PANEL	060910	SL	5.00	16	873.			873.	873.		0.
179	TWTH TRUCK PRINTER * 990 PAGE 10 TOTAL MACHINERY & EQUIPM	100810	SL	3.00	16	441.			441.	441.		0.
	OTHER					83,219.		0.	83,219.	72,765.		6,204.
208	TENT FOR TWTH * 990 PAGE 10 TOTAL OTHER	040213	SL	3.00	16	3,734.			3,734.	3,734.		0.
	* 990 PAGE 10 TOTAL - TRAVELING WALL R					3,734.		0.	3,734.	3,734.		0.
	TRAVELING WALL MUSEUM EXHIBIT FURNITURE & FIXTURES					86,953.		0.	86,953.	76,499.		6,204.
242	TENT FOR TWTH IMPROVEMENTS	040516	SL	3.00	16	2,550.			2,550.	496.		850.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					2,550.		0.	2,550.	496.		850.
127	ORIGINAL EXP	040108	SL	10.00	16	155,578.			155,578.	155,578.		0.
129	FEATHERLITE TRAILER	013101	SL	10.00	16	69,800.			69,800.	69,800.		0.

2016 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
130	UPDATES TO TRAILER	063008	SL	10.00	16	169,950.			169,950.	135,960.		16,995.
201	TRAILER WRAP TWTH DISPLAY	031414	SL	7.00	16	9,275.			9,275.	4,748.		4,527.
235	UPGRADE	051117	SL	5.00	16	95.			95.			8.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					404,698.		0.	404,698.	366,086.		21,530.
	* 990 PAGE 10 TOTAL - TRAVELING WALL M					407,248.		0.	407,248.	366,582.		22,380.
	WEBSITE											
	OTHER											
195	BTC MICROSITE	052812		3M	43	60,000.			60,000.	60,000.		0.
196	WALL APP FOR IPHONE	020112		3M	43	4,710.			4,710.	4,710.		0.
197	WALL APP FOR ANDROID	080112		3M	43	8,545.			8,545.	8,545.		0.
198	CALL FOR PHOTOS WEB APPLICATION	100412		3M	43	11,400.			11,400.	11,400.		0.
199	CALL FOR PHOTOS APP	110612		3M	43	6,600.			6,600.	6,600.		0.
200	CALL FOR PHOTOS APP	120712		3M	43	3,060.			3,060.	3,060.		0.
203	BLUE STATE DIGITAL	062613		3M	43	94,998.			94,998.	94,998.		0.
207	CORP ZEN - WEBSITE	062613		3M	43	2,580.			2,580.	2,580.		0.
210	CORP ZEN WEBSITE	063013		3M	43	9,900.			9,900.	9,900.		0.
	* 990 PAGE 10 TOTAL OTHER					201,793.		0.	201,793.	201,793.		0.
	* 990 PAGE 10 TOTAL - WEBSITE					201,793.		0.	201,793.	201,793.		0.



2017 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
237	FURNITURE & FIXTURES TWTH TRAILER UPDATE * 990 PAGE 10 TOTAL FURNITURE & FIXTURES	080717	SL	3.00	2,556.		2,556.	142.	852.
236	MACHINERY & EQUIPMENT TWTH ASSETS * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	070117	SL	5.00	3,959.		3,959.	198.	792.
245	PROGRAM SERVICES WALL OF FACES PROJECT	102115		3M	12,893.		12,893.	8,237.	4,656.
247	WALL OF FACES DESIGN AND CONTENT * 990 PAGE 10 TOTAL PROGRAM SERVICES	093015		120M	6005763.		6005763.	1712446.	600,576.
					6018656.		6018656.	1720683.	605,232.
246	MANAGEMENT AND GENERAL OFFICE DESK - PL SERICES (REMAINING TWO) * 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL	022613	SL	7.00	836.		836.	557.	119.
160	FURNITURE & EQUIPMENT FURNITURE & FIXTURES FILE CABINET	050810	SL	7.00	330.		330.	330.	0.
190	CARPET LIKE WALL REPLICA FOR CEREMONIES	030112	SL	3.00	3,425.		3,425.	3,425.	0.
204	6 NEW CUBICLES	020813	SL	7.00	11,537.		11,537.	7,691.	1,648.
206	MAINROOM WORKSTATIONS	080513	SL	7.00	22,859.		22,859.	13,608.	3,266.
214	ADMIN WORKSTATIONS	080113	SL	7.00	3,103.		3,103.	1,846.	443.
215	FRONT OFFICE DESK	080113	SL	7.00	913.		913.	542.	130.
216	36" ROUND TABLE	080113	SL	7.00	260.		260.	154.	37.
217	MESH BLACK CHAIRS	080113	SL	7.00	2,012.		2,012.	1,197.	287.
218	EXECUTIVE CHAIR	080113	SL	7.00	424.		424.	253.	61.
219	GUEST CHAIRS (2)	100113	SL	7.00	473.		473.	267.	68.
221	CONFERENCE TABLE	022613	SL	7.00	1,175.		1,175.	770.	168.
224	PRO-TASK MESH CHAIRS - BLACK	062613	SL	7.00	2,711.		2,711.	1,865.	387.
225	DAKOTA 7011 MESH CHAIRS - BLACK	022613	SL	7.00	984.		984.	645.	141.

(D) - Asset disposed

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

2017 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
226	EXECUTIVE DESK	040114	SL	7.00	1,618.		1,618.	1,618.	0.
227	EXECUTIVE CONFERENCE TABLE	040114	SL	7.00	699.		699.	699.	0.
228	BLACK CHAIRS (6)	040114	SL	7.00	1,160.		1,160.	1,160.	0.
231	EXECUTIVE DESK	100714	SL	7.00	978.		978.	419.	140.
232	HP ELITEBOOK 820 LAPTOP	100214	SL	3.00	1,659.		1,659.	1,659.	0.
233	EXECUTIVE FURNITURE	110114	SL	7.00	4,832.		4,832.	2,013.	690.
234	GEMMIS TECHNOLOGIES	101415	SL	5.00	4,679.		4,679.	1,872.	936.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				65,831.		65,831.	42,033.	8,402.
	MACHINERY & EQUIPMENT								
185	4 HP DESKTOP COMPUTERS	011212	SL	3.00	2,360.		2,360.	2,360.	0.
	PHONE SYSTEM UPGRADE - ADDITIONAL								
187	PHONES	031912	SL	3.00	835.		835.	835.	0.
239	DELL POWEREDGE SERVER	100114	SL	3.00	4,269.		4,269.	4,269.	0.
	RACK MOUNT UPS FOR DELL POWEREDGE								
240	SERVER	100114	SL	3.00	800.		800.	800.	0.
241	LAPTOP	012916	SL	5.00	1,600.		1,600.	533.	320.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				9,864.		9,864.	8,797.	320.
	OTHER								
238	MSI COMPUTER	100316	SL	5.00	1,799.		1,799.	360.	360.
	* 990 PAGE 10 TOTAL OTHER				1,799.		1,799.	360.	360.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT				77,494.		77,494.	51,190.	9,082.
	FURNITURE & EQUIPMENT - TRAVELING WALL								
	FURNITURE & FIXTURES								
243	TRAILER WRAP 2	021616	SL	3.00	9,841.		9,841.	3,231.	3,280.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				9,841.		9,841.	3,231.	3,280.
	MACHINERY & EQUIPMENT								
244	TWTH TV SCREEN	080116	SL	5.00	8,544.		8,544.	1,505.	1,709.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				8,544.		8,544.	1,505.	1,709.

(D) - Asset disposed

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



2017 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
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT - TRAVELING WALL TENANT IMPROVEMENT TRAVELING WALL REPLICA MACHINERY & EQUIPMENT				18,385.		18,385.	4,736.	4,989.
136	NEW TRAVEL WALL REPLICA	111005	SL	10.00	10,673.		10,673.	10,673.	0.
137	NEW TRAVEL WALL REPLICA	121405	SL	10.00	6,800.		6,800.	6,800.	0.
138	NEW TRAVEL WALL REPLICA	033105	SL	10.00	39,154.		39,154.	39,064.	0.
139	NEW TRAVEL WALL REPLICA	070109	SL	10.00	23,778.		23,778.	19,618.	2,378.
176	TRAVELING WALL PANELS X2	050610	SL	5.00	1,500.		1,500.	1,500.	0.
177	TRAVEL WALL PANEL	060910	SL	5.00	873.		873.	873.	0.
179	TWTH TRUCK PRINTER	100810	SL	3.00	441.		441.	441.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT OTHER				83,219.		83,219.	78,969.	2,378.
208	TENT FOR TWTH	040213	SL	3.00	3,734.		3,734.	3,734.	0.
	* 990 PAGE 10 TOTAL OTHER				3,734.		3,734.	3,734.	0.
	* 990 PAGE 10 TOTAL - TRAVELING WALL REPLICA TRAVELING WALL MUSEUM EXHIBIT FURNITURE & FIXTURES				86,953.		86,953.	82,703.	2,378.
242	TENT FOR TWTH IMPROVEMENTS	040516	SL	3.00	2,550.		2,550.	1,346.	850.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES MACHINERY & EQUIPMENT				2,550.		2,550.	1,346.	850.
127	ORIGINAL EXP	040108	SL	10.00	155,578.		155,578.	155,578.	0.
129	FEATHERLITE TRAILER	013101	SL	10.00	69,800.		69,800.	69,800.	0.
130	UPDATES TO TRAILER	063008	SL	10.00	169,950.		169,950.	152,955.	16,995.
201	TRAILER WRAP	031414	SL	7.00	9,275.		9,275.	9,275.	0.
235	TWTH DISPLAY UPGRADE	051117	SL	5.00	95.		95.	8.	19.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				404,698.		404,698.	387,616.	17,014.
	* 990 PAGE 10 TOTAL - TRAVELING WALL MUSEUM EXHIBIT				407,248.		407,248.	388,962.	17,864.

(D) - Asset disposed

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

2017 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
	WEBSITE								
	OTHER								
195	BTC MICROSITE	052812		3M	60,000.		60,000.	60,000.	0.
196	WALL APP FOR IPHONE	020112		3M	4,710.		4,710.	4,710.	0.
197	WALL APP FOR ANDROID	080112		3M	8,545.		8,545.	8,545.	0.
198	CALL FOR PHOTOS WEB APPLICATION	100412		3M	11,400.		11,400.	11,400.	0.
199	CALL FOR PHOTOS APP	110612		3M	6,600.		6,600.	6,600.	0.
200	CALL FOR PHOTOS APP	120712		3M	3,060.		3,060.	3,060.	0.
203	BLUE STATE DIGITAL	062613		3M	94,998.		94,998.	94,998.	0.
207	CORP ZEN - WEBSITE	062613		3M	2,580.		2,580.	2,580.	0.
210	CORP ZEN WEBSITE	063013		3M	9,900.		9,900.	9,900.	0.
	* 990 PAGE 10 TOTAL OTHER				201,793.		201,793.	201,793.	0.
	* 990 PAGE 10 TOTAL - WEBSITE				201,793.		201,793.	201,793.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT				6817880.		6817880.	2450964.	641,308.

(D) - Asset disposed

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