#### 990

**Return of Organization Exempt From Income Tax** 

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

2016

OMB No. 1545-0047

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.

Open to Public Inspection

_		0040							
<u>A</u>	For the	2016 calend	lar year, or tax year begin	ning	03-0	1 , 2016, and en	ding	02	-28 , <b>20</b> 17
В	Check if a	pplicable:	C Name of organization Viet	nam Veterans c	of America In	C			D Employer identification no.
	Address c	hange	Doing business as						13-2929110
	Name cha	ange	Number and street (or P.O. bo	x if mail is not delivered to st	reet address)		Room/suite		E Telephone number
	Initial retur	rn	8719 Colesville	e Road			100		(301)585-4000
	Final retur	n/terminated	City or town, state or province	, country, and ZIP or foreign p	postal code				28,305,273
П	Amended	return	Silver Spring,	MD 20910				H	G Gross receipts\$
Ī	Application	n pendina	F Name and address of principa		Sternburg		H(a) Is this a group	_	
		pg	Same as C above	-	200		H(b) Are all subo		
_	Tax-exem	int status:	501(c)(3) X 501(c) ( <b>19</b>		4947(a)(1) or	527	- ''		list. (see instructions)
	Website:		v.vva.org	) 4 (msertine.)	+3+1(a)(1) 01	)Z1	H(c) Group exe		,
				a alladiana Di Odhana N	Τ.	Year of formation: 1			
				ociation Other	l l	Year or formation: 1	9/8 W State	or lega	I domicile: NY
Г	rt I	Summar	•						
		•	ribe the organization's miss	ŭ	-				ues affecting
ě		-	Veterans, as well						
Governance		organiza	tion exclusively	dedicated to V	7ietnam-era v	eterans and	their famil	lies	•
ern									
õ			ox ► ☐ if the organization	•	•	of more than 25% o	of its net assets.	I	I
ن «ق	3	Number of v	oting members of the gove	rning body (Part VI, lir	ne 1a)			3	24
es	4	Number of in	ndependent voting member	s of the governing boo	dy (Part VI, line 1b)			4	20
УİЕ	5	Total number	er of individuals employed in	n calendar year 2016 (	Part V, line 2a)			5	119
Activities &	6	Total number	er of volunteers (estimate if	necessary)				6	120
•	7a	Total unrelated	ted business revenue from	Part VIII, column (C), I	line 12			7a	186,567
	b	Net unrelate	ed business taxable income	from Form 990-T, line	34	<u> </u>		7b	0
							Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, line	1h)			2,029	,236	2,806,164
ne	9	Program sei	rvice revenue (Part VIII, line	e 2g)			271	,990	243,877
Revenue	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)			6,574	,446	5,598,508
Re	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, a	and 11e)		210	,601	62,747
	12	Total revenu	ie - add lines 8 through 11 (	must equal Part VIII, c	olumn (A), line 12)		9,086	,273	8,711,296
	13	Grants and s	similar amounts paid (Part	X, column (A), lines 1-	-3)		1,370		
	14	Benefits paid	d to or for members (Part I)	K, column (A), line 4)					0
	15	Salaries, oth	ner compensation, employee	e benefits (Part IX, col	umn (A), lines 5-10)		2,892	,794	3,051,497
ses	16a	Professional	I fundraising fees (Part IX,	column (A), line 11e)				,127	
Expense	b	Total fundra	ising expenses (Part IX, co	lumn (D), line 25) ▶		786,460			
$\overline{\Sigma}$	17	Other expen	ises (Part IX, column (A), lii	nes 11a-11d, 11f-24e)			3,639	,239	3,661,335
	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, column	(A), line 25)		8,017		
			ss expenses. Subtract line	· · · · · · · · · · · · · · · · · · ·			1,068		
- 5			'				Beginning of Current		End of Year
Net Assets or	20	Total assets	(Part X, line 16)				15,987		
Ass	21		es (Part X, line 26)				5,454		
Set I	22		or fund balances. Subtract			<del>-</del>	10,532		
Pa	rt II		ire Block					,	
			clare that I have examined this retu	rn, including accompanying s	schedules and statements	, and to the best of my ki	nowledge and belief, it	is	
true	, correct, a	and complete. De	claration of preparer (other than off	icer) is based on all informati	on of which preparer has	any knowledge.			
		.Toge	ph Sternburg						
Sig	ın		re of officer					Date	<u> </u>
He		Toge	nh Sternburg CEC						
			print name and title	r					
		,		Dranger - i		Date	Oh - I		DTIN
Dai	d		eparer's name	Preparer's signature			Check		PTIN
Pai			Mullins			10-17-2017	self-employe	ed	P01429307
	eparer		▶ Mullins,				Firm's EIN ►		
US	e Only	Firm's addres		consin Avenue	Suite 317		Phone no.		
				MD 20814			20	02-7	70-6371
N/101	the IDC	alicarios this	return with the preparer sh	our charal laca inch	audiona)				X Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	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? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	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? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	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? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Χ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	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? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	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? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Χ	

Part V

# 16) Vietnam Veterans of America Inc Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 119			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	46		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.		7.7
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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. Section A. Governing Body and Management

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
L	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		v
•	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70	v	
_	one or more members of the governing body?	7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7L		Х
0	stockholders, or persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	96	v	
a		8a ob	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ
<del></del>	11. 2. 1 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	110
	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?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to 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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   Statement #17			
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			
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 (301)585-4000, 8719 Colesville Road 100, Silver Spring, MD 20910			

# 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.

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

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 in heither the organization hor any read	died Organizatio	TI COM	Ciisa	iieu	arry	Cullell	ιoι	ilicer, director, or tr	usiee.	
				(	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average	,				an one both an		Reportable	Estimated	
	hours per					trustee)		compensation	Reportable compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	or o	ns	Office	Kej	em Hig	Forme		(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional trust	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization
	below dotted line)	lor tru	onal		ploy	com				and related organizations
	,	Istee	trust		ě	pens				Ü
			ee			sated				
(1) John Rowan	40.00									
President		Х		Χ				77,458	0	0
(2) Marsha Four	40.00									
Vice President		Х		Χ				38,731	0	0
(3) Bill Meeks Jr.	40.00									
Secretary		Х		Χ				38,731	0	0
(4) Dr. Wayne Reynolds	40.00									
Treasurer		Х		Χ				38,731	. 0	0
(5) Dennis Andras	1.00									
Director		Х						0	0	0
(6) Dottie Barickman	1.00									
Director		Х						0	0	0
(7) Tom Burke	1.00									
Director		X						0	0	0
(8) Richard C DeLong	1.00									
Director		X						0	0	0
(9) Michael Demske	1.00									
Director		X						0	0	0
(10)Joe Kristek	1.00									
Director		X						0	0	0
(11)Sara J McVicker	1.00									
Director		X						O	0	0
(12)John Miner	1.00									
Director		X						O	0	0
(13)Charlie Montgomery Jr.	1.00									
Director		X						O	0	0
(14)Ron Morgan	1.00									
Director		X						O	0	0

Form 990 (2016)

Part VII

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

(A) Name and title	(B)  Average hours per	box, u	unless	perso		oth an	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other	
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee		organizations (W-2/1099-MISC)	f org an	other ipensation rom the janization d related anizations
(15)Felix Peterson Jr.	1.00									
Director		X					0	0		0
(16)Dave_SimmonsDirector	1.00	X					0	0		0
(17)Dick Southern	1.00									
Director		X					0	0		0
(18)Dan Stenvold	1.00	X						0		
Director (19)Kerwin Stone	1.00	Λ					0	0		0
Director	_ 1.00_	X					0	0		0
(20)Craig Tonjes	1.00	71						<u> </u>		
Director		X					o	0		0
(21)Ted Wilkinson	1.00									
Director		X					0	0		0
(22)Sandie Wilson	1.00									
Director		X					0	0		0
(23)Jerry Yamamoto	1.00	v						•		•
Director	40.00	X					0	0		0
(24)Joseph Sternburg CFO	40.00			х			120,994	0		28,980
(25)				21			120,331	<u> </u>		20,300
1b Sub-total						• • •				
c Total from continuation sheets to Part VII, Sectio						_				
d Total (add lines 1b and 1c)							314,645	0		28,980
2 Total number of individuals (including but not limited reportable compensation from the organization ►		ed abo	ive) v	wno	recei	vea more	e than \$100,000 of	1		
reportable compensation from the organization										Yes No
3 Did the organization list any <b>former</b> officer, directo	r, or trustee,	key er	nplo	vee.	or hi	ghest co	mpensated			100 110
employee on line 1a? If "Yes," complete Schedule		-				_			3	X
4 For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on ar	nd of	ther c	ompensa	ation from the			
organization and related organizations greater than	n \$150,000?	If "Yes	s," cc	ompl	lete S	chedule	J for such			
individual								• • • • • • •	4	X
5 Did any person listed on line 1a receive or accrue or	•		-			•			-	V
for services rendered to the organization? If "Yes,"  Section B. Independent Contractors	complete St	cneaui	e J T	or st	исп ре	erson			5	X
Complete this table for your five highest compensate	d independer	nt conti	racto	ors th	nat red	ceived m	ore than \$100.000	of		
compensation from the organization. Report comper										
year.				•		Ü	· ·			
(A)							(B)			(C)
Name and business address							Description of s	services	Comp	ensation
Charity Funding, 1700 W Hamlin Rd Seco					9		Car Donat:			421,241
Next Generation, 1235 Westlakes Drive,	Berwyn,	PA	193	312			Fundraisi	ng		106,200
-										
Total number of independent contractors (including)	but not limite	d to th	ose l	lister	d abo	ve) who	1			

received more than \$100,000 of compensation from the organization

13-2929110 F

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line in this Part VIII							
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	369,089				
s, G Am	С	Fundraising events		1c					
Gifts ilar	d	Related organizations		1d	253,340				
Sim Sim	е	Government grants (contribution	ons)	1e					
er er	f	All other contributions, gifts, gr	rants,						
들물		and similar amounts not include	led above	1f	2,183,735				
Sont	g	Noncash contributions include	d in lines 1a-	1f: \$					
	h	Total. Add lines 1a-1f			▶	2,806,164			
					Business Code				
une	2a	Advertising			900099	186,567		186,567	
Seve	b	Convention/Conference	:e		900099	57,310	57,310		
Program Service Revenue	С								
Serv	d								
ä	е								
rogi	f	All other program service rever	nue						
<u> </u>	g	Total. Add lines 2a-2f				243,877			
	3	Investment income (including d	ividends, inte	rest.					
		and other similar amounts) .			▶ │	116,444			116,444
	4	Income from investment of tax-	exempt bond	proce	eds►				
	5	Royalties				57,637			57 <b>,</b> 637
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss) .			▶				
	7a	Gross amount from sales of	(i) Securitie	es	(ii) Other				
		assets other than inventory	690	,332	24,385,709				
	b	Less: cost or other basis							
		and sales expenses	823	,592	18,770,385				
	С	Gain or (loss)	(133	,260	) 5,615,324				
	d	Net gain or (loss)				5,482,064	5,615,324		(133,260)
enne	8a	Gross income from fundraising							
		events (not including \$		_					
Other Rev		of contributions reported on line	e 1c).						
þer		See Part IV, line 18		. а					
δ	b	Less: direct expenses		. b					
	С	Net income or (loss) from fundi	raising event	s .					
	9a	Gross income from gaming act	ivities.						
		See Part IV, line 19		. а					
	b	Less: direct expenses		. b					
	С	Net income or (loss) from gami	ng activities						
	10a	Gross sales of inventory, less							
		returns and allowances		. а					
	b	Less: cost of goods sold		. b					
	С	Net income or (loss) from sales	of inventory	·					
		Miscellaneous Revenue			Business Code				
	11a	Other			900099	5,110	5,110		
	b								
	С								
	d	All other revenue							
		<b>Total.</b> Add lines 11a-11d .				5,110			
	12	Total revenue. See instructions	·			8,711,296	5,677,744	186,567	40,821

#### 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 (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1,470,594 1,470,594 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Compensation of current officers, directors, 314,645 108,331 204,172 2,142 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages ...... 7 1,913,301 1,241,536 658,739 13,026 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 823,551 538,741 280,142 4,668 11 Fees for services (non-employees): b Legal...... 71,665 71,665 42,400 42,400 d Professional fundraising services. See Part IV, line 17 . 146,632 146,632 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 401,761 387,844 13,917 12 20,515 17,478 2,938 99 13 1,367,894 638,339 167,839 561,716 213,266 14 167,822 45,444 15 16 524,674 309,618 188,428 26,628 17 521,412 437,882 83,470 60 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 58,489 58,239 250 20 4,359 2,585 1,552 222 21 22 Depreciation, depletion, and amortization . . . . . . 51,085 30,671 4,394 86,150 6,243 23 158,578 108,754 43,581 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 Awards 1,470 5,696 4,226 b Misc 45,525 30,182 13,648 1,695 Temporary Help 18,858 С 112,504 39,322 54,324 d Training 21,019 5,351 77 26,447 All other expenses **Total functional expenses.** Add lines 1 through 24e 25 8,330,058 5,729,438 1,814,160 786,460 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	. <b></b>		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,195,174	1	4,438,826
	2	Savings and temporary cash investments	3,670,989	2	2,229,042
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	720,278	4	867,092
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	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 instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	84,648	9	411,818
	10a	Land, buildings, and equipment: cost or			•
		other basis. Complete Part VI of Schedule D   10a   614,428			
	b	Less: accumulated depreciation 10b 335,533	268,017	10c	278,895
	11	Investments - publicly traded securities	7,013,733	11	7,855,708
	12	Investments - other securities. See Part IV, line 11	, , , , , , , , , , , , , , , , , , , ,	12	, ,
<ul> <li>13 Investments - program-related. See Part IV, line 11</li></ul>	·		13		
		14			
	15	Other assets. See Part IV, line 11	34,559	15	34,559
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,987,398	16	16,115,940
	17	Accounts payable and accrued expenses	982,334	17	690,557
	18	Grants payable		18	
	19	Deferred revenue	1,709,161	19	1,591,499
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab.		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,763,171	25	2,541,739
	26	Total liabilities. Add lines 17 through 25	5,454,666	26	4,823,795
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and			
S		complete lines 27 through 29, and lines 33 and 34.			
ınce	27	Unrestricted net assets	10,532,732	27	11,292,145
3ala	28	Temporarily restricted net assets		28	
29 Permanently re	Permanently restricted net assets		29		
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	10,532,732	33	11,292,145
	34	Total liabilities and net assets/fund balances	15,987,398	34	16,115,940

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	,711,	296
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,330,	058
3	Revenue less expenses. Subtract line 2 from line 1	3		381,	238
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	,532,	732
5	Net unrealized gains (losses) on investments	5		378,	175
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	11	,292,	145
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
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		3b		
EEA			For	m <b>990</b> (	2016)

### SCHEDULE D (Form 990)

## 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.

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number Vietnam Veterans of America Inc 13-2929110 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ...... Yes 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 ..... 🗌 Yes 🗌 No conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 Total acreage restricted by conservation easements h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ..... 🗌 Yes 🗌 No 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) ..... 🗌 Yes 🗌 No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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 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: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X 

Pal	t III Organizations Maintaining Coll	ections of Ai	rt, Histor	icai i rea	sures, c	or Otne	r Similar As	sets (co.	ntinue	<del>2</del> a)
3	Using the organization's acquisition, accession, and	other records, ch	eck any of t	he following	g that are a	significa	nt use of its			
	collection items (check all that apply):	_								
а	Public exhibition	<b>d</b> Loar	n or exchanç	ge program	S					
b	Scholarly research	e U Othe	er							
С	Preservation for future generations									
4	Provide a description of the organization's collection	ns and explain ho	w they furthe	er the orgar	nization's e	xempt pu	rpose in Part			
	XIII.									
5	During the year, did the organization solicit or receiv					ilar				_
	assets to be sold to raise funds rather than to be ma		of the organ	ization's co	llection?			· · L	Yes	No
Pa	Escrow and Custodial Arrangen		<b>-</b>		<i>,</i> 0			. –		
	Complete if the organization answ 990, Part X, line 21.	erea "Yes" or	1 Form 99	o, Part I	v, line 9,	or repo	orted an amo	unt on F	orm	
1a	Is the organization an agent, trustee, custodian or other	her intermediary f	for contributi	ons or othe	er assets no	ot			_	
	included on Form 990, Part X?							🗆	Yes	No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the followi	ing table:							
							Ar	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance									_
2a	Did the organization include an amount on Form 990					•		□ ,	Yes	No
b	If "Yes," explain the arrangement in Part XIII. Check	here if the explai	nation has b	een provide	ed on Part	XIII .				
Pa	t V Endowment Funds.		_							
	Complete if the organization answ	ered "Yes" or	Form 99	0, Part I\	V, line 10	).				
		(a) Current year	(b) Prior	year (	(c) Two years	back	(d) Three years back	(e) Fou	ır years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year		ne 1g, colum	n (a)) held	as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment > %									
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should equa									
3a	Are there endowment funds not in the possession o	of the organization	n that are he	ld and admi	inistered fo	r the				
	organization by:							2 (1)	Yes	No
	(i) unrelated organizations	• • • • • • • •		• • • • •				. 3a(i)		
	(ii) related organizations							. 3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations listed	•		• • • •		• • • •		. 3b		
4	Describe in Part XIII the intended uses of the organ		ent funds.							
Pal	rt VI Land, Buildings, and Equipment		Form 00	O Dort I	/ line 11	0 800	Form 000 D	ort V lin	o 10	
	Complete if the organization answ									
	Description of property	(a) Cost or othe (investme		(b) Cost or of (other			ccumulated preciation	(d) Bo	ok value	
4-	Lond	(mivesume	-rny	(Othe	51,	ue	J. Goldtion			
1a	Land	•								
b	Buildings	•								
C	Leasehold improvements	•			4 400		225 522		270 1	005
d	Equipment	•		91	4,428		335,533		278,8	095
E Tota	Other		C column (E	R) line 100	)				278,8	805
iola	. Add intes ta tillough te. (Column (u) must equal	ı onn əəu, rall 🖊	ı, colullili (E	7, III I <del>C</del> 100.	,				410,0	<b>09</b> 3

278,895

Part VII
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	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	F		
	eld equity interests		
(3) Other	_		
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.  Complete if the organization answered	d "Yes" on Form 990, Pa	t 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)	must equal Form 990, Part X, col. (B) line 13.)		
(9)	must equal Form 990, Part X, col. (B) line 13.)  Other Assets.		
(9) Total. (Column (b)	Other Assets.	d "Yes" on Form 990, Pa	t IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Column (b) Part IX	Other Assets.  Complete if the organization answered  (a) De	d "Yes" on Form 990, Parescription	(b) Book value
(9) Total. (Column (b) Part IX  (1) Depos.	Other Assets.  Complete if the organization answered  (a) De		(b) Book value
(9) Total. (Column (b) Part IX  (1) Depos. (2)	Other Assets.  Complete if the organization answered  (a) De		(b) Book value
(9)  Total. (Column (b)  Part IX  (1) Depos. (2) (3)	Other Assets.  Complete if the organization answered  (a) De		(b) Book value
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4)	Other Assets.  Complete if the organization answered  (a) De		(b) Book value
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5)	Other Assets.  Complete if the organization answered  (a) De		(b) Book value
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered  (a) De		(b) Book value
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered  (a) De		(b) Book value
(9)  Total. (Column (b)  Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered  (a) De		
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered  (a) Delits	escription	(b) Book value 34,559
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered  (a) De	escription	(b) Book value 34,559
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered  (a) Delits  its  n (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.	escription	(b) Book value 34,559
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered  (a) Delits  its  n (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.	escription	(b) Book value  34,555
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered  (a) Delits  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities. Complete if the organization answered	escription	(b) Book value  34,555
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets.  Complete if the organization answered  (a) Delits  its  n (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.	d "Yes" on Form 990, Pal	(b) Book value  34,555
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal i	Other Assets.  Complete if the organization answered  (a) Delits  In (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability	d "Yes" on Form 990, Pal	(b) Book value  34,555
(9)  Total. (Column (b)  Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X   1. (1) Federal in (2) Capit.	Other Assets. Complete if the organization answered  (a) Delits  In (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability Income taxes	d "Yes" on Form 990, Pal	(b) Book value  34,555
(9) Total. (Column (b) Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal if (2) Capital (3) Due tot (4) Defer:	Other Assets.  Complete if the organization answered (a) Delits  In (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability Income taxes  al Leases  o State Councils and Chapters	(b) Book value	(b) Book value  34,555
(9)  Total. (Column (b)  Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X   1. (1) Federal i (2) Capit. (3) Due to (4) Defer: (5)	Other Assets.  Complete if the organization answered (a) Delits  In (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability Income taxes  al Leases  o State Councils and Chapters	(b) Book value  177,255 2,041,903	(b) Book value  34,555
(9)  Total. (Column (b)  Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X   1. (1) Federal i (2) Capit. (3) Due to (4) Defer: (5) (6)	Other Assets.  Complete if the organization answered (a) Delits  In (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability Income taxes  al Leases  o State Councils and Chapters	(b) Book value  177,255 2,041,903	(b) Book value  34,555
(9)  Total. (Column (b)  Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X   1.  (1) Federal i (2) Capita (3) Due to (4) Defer: (5) (6) (7)	Other Assets.  Complete if the organization answered (a) Delits  In (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability Income taxes  al Leases  o State Councils and Chapters	(b) Book value  177,255 2,041,903	(b) Book value  34,555
(9)  Total. (Column (b)  Part IX  (1) Depos. (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X   1. (1) Federal i (2) Capit. (3) Due to (4) Defer: (5) (6)	Other Assets.  Complete if the organization answered (a) Delits  In (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability Income taxes  al Leases  o State Councils and Chapters	(b) Book value  177,255 2,041,903	(b) Book value  34,555

			. Dans
		13-29291	
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	9,089,471
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 378,175	<u>5</u>	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	378,175
3	Subtract line 2e from line 1	3	8,711,296
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,711,296
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,330,058
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,330,058
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		5,555,555
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	8,330,058
<u> </u>	rt XIII Supplemental Information.		8,330,030
	ide 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; F	Port V line	
		an A, iiile	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01	Toolands for amountain how monition and surface TTV 40 (Pout	3.F.\	
<u>UI.</u>	Footnote for uncertain tax position under FIN 48 (Part	X )	
The	accounting standard on accounting for uncertainty in income taxes addresses	s the	
_			
det	ermination of whether tax benefits claimed or expected to be claimed on a ta	x retur	n
sho	uld be recorded in the financial statements. Under that guidance, The Assoc	iation m	ay
rec	ognize the tax benefit from an uncertain tax position only if it is more lib	cely tha	n
not	that the tax position will be sustained on examination by taxing authorities	es based	on
the	technical merits of the position. Examples of tax positions include the tax	k-exempt	
		_	
sta	tus of The Association and various positions related to the potential source	es of	
	<u> </u>		
unr	elated business income tax (UBIT).		

EEA Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Vietnam Veterans of America Inc	13-2929110	Page 5
Part XIII Supplemental Information (continued)		
01. Footnote for uncertain tax position under FIN 48 (	Part X)	
The tax benefits recognized in the financial statements from such a post	ition are measured	
based on the largest benefit that has a greater than 50% likelihood of h	being realized upon	
ultimate settlement. There were no unrecognized tax benefits related to	uncertain tax	
positions identified or recorded as liabilities for the current year.		
The Association's policy would be to recognize interest and penalties,	if any, on tax	
positions related to its unrecognized tax benefits in income tax expense	e in the financial	
statements. No interest and penalties were assessed or recorded during t	the year.	
	_	

#### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

2016

OMB No. 1545-0047

Open to Public ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Inspection

Name of the organization Employer identification number 13-2929110 Vietnam Veterans of America Inc Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 | Mail solicitations e Solicitation of non-government grants X Internet and email solicitations **f** Solicitation of government grants b Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 Charity Funding Car Donation Χ 1700 W Hamlin RD, MI 48309 Program 3,942,016 421,241 3,520,775 2 Next Generation Direct Mail Χ 1235 Westlakes Drive, 19312 Campaigns 1,636,614 106,200 1,530,414 3 4 5 6 7 8 9 10 5,578,630 527,441 5,051,189 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. All States

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

		gross receipts greater than	\$5,000			
		gioss receipts greater triair	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus				
_		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Σic	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines Net income summary. Subtract line				
Pa	rt II	II Gaming. Complete if the o	rganization answered "	Yes" on Form 990, Part I	V, line 19, or reported r	more
	l	than \$15,000 on Form 990	-EZ, line 6a.			
venue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2	Gross revenue	<b>(a)</b> Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
rect Expenses	2	Cash prizes		bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c))
rect Expenses	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming  Yes %  No	(d) Total gaming (add col. (a) through col. (c))
rect Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	☐ Yes%	(d) Total gaming (add col. (a) through col. (c))
rect Expenses	2 3 4 5	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	(d) Total gaming (add col. (a) through col. (c))
rect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colu	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes % ☐ No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colu	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes % ☐ No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 En is is if "	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colu ion conducts gaming activities in each o	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Iss of If "	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colu ion conducts gaming activities in each o	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes % No	col. (a) through col. (c))

# SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public

Inspection

Name of the organization

Vietnam Veterans of America Inc

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Does the organization maintain records to		•					. ⊠ Yes □ N
the selection criteria used to award the gr							. Kares I N
2 Describe in Part IV the organization's pro				to Commisto if the		"V" Г	
Part II Grants and Other Assistan		_		•	•	res on Form	
990, Part IV, line 21, for any	1					(a) Description of	40.5
(a) Name and address of organization     or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Arizona State Council							
4544 N Camino							General
Tucson, AZ 85745	86-0675875	501(c)(19)	22,774				Support
(2)California State Council							
PO Box 3007							General
Fontana, CA 92336	77-0134068	501(c)(19)	307,094				Support
(3)Colorado State Council							
PO Box 60912							General
Colorado Springs, CO 80960	84-1208019	501(c)(19)	27,768				Support
(4)Connecticut State Council							
299 Goodwin Street							General
East Hartford, CT 06108	06-1179893	501(c)(19)	19,484				Support
(5)Florida State Council							
229 Golf View Drive							General
Auburndale, FL 33823	59-3025759	501(c)(19)	85,209				Support
(6)Illinois State Council							
3419 24st Street							General
Rock Island, IL 61201	36-3743195	501(c)(19)	94,980				Support
(7)Kansas State Council							
PO Box 1492							General
Junction City, KS 66441	52-1850858	501(c)(19)	8,730				Support
(8)Kentucky State Council							
PO Box 2573							General
Elizabethtown, KY 42702	61-1095505	501(c)(19)	10,214				Support
(9)Louisiana State Council							
3913 Highway 383							General
Kinder, LA 70648	61-1696368	501(c)(19)	21,102				Support
(10)Massachusetts State Council							
281 Franklin Street							General
Springfield, MA 01104	04-3280051	501(c)(19)	22,876				Support
2 Enter total number of section 501(c)(3) ar	nd government organ	izations listed in the line	1 table			▶ _	
3 Enter total number of other organizations	listed in the line 1 tal	ole					

# SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public

Inspection

Name of the organization Employer identification number Vietnam Veterans of America Inc 13-2929110 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part IV can be duplicated if additional space is needed. (f) Method of valuation (g) Description of (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, noncash assistance or government (if applicable) grant cash assistance or assistance other) (1)Maryland State Council 17 N Liberty Street General Cumberland, MD 21502 52-1422752 501(c)(19) 147,894 Support (2)Michigan State Council 30039 Beechwood Street General Garden City, MI 48135 38-2705392 501(c)(19) 28,572 Support (3)Minnesota State Council 20 W 12th St **General** Saint Paul, MN 55155 41-1557908 501(c)(19) 42,032 Support (4)Missouri State Council 10990 New Halls Ferry General Saint Louis, MO 63136 43-1524258 501(c)(19) 27,024 Support (5)Nebraska State Council 6789 County Road 32 General Fort Calhoun, NE 68023 47-0729830 6,558 501(c)(19) Support (6) New Jersey State Council 559 W 9th Ave **General** Roselle, NJ 07203 22-2695251 501(c)(19) 70,896 Support (7) New Mexico State Council 1615 Agua Fria St General Santa Fe, NM 87505 85-0385975 501(c)(19) 12,540 Support (8) New York State Council 2975 Orangevill Center Rd **General** Warsaw, NY 14569 11-3132217 501(c)(19) 112,252 Support (9)Buckeye State Council 12 Valley Lane **General** Goshen, OH 45122 31-1031745 51,124 501(c)(19) Support (100)klahoma State Council 4703 NW Ridgecrest Dr General Tulsa, OK 74170 73-1365895 501(c)(19) 13,452 Support 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

# **SCHEDULE I** (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 **Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

Vietnam Veterans of America In	ıc					13-2929110	ı
Part I General Information on	<b>Grants and Ass</b>	sistance					
1 Does the organization maintain records to	o substantiate the am	ount of the grants or ass	istance, the grantees' elig	gibility for the grants or	assistance, and		
the selection criteria used to award the g	grants or assistance?						🗌 Yes 🗌 No
2 Describe in Part IV the organization's pro	ocedures for monitorin	ng the use of grant funds	in the United States.				
Part II Grants and Other Assistan	nce to Domestic C	organizations and Do	mestic Governmen	ts. Complete if the	organization answered	"Yes" on Form	
990, Part IV, line 21, for any	recipient that rece	ived more than \$5,000	0. Part II can be dupli	cated if additional s	pace is needed.		
<ol> <li>(a) Name and address of organization or government</li> </ol>	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Pennsylvania State Council							
PO Box 433							General
Newtown Square, PA 19073	23-2683150	501(c)(19)	59,912				Support
(2)Tennessee State Council							
104 Candlewick Pl							General
Hendersonville, TN 37075	62-1596747	501(c)(19)	6,726				Support
(3)Texas State Council							
PO Box 330245							General
Fort Worth, TX 76163	75-2160799	501(c)(19)	7,684				Support
(4)Virginia State Council							
2258 Bayberry St							General
Virginia Beach, VA 23451	54-1808591	501(c)(19)	42,668				Support
(5)Alaska State Council							
17401 Ashland Dr							General
Anchorage, AK 99516	75-3168158	501(c)(19)	11,667				Support
(6)Indiana State Council							
5361 Pierce St							General
Merrillville, IN 46410	35-1671593	501(c)(19)	17,857				Support
(7)Vermont State Council							
1161 Collins RD							General
Brattleboro, VT 05301	22-2565526	501(c)(19)	12,361				Support
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) a	and government organ	izations listed in the line				<u> </u>	
3 Enter total number of other organizations							
- Liner total number of other organizations	o noted in the line I tak	лс		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · ·	

13-2929110

	ssistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IV Supplemental	Information Provid	e the information re	equired in Part L li	ne 2 Part III colum	n (b), and any other addi	tional information
					ntation to ensure it	

#### SCHEDULE O (Form 990 or 990-EZ)

## 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.

Department of the Treasury
Internal Revenue Service
Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Vietnam Veterans of America Inc 13-2929110 01. Members or stockholder classes and rights (Part VI, line 6) The Association has members that pay dues. 02. Member election for additional members (Part VI, line 7a) Board members are elected by delegates who represent State and Local Council chapters at the bi-annual convention which is held every odd year. 03. Form 990 governing body review (Part VI, line 11) The 990 is reviewed in detail with the preparer, an independent CPA. The 990 is also reviewed by the leadership team and the full board prior to its filing. 04. Conflict of interest policy compliance (Part VI, line 12c) Board members are required to disclose conflicts of interest on a regular basis. 05. CEO, executive director, top management comp (Part VI, line 15a) Compensation is determined through the budget process. Annual raises include cost of living adjustments. The Board regularly consults with compensation surveys to determine the reasonableness of specific salary ranges. 06. Other officer or key employee compensation (Part VI, line 15b Compensation is determined through the budget process. Annual raises include cost of living adjustments. The Board regularly consults with compensation surveys to determine the reasonableness of specific salary ranges.

07. Governing documents, etc, available to public (Part VI, line 19)