## \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020)

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

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

A F	or the	e 2019 calendar year, or tax year beginning $$ JUL $1,$ $2019$ and $$	ل ending	UN 30, 2020					
B	Check if applicable	C Name of organization		D Employer identifi	cation number				
	Addre								
	Name chang	Doing business as		54-14290	93				
	Initial return Final return	PO BOY 932	Room/suite	E Telephone numbe (540)464					
	termir ated			G Gross receipts \$	4,824,882.				
	Amen return	ded TEXINODON 373 24450		H(a) Is this a group return					
F	Applic		-	for subordinates					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—				
T 7	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	1 ' '	list. (see instructions)				
		te: WWW.VMIAA.ORG		H(c) Group exemptio	,				
		organization: X Corporation Trust Association Other	<b>L</b> Year		M State of legal domicile: VA				
	art I	Summary	•	•	V				
_	1	Briefly describe the organization's mission or most significant activities: TO PI	ROVIDE	SUPPORT FO	R THE				
Governance		VIRGINIA MILITARY INSTITUTE (VMI), A STAT							
na I	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.				
Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	7				
		Number of independent voting members of the governing body (Part VI, line 1b)			7				
တို	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			20				
/itie	6	Total number of volunteers (estimate if necessary)			0				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			13,361.				
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.				
				Prior Year	Current Year				
Φ	8	Contributions and grants (Part VIII, line 1h)		3,114,062.	768,239.				
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		833,309.	883,231.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,217,966.	3,173,412.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,165,337. 2,501,417.	4,824,882.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,505,366.						
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,354,046.	2,270,127.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 2,060,68		0 411 160	1 000 505				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,411,162.	1,808,575.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,266,625.	6,584,068.				
	19	Revenue less expenses. Subtract line 18 from line 12		-1,101,288.	-1,759,186.				
Assets or			Ве	ginning of Current Year 79,135,385.	End of Year				
SSE	20	Total assets (Part X, line 16)		57,564,658.	79,392,561. 60,578,974.				
Net A	21	Total liabilities (Part X, line 26)		21,570,727.	18,813,587.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		21,310,121.	10,013,307.				
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is				
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	intowiougo and boilor, it is				
irao	, 001100	A and completel books and of property (client than officer) to become an an information of the	ion proparor	That any knowneage.					
Sig	n	Signature of officer		Date					
Her		MR. DAVID PRASNICKI, CHIEF FINANCIAL O	FFICEF	₹					
	•	Type or print name and title		_					
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN				
Paid	i	JOSEPH S. NADDER, III JOSEPH S. NADDER	R, II 1	1/12/20 if self-employ	P01240960				
	parer								
-	Only	Firm's address 901 EAST CARY STREET, SUITE 1000							
_		RICHMOND, VA 23219		Phone no. (8	04) 282-7636				
Max	, the II	RS discuss this return with the preparer shown above? (see instructions)		•	X Ves No				

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE PURPOSE OF VMI ALUMNI AGENCIES BOARD IS TO SUPPORT VIRGI	
	MILITARY INSTITUTE (VMI), A STATE-SUPPORTED SCHOOL, BY COORD	
	DEVELOPMENT AND FUNDRAISING EFFORTS CONDUCTED ON BEHALF OF T	
	INSTITUTE, PLANNING, ORGANIZING, AND CONDUCTING THE VMI CAMPA	AIGN.
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	
	revenue, if any, for each program service reported.	•
4a	(Code:) (Expenses \$3, 177, 964. including grants of \$2, 505, 366. ) (Revenue \$	)
	ALL PROGRAM SERVICES WERE FOR THE SUPPORT OF VMI	
415		
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	2 177 064	
	· · ·	Form <b>990</b> (2019)

# Form 990 (2019) VMI ALUMNI AGENCIES BOARD, INC. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	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	_		<del></del>
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		
10		10	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		$\vdash$
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			3,7
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>X</u>	_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	_X_	
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		<u> </u>
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		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	X	

Form	1990 (2019) VMI ALUMNI AGENCIES BOARD, INC. 54-142	<u> 19093</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	_
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		3.7	
	Schedule K. If "No," go to line 25a		X	37
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<b>₩</b>
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		<b> </b> ₩
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05.		<b> </b> ₩
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<del>.</del>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٠.,
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ا
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
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	
35 a	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	. 38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

932004 01-20-20

Form **990** (2019)

(gambling) winnings to prize winners?

Form 990 (2019) VMI ALUMNI AGENCIES BOARD, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2 20 b If at least one is reported on Form W-3, Transmittal of Wage and Tax Statements, 2 20 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required for each federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required for each federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required for each federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required for each federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required for explicit that the year?  B if If Yes, 1 and it filed a form 990° Tor this year? If No! to line 3b, provide an explanation on Schedulue 0  3b X A any time during the calendary ear, did the organization have an interest in, or a significant on 90° Tor this year.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Financial Financial Accounts (FBAR).  See instructions for filing requirements for financial filing requirements for filing foreign for filing fili		continued								
their for the calendary year ending with or within the year covered by this return  b of all least one is reported on line 2a, did the organization file all required federal employment tax returne?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-fige (see instructions)  B id the organization have unrelated business goes income of \$1,000 or more during the year?  B id the organization country such as a shark account, securities account, or other financial accountry?  4a A ramy time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry is such as a shark account, securities account, or other financial accountry?  5a Was the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," enter the name of the foreign country to a prohibited tax shelter transaction at any time during the tax year?  5c In the Sa of Sb, did the organization file Form 8886.72  6d Does the organization have required that the was or is a party to a prohibited tax shelter transaction?  6c Does the organization have required that the two or is a party to a prohibited tax shelter transaction?  6c Does the organization have reported that the organization file Form 8886.72  6d Did the organization that were not tax deductible as charitable contributions?  6c Did How organization that were not tax deductible as charitable contributions?  6c Did How organization excess a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d Did the organization sell, exchange, or otherwise dispose of transpile personal property for which it was required to file Form 8882 filed during the year  6d If Yes, "indicate the number of Forms 8828 filed during the year  6d If Yes, "indicate the number of Forms 8828 filed during the year payment or second year. The payment of the organization receive any funds, directly or indirectly, to pay premiums on a			i i		Yes	No				
b If a least one is reported on line 2a, did the organization fiel all required to et-pile (see instructions)  Note: if the sum of lines 1 and 2 as igreater than 250, you may be required to e-file (see instructions)  3a IX    3b If the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, *has it filed a form 990-1 for this year? If *No* to line 3b, provide an explanation on Schedule O  3b IX    4a At any time during the calendary ear, 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 accounts (FBAR).  5a If Yes, *Institute or the name of the troging country by the 1*Yes, *Institute or the authority over, a financial account in a foreign country such as a bank account, securities account, or other financial Accounts (FBAR).  5a Was the organization have understanced the security of the organization for the security of the organization account. Securities account, or other financial Accounts (FBAR).  5a Was the organization factor or profibited tax shelter transaction?  5b If Yes, *Ide any taxable party notify the organization file Form 1888-17.  5c If Yes* to line 5a or 5b, did the organization file Form 8886-17.  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions while the organization for the organization for the development of the organization for the value of the goods or services provided?  6b If Yes, *Institute the number of Forms 8282 filed during the year  7c If If Yes, *Indicate the number of Forms 8282 filed during the year  7d If the organizatio	2a		20							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_site (see instructions)  3a		, , , , , , , , , , , , , , , , , , , ,		OI:	v					
3a X b if "Yes," has it flied a Form 990°T for this year? // "No" to line 3b, provide an explanation on Schedule O 3b X    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 of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If "Yes," intere the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization have foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization in the organization that it was or is a party to a prohibited tax shelter transaction?  5c Was the organization have developed the organization flee form 88867?  5c If "Yes' to line 5a or 5b, did the organization flee form 88687?  6c If "Yes' to line 5a or 5b, did the organization flee form 88687?  6c If "Yes' did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7 organizations that may receive deductible achieves solicitation an express statement that such contributions or grits were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 If "Yes," indicate the number of forms 8822 filed during the year  9 If "Yes," indicate the number of forms 8822 filed during the year  1 If "Yes," indicate the number of forms 8822 filed during the year  1 If Did the organization neceive any funds, directly or indirectly, to pay permiums on a personal benefit contract?  7 To 2 If Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?  7 To 2 If Did the organization make any taxibility of the organization file a Form 1088-07 to the form 1088-07 to the organization make any taxibility of indirectly, or pay permiums on a person	b			20	Λ					
b If Yes, "hast if fleed a Form 990-T for this year? If Yes' to lime 3b, provide an explanation on Schedule 0 4 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 accounts)  5 b If Yes," enter the name of the foreign country 5 been instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxabile party notify the organization file Form 8888-T? 6 b Did any taxabile party notify the organization file Form 8888-T? 6 a 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? 6 b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that many receive deductible contributions under section 170(c). 8 b If Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 9 b If Yes," did the organization notify the donor of the value of the goods or services provided? 10 bid the organization receive a payment in excess of \$57 made party as a contribution of quality of the payor and the file of the payor of the value of the goods or services provided? 10 bid the organization received an contribution of use of tangible personal property for which it was required to file Form 8282? 10 bid the organization received an contribution of provided to payment in excess of \$7 made payments of the year. 11 bid the organization received an contribution of use of tangible personal property for which it was required? 12 bid the organization received an contribution of the value of the payments of the organization f	2-	Did the constitution is a second of the constitution of the consti	,	2-	Y					
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financial account in a foreign country   ▶  fire "exist in the 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization file Form 8898-17  6 If "Yes" to line 5a or 5b, did the organization file Form 8898-17  6 Does the organization and party to a prohibited tax shelter transaction?  6 If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization network aparent in excess of 575 made party as a contribution and party for goods and services provided to the payor?  9 Did the organization network aparent in excess of 575 made party as a contribution of under the payor?  10 Did the organization network aparent in excess of 575 made party as a contribution of under the payor?  11 Fives, "indicate the number of Forms 8282 filed during the year  12 Did the organization network and contribution of the value of the goods or services provided?  13 Did the organization network and contribution of undercity, to pay premiums on a personal benefit contract?  14 Did the organization network and contribution of undercity, to pay premiums on a personal benefit contract?  15 Did the organization network and contribution of undercity, to pay premiums on a personal benefit contract?  16 Did the organization network and contribution of undercity, or pay premiums on a personal benefit contract?  17 Did the organization network and contribution of undercity or indirectly, to pay premiums on a personal benefit contract?  17 Did the organization network and maintaining domoration or division,				30	- 22					
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5 a or 50, did the organization file Form 8886-T7  6 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Did the "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Did the sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make at yeazhed idistributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make at yeazhed idistributions under section 4966?  9 Sponsoring organizations and the advised funds.  10 Did the sponsoring organization make at yeazhed idistributions under section 4966?  9 Sponsoring organizations criter:  10 Organizations from them.)  11 Did  11 Section 501(x)(2) organizations. Enter:  12 Organization ilcensed	5a	Was the constitution of the form the first and the shadow of the form the state of		5a		х				
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VMI ALUMNI AGENCIES BOARD, INC. Form 990 (2019) 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 on 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 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 committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. Another's website X Upon request \_\_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2019)

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

PO BOX 932, LEXINGTON, VA

THE ORGANIZATION - (540)464-7383

# 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				<b>C)</b>			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	son i	s both	an	compensation	compensation	amount of	
	week	-	cer an	la a a	recto	r/trus	.ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	trust		99	n be us		(W-2/1099-MISC)		organization and related
	below	dual t	tiona	١.	nploy	st cor yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) ASA H. PAGE III	5.00		_			- 0				
BOARD MEMBER	2.00	Х						0.	0.	0.
(2) GERALD J. ACUFF, JR.	5.00									
BOARD MEMBER	4.00	Х						0.	0.	0.
(3) MR. AND MRS. DANIEL P. THORNTON	5.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(4) MR. THOMAS HENRY ZARGES	5.00								_	_
BOARD MEMBER	2.00	Х						0.	0.	0.
(5) MR. THOMAS R. WATJEN	5.00	l								
BOARD MEMBER		Х						0.	0.	0.
(6) SAMUEL N STOCKS	5.00									•
BOARD MEMBER	2.00	Х						0.	0.	0.
(7) STEPHEN E. HUPP	5.00	3,7							_	0
BOARD MEMBER (8) CRISSY S. ELLIOTT	4.00	Х						0.	0.	0.
(8) CRISSY S. ELLIOTT FINANCIAL CONTROLLER	6.00			х				130,488.	0.	11 720
(9) DAVID L. PRASNICKI	40.00			^				130,400.	0.	11,729.
CHIEF FINANCIAL OFFICER	6.00			х				183,873.	0.	7,088.
(10) STEPHEN M. MACONI	40.00							100/0751	•	7,000
CHIEF EXECUTIVE OFFICER	6.00			x				260,260.	0.	18,596.
(11) GREGORY M. CAVALLARO	40.00									
SENIOR MAJOR GIFT OFFICER						X		177,705.	0.	10,365.
										•
										<b>5 990</b> (2242

Form 990 (2019)

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	<u>ees,</u>	and	d Hi	ghes	st C	compensated Employee	S (continued)				
	(A)	(B)				C)	_		(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable			stimate	
		hours per week					is botl or/trus		compensation from	compensatio from related	- 1		nount other	ot
		(list any	ctor						the	organization			pensa	tion
		hours for	Individual trustee or director	ىيە			ited		organization	(W-2/1099-MIS	3C)		om th	
		related organizations	ustee	Institutional trustee		96	npensi		(W-2/1099-MISC)				anizat d relat	
		below	dual tr	utional	_	Key employee	st con	e e					anizati	
		line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Former						
						<u> </u>					$\longrightarrow$			
						<u> </u>								
						-								
						_								
1h	Subtotal					<u> </u>		┢	752,326.		0.	4	7,7	78.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	752,326.		0.	4	7,7	78.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	;			
	compensation from the organization												\ \	. 4
•	Did the conservation list and former of the	alling advantage and						. In the	do est e e e e e e e e e e e e e e e e e e		ſ		Yes	No
3	Did the organization list any <b>former</b> officer,	•		•	•	•		_		•		3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		21
•	and related organizations greater than \$150	•							•	Ü		4	х	
5	Did any person listed on line 1a receive or a			•							·····			
	rendered to the organization? If "Yes." com	plete Schedule	e <i>J f</i> e	or su	ıch j	pers	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensat	ion fro	om	
	the organization. Report compensation for	tne calendar ye	ear e	endir	ng w	/ith d	or wi	thin T		ear.			•	
	<b>(A)</b> Name and business	address							( <b>B)</b> Description of s	ervices	С	(C ompe	رّ <b>ر)</b> nsatio	n
DIT	Z METION N X							$\dashv$	ТМ7ЕСФМЕМФ					

Name and business address

Description of services

Compensation

INVESTMENT

225 LIBERTY STREET, NEW YORK, NY 10286

FLORA PETTIT, 530 EAST MAIN STREET, PO BOX
2057, CHARLOTTESVILLE, VA 22902

LEGAL SERVICES

161,068.

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

Form **990** (2019)

Form 990 (2019) VMI ALU
Part VIII Statement of Revenue

		Check if Schedule O contains a res	ponse (	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
Sυ	1:	a Federated campaigns 1:	<u>.                                      </u>					
ant		Membership dues 1						
S S		Fundraising events	+					
fts,		d Related organizations						
ij gi								
ons,		Government grants (contributions)	+					
Contributions, Gifts, Grants and Other Similar Amounts	•	All other contributions, gifts, grants, and	.	768,239.				
ë		similar amounts not included above		763,000.				
o d	•		g  \$	·	768,239.			
Oa	r	1 Total. Add lines 1a-1f		Business Code	700,233.			
	_			Business Code				
<u>ic</u> e	2 8							
er Je	k							
n S	•	·						
irar 3ev	•	d						
Program Service Revenue		·						
Δ.		All other program service revenue						
_		Total. Add lines 2a-2f						
	3	Investment income (including dividends						
		other similar amounts)			883,231.		13,361.	869,870.
	4	Income from investment of tax-exempt	-					
	5	Royalties		<b>_</b>				
		(i) R	eal	(ii) Personal				
	6 a	a Gross rents 6a						
	k	Less: rental expenses 6b						
	(	Rental income or (loss)						
	•	d Net rental income or (loss)		<b></b>				
	7 a	a Gross amount from sales of (i) Sect	urities	(ii) Other				
		assets other than inventory <b>7a</b>						
	k	Less: cost or other basis						
ne		and sales expenses <b>7b</b>						
her Revenue	(	Gain or (loss)7c						
Re		d Net gain or (loss)	<u></u>	<b>&gt;</b>				
ē		a Gross income from fundraising events (not						
₹		including \$ o	f					
		contributions reported on line 1c). See						
		Part IV, line 18	. 8a					
	k	Less: direct expenses						
		Net income or (loss) from fundraising e		<b>&gt;</b>				
		a Gross income from gaming activities. S						
		Part IV, line 19						
	k	Less: direct expenses						
		Net income or (loss) from gaming activi						
		Gross sales of inventory, less returns						
		and allowances	10a					
	ŀ	Less: cost of goods sold						
		Net income or (loss) from sales of inver		•				
		, ,		Business Code				
snc	11 a	ADMINISTRATIVE FEES		900099	3,173,412.			3,173,412.
nec	k							. ,
Miscellaneous Revenue								
isc.	`	d All other revenue						
Σ	ì	• Total. Add lines 11a-11d		<b>—</b>	3,173,412.			
	12	Total revenue. See instructions			4,824,882.	0.	13,361.	4,043,282.

	t IX Statement of Functional Expense	SS BOAL	AD, INC.	J4 1.	429093 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	<u> </u>	·
	and domestic governments. See Part IV, line 21	2,505,366.	2,505,366.		
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,	964 955	172 001	216 220	175 725
•	trustees, and key employees	864,955.	172,991.	216,239.	475,725.
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	1,013,455.	202,691.	152,018.	658,746.
8	Pension plan accruals and contributions (include	1,013,433.	202,031.	132,010.	030,740.
Ū	section 401(k) and 403(b) employer contributions)	147,186.	29,437.	22,078.	95,671.
9	Other employee benefits	119,525.	23,905.	17,929.	77,691.
10	Payroll taxes	125,006.	25,001.	18,751.	77,691. 81,254.
11	Fees for services (nonemployees):	•			•
а	Management				
b	Legal	208,930.	41,786.	62,679.	104,465.
С	Accounting	70,200.		70,200.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	366,560.		366,560.	
g	Other. (If line 11g amount exceeds 10% of line 25,	4.40 550			0= =40
	column (A) amount, list line 11g expenses on Sch O.)	142,572.		57,029.	85,543.
12	Advertising and promotion	025 107	100 070	070 120	407 107
13	Office expenses	835,197.	129,870.	278,130.	427,197.
14	Information technology				
15	Royalties				
16 17	Occupancy	59,081.		11,816.	47,265.
18	Payments of travel or entertainment expenses	33,001.		11,010.	47,203.
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	62,600.	31,300.	31,300.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	23,036.	5,968.	17,068.	
b	REAL ESTATE TAXES	16,946.	8,473.	8,473.	
С	TRUST MANAGEMENT FEE	10,962.		10,962.	
d	MEMBERSHIPS	6,612.	4 4 7 7	3,306.	3,306.
	All other expenses	5,879.	1,176.	882.	3,821.
25	Total functional expenses. Add lines 1 through 24e	6,584,068.	3,177,964.	1,345,420.	2,060,684.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2019)

Check here

if following SOP 98-2 (ASC 958-720)

tΧ	Balance Sheet					
	Check if Schedule O contains a response or no	ote to an	ine in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing				1	
2					2	
3					3	
4	Accounts receivable, net			612,497.	4	
5	Loans and other receivables from any current	or forme	fficer, director,			
	trustee, key employee, creator or founder, sub	stantial o	ntributor, or 35%			
	controlled entity or family member of any of the	ese pers	s		5	
6	Loans and other receivables from other disqua	ons (as defined				
	under section 4958(f)(1)), and persons describe	ed in sec	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7		
8	Inventories for sale or use			8		
9	Prepaid expenses and deferred charges				9	
10a						
			19,224.			
b		· · · · · · · · · · · · · · · · · · ·	0.	10c	0 .	
11				11		
12			76,819,119.		74,422,278	
13						
14	Intangible assets		1 700 760		4 070 000	
15	Other assets. See Part IV, line 11			4,970,283		
16						79,392,561
17		7,879,119.		11,816,549		
			46 556 472		20 606 070	
				46,556,4/3.		38,696,870
					21	
22						
	. ,		· · · · · · · · · · · · · · · · · · ·			10 000 000
			Г		24	10,000,000
25		-				
		-		2 120 066		65 555
						65,555. 60,578,974.
26				57,504,050.	26	00,570,974
		neck ner				
07			1	1 866 015	07	4,217,209.
				16 704 682		14,596,378.
28				10,704,002.	28	14,390,370
		958, CN	k nere			
00		-	1		00	
					31	
31	netained earnings, endowment, accumulated	income,	outer turius			10 010 505
32	Total net assets or fund balances			21,570,727.	32	18,813,587.
	1 2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th 6 Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 13 Investments - program-related. See Part IV, line 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must ec 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete 22 Loans and other payables to any current or for trustee, key employee, creator or founder, sub controlled entity or family member of any of th 23 Secured mortgages and notes payable to unrelat 24 Unsecured notes and loans payable to unrelat 25 Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, cf and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions  Organizations that do not follow FASB ASC and complete lines 29 through 33.  28 Capital stock or trust principal, or current fund 30 Paid-in or capital surplus, or land, building, or	Check if Schedule O contains a response or note to any I  Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net  Accounts receivable, net Loans and other receivables from any current or former or trustee, key employee, creator or founder, substantial corrections and other receivables from other disqualified persor under section 4958(f)(1)), and persons described in section Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Cother assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Loans and other payables to any current or former officer trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these person of Secured mortgages and notes payable to unrelated third payaties, and other liabilities not included on lines 17-24). Of Schedule D Total liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). Of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment	Check if Schedule O contains a response or note to any line in this Part X  1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 19,224 11 Investments publicity traded securities 11 Investments publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here   1 Total liabilities. Add lines 17 through 25  Organizations that do not follow FASB ASC 958, check here  1 Total liabilities include lines 29 through 33. 20 Capital sto	Check if Schedule O contains a response or note to any line in this Part X  (A) Beginning of year  1	Check if Schedule O contains a response or note to any line in this Part X    Cah   Beginning of year

	1930 (2013) 1111 1111011111 11311101112 2011112   11101			<del>, , , , , , , , , , , , , , , , , , , </del>	ıα	<u>gc</u>			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,82</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2				68.			
3	Revenue less expenses. Subtract line 2 from line 1	3				86.			
4									
5	Net unrealized gains (losses) on investments	5	-1	,01	9,1	31.			
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 on Schedule O)	9		2	1,1	77.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10 18,								
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	Separate basis X 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?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	dit						
	Act and OMB Circular A-133?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2019)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

VMI ALUMNI AGENCIES BOARD, INC.

Employer identification number 5.4 - 1.4.29093

				NCIES BUARD,				4-1443033				
Pai	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete thi	s part.) Se	e instructions.					
he o	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative		•			i).					
4		A medical research organiz					•	the hospital's name.				
•		city, and state:	anon operated in ee.	, and a man a market		55546		and neephane manne,				
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ad by a go	vernmental unit describe	ad in				
J				lege of difficulty owned	or operati	sa by a go	verninental driit describe	2 <b>4</b> III				
•		section 170(b)(1)(A)(iv).				10/1 V/4V/AV	, <u>, , , , , , , , , , , , , , , , , , </u>					
6		A federal, state, or local go	•				• •					
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general publi											
		section 170(b)(1)(A)(vi). (C	•									
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org	ganization described	in <b>section 170(b)(1)(A)(</b> i	ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the r	name, city,	, and state of the college	or				
		university:										
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from				
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support f	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	ifter June 30, 1975.				
		See section 509(a)(2). (Co		,		·	, ,					
11		An organization organized	•	vely to test for public saf	etv. See	section 50	)9(a)(4).					
	X	An organization organized a	•	•	•			nurnoses of one or				
_		more publicly supported or	•	•	•		•					
		lines 12a through 12d that	~					SHOOK THE BOX III				
•	X	Type I. A supporting orga	• •		-			aivina				
а	21											
		the supported organization			пајопцу о	i trie direc	tors or trustees or the st	ipporting				
		organization. You must o										
b			•					-				
		control or management o			ame persoi	ns that cor	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С			grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
d			<b>/ integrated.</b> A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	bution req	uirement and an attentiv	/eness				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	٧.					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiza	ation.						
f	Ente	er the number of supported o						4				
g	Prov	vide the following information	n about the supporte	d organization(s).								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
7 T F	RGT	NIA MILITARY		above (see instructions))								
		TUTE	54-6001803	2	х		2,475,185.					
	<u> </u>	1011	34 0001003		- 23		2,173,1031					
71MT 1	r 🗗	OUNDATION, INC	51-0505066	7	x		0.					
		LUMNI	34-0303300	ı			· ·					
			E4 0E1E7E2	7	77		_					
70 S	SUC.	IATION	54-0515753	7	X		0.					
T		DVDDM 01115	E 4 1200022	-	.,		05 005					
/M	L K.	EYDET CLUB	54-1300039	7	X		25,307.					
ota	<u> </u>						2,500,492.	0.				

# 

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
3	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)						
_							
	Public support. Subtract line 5 from line 4.						
		(-) 004E	(1-) 0040	(-) 0047	(-1) 0040	(-) 0040	(f) T-+-!
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10					,	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	1 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		<b>▶</b> □
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						<b>▶</b> □
18	Private foundation. If the organization		-	•			• • • • • • • • • • • • • • • • • • •
			,,	, ,, 11.		dule A (Form 990	

## 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) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions,							
merchandise sold or services per- formed, or facilities furnished in							
any activity that is related to the							
organization's tax-exempt purpose							
3 Gross receipts from activities that							
are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge					+	<del> </del>	
6 Total. Add lines 1 through 5					1		
<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							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support	_	T -	T -	Τ.	T -	<del> </del>	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
9 Amounts from line 6						<u> </u>	
10a 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							
c Add lines 10a and 10b							
11 Net income from unrelated business							
activities not included in line 10b, whether or not the business is							
regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital							
assets (Explain in Part VI.)							
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,	
check this box and <b>stop here</b>			······			<b>&gt;</b>	
Section C. Computation of Public	c Support Per	centage					
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%	
16 Public support percentage from 2018					16	%	
Section D. Computation of Inves	tment Income	e Percentage					
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%	
18 Investment income percentage from 2	<b>2018</b> Schedule A,	Part III, line 17			18	%	
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not	
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
b 33 1/3% support tests - 2018. If the							
line 18 is not more than 33 1/3%, chec						▶∐	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	<b>▶</b>	

## 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
		v
2		X
20		Х
3a		21
3b		
3с		
4a		Х
4b		
4c		
		X
<u>5a</u>		
5b		
5c		_
30		
6		Х
7		X
8		X
		7.
9a		X
		v
9b		X
		Х
9c		Λ
10a		Х
iva		22
10b		
990 or 99	0-EZ	2019

Pa	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
С	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.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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.	1	х	
2	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.	2		х
Sec	tion C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	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).	1		
Sec	tion D. All Type III Supporting Organizations			
	71 11 3 3		Yes	No
1	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?	1		
2	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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions	)	
2	Activities Test. Answer (a) and (b) below.	10110110)	Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in</i> <b>Part VI.</b>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3		
-	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integrat	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
4	Amou	nts paid to acquire exempt-use assets	•		
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in <b>Part VI</b> ). See instructions.			
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
		,	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:				
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
-	and 4	-			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		s from 2017			
		ss from 2018			
		ss from 2019			
t	LACES	I I I I I I I I I I I I I I I I I I I			

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Employer identification number** 

VMI ALUMNI AGENCIES BOARD INC. 54-1429093 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

# VMI ALUMNI AGENCIES BOARD, INC.

54-1429093

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## VMI ALUMNI AGENCIES BOARD, INC.

54-1429093

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	20.447 ACRES		
		\$ 763,000.	06/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
000450 44 00			200 000 F7 000 PF\ (0040\

Name of organization **Employer identification number** 54-1429093 VMI ALUMNI AGENCIES BOARD, INC. 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

VMI ALUMNI AGENCIES BOARD, INC. **Employer identification number** 54-1429093

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. <b>(a)</b> Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
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 w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assats
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			<b>•</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1			<b>.</b> .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		<b>•</b> \$
a	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X			
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡

13551112 797738 2065070002

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

Schedule D (Form 990) 2019

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	r Simi	lar Assets	(contin	ued)
3	,									
	collection items (check all that apply):									
а										
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organizatio	n's exen	npt pur	oose in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, his	torical treas	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontributions	s or other ass	ets not i	included	d		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						. 10	;		
	Additions during the year							ŀ		
	Distributions during the year							,		
f	Ending balance							•		
2a	Did the organization include an amount on Fo								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 1	10.			
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	s back	(d) Thre	ee years back	(e) Four	years back
1a	Beginning of year balance	7,581,698.	3,	890,226.	3,540	,931.	3	,067,946.	3,	164,447.
	Contributions	1,563.	3,	000,488.	1	1,114. 888. 8				838.
	Net investment earnings, gains, and losses	102,105.		889,585.	465	5,007.		579,447.		7,241.
	Grants or scholarships	196,526.		198,601.	116	,826.	. 107,350			104,580.
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	7,488,840.	7,	581,698.	3,890	,226.	3	,540,931.	3,	067,946.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a)	) held as:	•			•	
а	Board designated or quasi-endowment	,	%	,	,					
b	Permanent endowment ► 100.00	%	_							
С		<del></del> %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	•	tion that	are held ar	nd administer	ed for th	e organ	ization		
	by:	Ü					J			Yes No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sc	hedule R?						Х
4	Describe in Part XIII the intended uses of the									•
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990	Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumul	ated	(d) Book	value
		basis (investn	nent)	basis	(otner)	ael	preciati	UII		
	Land									
	Buildings									
	Leasehold improvements				0 004		1 ^	204		
	Equipment			1	9,224.		<u>ту,</u>	224.		0.
	Other									
<u>Tota</u>	l. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, columi	n (B). line 10	Oc.)			🕨		0.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 VMI ALUMNI	AGENCIES BOARD	) INC.	54-	-1429093	Page
Part VII Investments - Other Securities.	TIGHNOTED BOTHLE	, 1110.	3 -	1425055	rage
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1	1b. See Form 990, Pa	rt X, line 12.		
(a) Description of security or category (including name of security)			uation: Cost or end-	of-year market v	alue
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A) SECURITIES-POOLED FUND	73,477,793.		AR MARKET		
(B) OTHER INVESTMENTS	944,485.	END-OF-YE	AR MARKET	VALUE	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	74,422,278.				
Part VIII Investments - Program Related.	7 1 1 1 1 2 2 1 2 1 0 1				
Complete if the organization answered "Yes	s" on Form 990 Part IV line 1	1c See Form 990 Pa	rt X line 13		
(a) Description of investment	(b) Book value		uation: Cost or end-	of-year market v	alue
(1)				•	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>				
Part IX Other Assets.					
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1 <b>a)</b> Description	1d. See Form 990, Pa	ert X, line 15.	(h) Dools va	
				(b) Book va 1,531	
(1) LIFE INSURANCE CASH SURRI (2) DUE FROM RELATED PARTIES	ENDER VALUE			3,438	
(3)				3,430	, 500
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) II Part X Other Liabilities.	ine 15.)		<b>&gt;</b>	4,970	283
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1	1e or 11f. See Form 9	90, Part X, line 25.		
1. (a) Description of liability				(b) Book va	lue
(1) Federal income taxes					
(2) TRUST & ANNUITTY OBLIGATION	ONS			65	555

<u>1.                                    </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	TRUST & ANNUITY OBLIGATIONS	65,555.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	65,555.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

		Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Ret	turn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total r	and the second state of th		1
2		nts included on line 1 but not on Form 990, Part VIII, line 12:		
а		nrealized gains (losses) on investments	2a	
b		ed services and use of facilities	2b	
С		reries of prior year grants	2c	
d		(Describe in Part XIII.)	2d	
		nes 2a through 2d	•	2e
3		act line <b>2e</b> from line <b>1</b>		3
4		nts included on Form 990, Part VIII, line 12, but not on line 1:		
a		ment expenses not included on Form 990, Part VIII, line 7b	4a	
b		(Describe in Part XIII.)	4b	
		nes <b>4a</b> and <b>4b</b>		4c
5		revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )		5
	t XII	Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per R	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total e	II. III. III. III. III. III. III. III.		1
2		nts included on line 1 but not on Form 990, Part IX, line 25:		
a		ed services and use of facilities	2a	
b		vear adjustments	2b	
c		losses	2c	
d		(Describe in Part XIII.)	2d	
		nes 2a through 2d	•	2e
3		act line <b>2e</b> from line <b>1</b>		3
4		nts included on Form 990, Part IX, line 25, but not on line 1:		
a		ment expenses not included on Form 990, Part VIII, line 7b	4a	
b		(Describe in Part XIII.)	4b	
		nes <b>4a</b> and <b>4b</b>		4c
5		expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	The state of the s	5
	t XIII	Supplemental Information.		<del>_</del>
Provi	de 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,
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		, ,
PAF	T V	, LINE 4:		
THE	E IN'	TENDED USE OF THE ENDOWMENT FUNDS IS TO	SUPPORT THE VIR	GINIA
MII	ITA	RY INSTITUTE (VMI), A STATE-SUPPORTED SC	HOOL.	
PAF	X TS	, LINE 2:		
THE	OR	GANIZATION IS EXEMPT FROM FEDERAL AND ST	ATE INCOME TAXE:	S AS A
NON	IPRO:	FIT ORGANIZATION UNDER SECTION 501(C)(3)	OF THE INTERNA	L REVENUE
COI	E A	ND THE TAX STATUTES OF THE COMMONWEALTH	OF VIRGINIA. I	N ADDITION,
THE	OR	GANIZATION HAS BEEN CLASSIFIED AS AN ORG	ANIZATION THAT	IS NOT A
PRI	VAT	E FOUNDATION UNDER SECTION 509(A) OF THE	INTERNAL REVEN	UE CODE.

Schedule D (Form 990) 2019	VMI	ALUMNI	AGENCIES	BOARD,	INC.	54-1429093	Page 5
Schedule D (Form 990) 2019 Part XIII   Supplemental Inform	mation	(continued)					

## SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

Employer identification number

Name of the organization					Employer identi	ication number
VMI ALUMNI AGEN	CIES BOA	RD, INC.			54-142909	3
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	res" on
Form 990, Part I			·			
	•		ds to substantiate the amount of its gra			
the grantees' eligibility f	for the grants or a	assistance, and	the selection criteria used to award the	grants or assis	tance?	Yes No
O Fan amantus alvana Daar	anila a ira Dant V tlar					: -   -   -
2 For grantmakers. Description United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistance outs	ide the
	he following Part	· L line 3 table ca	an be duplicated if additional space is n	eeded )		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	-	gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,	0	0	TNVEGEMENEG			2 920 527
ARUBA, BAHAMAS,	0	0	INVESTMENTS			2,839,537.
3 a Subtotal	0	0				2,839,537.
<b>3 a</b> Subtotal <b>b</b> Total from continuation						2,000,007.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3h)	0	0				2 839 537.

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

Schedule F (Form 990) 2019

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the tion 501(c)(3) equivalency lett					
3 Enter total number of								

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

Schedule F (Form 990) 2019

			tes. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplica  (a) Type of grant or assistar	ated if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

# Schedule F (Form 990) 2019 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

932075 10-12-19 Schedule F (Form 990) 2019

#### 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.

► Go to www.irs.gov/Form990 for the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  VMI ALUMN	I AGENCIE	S BOARD, IN	iC.				Employer identification number 54-1429093
Part I General Information on Grants a		•					
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pre</li> </ol>	stance?						
Part II Grants and Other Assistance to	-				anization answered "	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than a 1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ed. (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
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	400,000.	0.			UNDESIGNATED AID
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	8,000.	0.			OTHER
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	4,322.	0.			INSURANCE PREMIUMS
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	606,901.	0.			INTERCOLLEGIATE ATHLETICS
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	20,996.	0.			TRUST DISTRIBUTIONS
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	1,424,761.	0.			DEBT SERVICE
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization</li> </ul>		-					

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other	er Assistance to Gov	ernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
(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 non-cash assistance	(h) Purpose of grant or assistance
MI FOUNDATION							
O BOX 932							
EXINGTON, VA 24450	54-0505966	115	10,205.	0.			ADMINISTRATIVE SUPPORT
MI KEYDET CLUB							
O BOX 932							
LEXINGTON, VA 24450	52-1300039	115	30,181.	0.			ADMINISTRATIVE SUPPORT

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
VMI ALUMNI AGENCIES BOARD, INC. AWA	ARDS ASSI	STANCE ONI	LY TO VIRGI	NIA MILITARY	
INSTITUTE, A STATE-SUPPORTED SCHOOL	L AND REL	ATED AGENO	CIES. FUNDS	AWARDED ARE	
BASED ON THE INSTITUTE'S NEED AND 1	REQUEST F	OR FUNDS.			

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number VMI ALUMNI AGENCIES BOARD INC. 54-1429093

D	art I Questions Regarding Compensation	42909	<u> </u>	
P	Guestions Regarding Compensation		Vaa	Na
4.			Yes	No
ıa	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.			
	First-class or charter travel  Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  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	1b	X	
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?	2		Х
2				
3	Indicate which, if any, of the following the 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.			
	Compensation committee  X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?			X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 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			
J	contingent on the revenues of:			
2		5a		Х
	-			X
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			
U	contingent on the net earnings of:			
а	The organization?	6a		Х
				X
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	05		-2
7				
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
٥	not described on lines 5 and 6? If "Yes," describe in Part III			-22
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	····   •		- 22
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	L	

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

Schedule J (Form 990) 2019

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DAVID L. PRASNICKI	(i)	175,012.	4,500.	4,361.	5,700.	1,388.	190,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHEN M. MACONI	(i)	241,407.	12,000.	6,853.	17,773.	823.	278,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GREGORY M. CAVALLARO	(i)	174,909.	2,000.	796.	6,002.	4,363.	188,070.	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)							
	(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.
PART I, LINE 1A:
TRAVEL EXPENSES FOR COMPANIONS ARE REIMBURSED TO THE ORGANIZATION.
PART I, LINE 3:
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.
COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

## SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

VMI ALUMNI AGENCIES BOARD, INC.

Employer identification number 54-1429093

VMI ALUMNI AGENCIES B							)	4 <sup>-</sup> 1	4290	133		
Part I Bond Issues SEE PART VI	FOR COLUMN	NS (A) ANI	) (F) (	CONTIN	UATIONS							
(a) Issuer name (b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price	(f) Descripti	on of purpose	( <b>g</b> ) De	feased	(h) On I		(i) Po	
									of issuer		financing	
							Yes	No	Yes	No	Yes	No
INDUSTRIAL DEVELOPMENT					CONSTRUC							
A AUTHORITY OF THE CITY OF 54-6001392	NONE	10/29/10	4553			IP AND ET	' X			Х		X
INDUSTRIAL DEVELOPMENT					REFUND B							
B AUTHORITY OF THE CITY OF 54-6001392	52976TAK3	06/02/16	3673	6226.	SERIES 2	006B AND		Х		Х		X
С												
D												
Part II Proceeds												
		A			В	С				D		
1 Amount of bonds retired	<u></u>											
2 Amount of bonds legally defeased			<u>7,410.</u> 7,990.									
·	3 Total proceeds of issue			36,	<u>736,226.</u>							
4 Gross proceeds in reserve funds	<u></u>											
5 Capitalized interest from proceeds												
6 Proceeds in refunding escrows					323,830.							
7 Issuance costs from proceeds		53	534,928. 412,396.									
8 Credit enhancement from proceeds												
9 Working capital expenditures from proceeds	<u></u>											
10 Capital expenditures from proceeds		<u> 45,00</u>	3,062.									
11 Other spent proceeds												
12 Other unspent proceeds												
13 Year of substantial completion	<u></u>											
		Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding issue of tax-exempt by	oonds (or,											
if issued prior to 2018, a current refunding issue)?			X		X							
15 Were the bonds issued as part of a refunding issue of taxable bond	•											
issued prior to 2018, an advance refunding issue)?	<u></u>		X	X								
16 Has the final allocation of proceeds been made?		Х			X							
17 Does the organization maintain adequate books and records to sup	pport the											
final allocation of proceeds?	<u></u>	X		X								

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

Schedule K (Form 990) 2019

Pai	t III Private Business Use								
			A		В		O		)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X		X				
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
_7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?		X		X				
Pai	t IV Arbitrage								
			A	ı	В		Ç		)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
_2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
	Exception to rebate?		X		X				
	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?		X		X				

Part IV Arbitrage (continued)								
	A         B           Yes         No         Yes         No           X         X         X				(	Ç		)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X		X				
Part V Procedures To Undertake Corrective Action								
		Α	I	3		С		)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		X		X				
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF I	EXINGT	ON, VIR	GINIA					
(F) DESCRIPTION OF PURPOSE:								
CONSTRUCTION OF LEADERSHIP AND ETHICS CENTER. IMP	ROVEME	NTS TO	STADIUN	IS.				
(A) ISSUER NAME:								
INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF I	EXINGT	ON, VIR	GINIA					
(F) DESCRIPTION OF PURPOSE: REFUND BOND SERIES 20	06B AN	D 2006C						
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME:								
INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF I	EXINGT	ON, VIR	GINIA					
DATE THE REBATE COMPUTATION WAS PERFORMED: 06								
			<u> </u>					

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	VMI ALUMNI A	GENCIE	S BOARD,	INC.		54-1	429	093	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	n	<b>(d)</b> Method of do oncash contrib	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other	Х	1	763,000	. FAI	R MARKET	VA:	LUE	
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other • ()								
26	Other ()								
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions	•				
	for which the organization completed Form 828								
								Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throu	ıgh 28, t	hat it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be	used for				
	exempt purposes for the entire holding period?	)					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contrib	utions?		31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncast	า				
	contributions?		•				32a		Х
b	If "Yes," describe in Part II.		•						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is ch	ecked,				
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932142 09-27-19

### SCHEDULE O

Internal Revenue Service

(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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Name of the organization

> VMI ALUMNI AGENCIES BOARD INC.

**Employer identification number** 54-1429093

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OF THE VMI ALUMNI ASSOCIATION, INC. BOARD OF DIRECTORS SERVE AS THE MEMBERS OF THE VMI ALUMNI AGENCIES BOARD, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

INC. HAVE THE RIGHT TO ELECT ONE OR MEMBERS OF THE VMI ALUMNI ASSOCIATION, MORE MEMBERS OF THE VMI ALUMNI AGENCIES BOARD'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE VMI ALUMNI AGENCIES BOARD'S BYLAWS PROVIDE THAT ANY AMENDMENT TO THE BYLAWS BY THE BOARD OF DIRECTORS IS SUBJECT TO AMENDMENT OR REPEAL BY THE MEMBERS.

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

PRIOR TO ITS FILING, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS DISTRIBUTED TO AND REVIEWED BY THE BOARD MEMBERS DURING A SCHEDULED MEETING. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT PROVIDED TO THE THE VMI ALUMNI AGENCIES BOARD HAS ANSWERED NO TO FORM 990, PART VI, QUESTION 11A.

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

ANNUAL CONFLICT OF INTEREST STATETMENTS ARE COMPLETED BY ALL BOARD MEMBERS. ADDITIONALLY, A CONFLICT OF INTEREST POLICY WHICH GOVERNS ALL BOARD MEMBERS IS IN PLACE AND REVIEWED AND UPDATED ANNUALLY FOR EXISTING AND NEW BOARD MEMBERS.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization  VMI ALUMNI AGENCIES BOARD, INC.	Employer identification number 54-1429093
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSIT	E AND ARE ALSO
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY OBLIGATIONS	21,177.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSU	MES
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION	N OF AN
INDEPENDENT ACCOUNTANT. THE AUDITED FINANCIAL STATEMENTS	ARE REVIEWED
AT A SCHEDULED MEETING EACH YEAR.	

## SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

VMI ALUMNI A	GENCIES BOARD, INC.					54-14290	93	
Part I Identification of Disregarded Entities. Com	plete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	(e) ome End-of-year	assets	Direct c	( <b>f)</b> ontrollin ntity	ng
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34,	because it had one	or more	related tax-exer	npt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dire	(f) ct controlling entity	con	(g) 512(b)(13) strolled ntity?
VMI ALUMNI ASSOCIATION, INC 54-0515753 PO BOX 932	ORGANIZE ALUMNI INTO ONE							

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

ASSOCIATION

INSTITUTE, A

COLLEGE

SUPPORT VIRGINIA MILITARY

STATE-SUPPORTED SCHOOL

SUPPORT INTERCOLLEGIATE

ATHLETIC PROGRAMS AT VMI

Schedule R (Form 990) 2019

Х

Х

Х

309 LETCHER AVE.

LEXINGTON, VA 24450

LEXINGTON, VA 24450

LEXINGTON, VA 24450

LEXINGTON, VA 24450

PO BOX 932

PO BOX 932

VMI FOUNDATION, INC. - 54-0505966

VMI KEYDET CLUB, INC. - 54-1300039

VIRGINIA MILITARY INSTITUTE - 54-6001803

VIRGINIA

VIRGINIA

VIRGINIA

VIRGINIA

501(C)(3)

501(C)(3)

501(C)(3)

115

LINE 7

LINE 7

LINE 7

N/A

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership	
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
		l .					l					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity Type of entity (C corp, S corp. or trust)		Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Courtry)						Yes	No
-									

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

X

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X		
С	Gift, grant, or capital contribution from related organization(s)				1c		<u>X</u>	
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e	X		
f	Dividends from related organization(s)				1f		_X	
g	Sale of assets to related organization(s)				1g		_X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		_X	
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		_X_	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_	
	Performance of services or membership or fundraising solicitations for related organ						X	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	Х	<u>X</u>	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10	X		
р	Reimbursement paid to related organization(s) for expenses				1p		_X_	
q	Reimbursement paid by related organization(s) for expenses				1q		<u>X</u>	
							<u>X</u>	
S	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	tionships and transaction thresholds.				
	<b>(a)</b> Name of related organization	(b)	(c)	(d)				
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amoun	t involved			
		type (a-s)						
(1)								
(2)								
(3)								
(4)								
<b>(</b> -\								
(5)								
(C)								
(6)	0.00			Caland	ula D /Farr	000\	2010	
32163	09-10-19	E 2		Sched	ule R (For	m 990)	2019	

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0040

Form <b>990-T</b>	E	Exempt Organization Bus	ax Returr	۱	OMB No. 1545-0047		
		(and proxy tax unde			mr 20 202		2040
	For ca	lendar year 2019 or other tax year beginning JUL 1,				<u>:0</u> .	ZU 19
Department of the Treasury Internal Revenue Service	▶	Go to www.irs.gov/Form990T for in: Do not enter SSN numbers on this form as it may	be mad	de public if your organiz			Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name cl	nanged	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions.)
<b>B</b> Exempt under section	Print	VMI ALUMNI AGENCIES BOA	ARD,	INC.			4-1429093
X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	, see in	structions.			ated business activity code nstructions.)
408(e) 220(e)	ואָרָנּי	PO BOX 932				4	
408A530(a) 529(a)		City or town, state or province, country, and ZIP or LEXINGTON, VA 24450	foreigr	n postal code		900	099
		F Group exemption number (See instructions.)	<b>&gt;</b>			PUU	
C Book value of all assets at end of year 79,392,5	61.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a	) trust	Other trust
		ation's unrelated trades or businesses.	1	Describe	the only (or first) u	nrelated	
trade or business here	<u> </u>	EE STATEMENT 1		If only one	, complete Parts I-V.	. If more	than one,
describe the first in the b	lank spa	ace at the end of the previous sentence, complete Pa	rts I and	d II, complete a Schedul	e M for each additior	nal trade	or
business, then complete							
		poration a subsidiary in an affiliated group or a paren	t-subsi	diary controlled group?	<b>&gt;</b>	Ye	es X No
·		tifying number of the parent corporation.   THE ORGANIZATION		Talaak	none number 🕨 (	<u> </u>	\161 7202
		de or Business Income	1	(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale				(A) Income	(b) Expense		(o) Not
<b>b</b> Less returns and allow		c Balance	1c				
		A, line 7)	2				
3 Gross profit. Subtract			3				
4a Capital gain net incon	ne (attac	ch Schedule D)	4a	26,933.			26,933.
		Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	for trus	sts	4c				
		ship or an S corporation (attach statement)	5	-37,817.	STMT	2	-37,817.
6 Rent income (Schedu	, ,		6				
		me (Schedule E)	7	24,245.			24,245.
•		and rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
		ome (Schedule I)	10				
11 Advertising income (S	schedule	3 J)	11 12				
12 Other income (See ins	3 throu	ns; attach schedule)		13 361			13,361.
Part II Deductio	ns No	ot Taken Elsewhere (See instructions fo	r limita	tions on deductions.)	L		13,301.
		pe directly connected with the unrelated busine					
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
						15	
						16	
17 Bad debts						17	
		ee instructions)				18	
19 Taxes and licenses						19	
20 Depreciation (attach	Form 4	562)		20			
		n Schedule A and elsewhere on return				21b	
22 Depletion						22	
		mpensation plans				23	
		Chadula I				24	
		chedule I)				26	
27 Other deductions (at	tach sch	hedule J) nedule)		SEE STA	гемент 3	27	7,518.
		14 through 27				28	7,518.
29 Unrelated business t	axable i	ncome before net operating loss deduction. Subtract		from line 13		29	5,843.
		loss arising in tax years beginning on or after Januar					-,
•	-					30	0.
		ncome. Subtract line 30 from line 29				31	5,843.

Part	: 111	Total Unrelated Business Taxable Income			
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions	)	. 32	5,843.
33	Amoun	ts paid for disallowed fringes		33	ı
34	Charita	ble contributions (see instructions for limitation rules)		. 34	
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the s	um of lines 32 and 33	35	
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)			5,843.
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35		. 37	
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)		. 38	1,000.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
D		ne smaller of zero or line 37		39	0.
		Tax Computation			
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		► <u>40</u>	0.
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from			
40		ax rate schedule or Schedule D (Form 1041)		41	
42 43		ax. See instructions		42	
44	Tayon	tive minimum tax (trusts only)  Noncompliant Facility Income. See instructions	44		
45	Total	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	
	V	Tax and Payments		.   40	
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
		redits (see instructions) 46b			
C	Genera	l business credit. Attach Form 3800 46c			
d	Credit 1	for prior year minimum tax (attach Form 8801 or 8827) 46d			
		redits. Add lines 46a through 46d		460	9
47	Subtrac	ct line 46e from line 45		47	0.
48	Other t	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 0 0	ther (attach schedule	e) <u>48</u>	
49	Total ta	ax. Add lines 47 and 48 (see instructions)		49	
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		. 50	0.
		nts: A 2018 overpayment credited to 2019 51a		_	
b	2019 e	stimated tax payments 51b		_	
C	Tax dep	posited with Form 8868 51c		_	
		organizations: Tax paid or withheld at source (see instructions)		_	
		withholding (see instructions) 51e		_	
		for small employer health insurance premiums (attach Form 8941) 51f		_	
g		redits, adjustments, and payments: Form 2439			
		orm 4136 Other Total > 51g			
		ayments. Add lines 51a through 51g		l	
53 54		. If line EQ is less than the total of lines 40, EQ, and EQ, anter amount award		. <u>53</u> ▶ 54	
54 55		e. If fine 52 is less than the total of lines 49, 50, and 53, enter amount owed		► 55	
56		ne amount of line 55 you want: <b>Credited to 2020 estimated tax</b>	Refunded	► 56	
Part		Statements Regarding Certain Activities and Other Information (see in		1 00	
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other autho	ority		Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to	file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count	ry		
	here	<b>&gt;</b>			X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?		X
		see instructions for other forms the organization may have to file.			
59		ne amount of tax-exempt interest received or accrued during the tax year   \$\bigs\\$	4 - 4b - 1b4 - 6 1		al halfat it is too
Sign	C	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known CHIEF FINANC	vledge.	wieuge an	u bellet, it is true,
Here		1	тАП		IRS discuss this return with
-		Signature of officer Date OFFICER Title		the prep	ons)? X Yes No
			Check	_	PTIN
<b>.</b>		Print/Type preparer's name  JOSEPH S. NADDER,  Preparer's signature  JOSEPH S. NADDER,	self- employ		THIN
Paid		III III 11/12/2	' '		P01240960
_	oarer	Firm's name ▶ DIXON HUGHES GOODMAN LLP	Firm's EIN		56-0747981
use	Only	901 EAST CARY STREET, SUITE 1000	THIHSLIN	-	
		Firm's address ► RICHMOND, VA 23219	Phone no.	(80	4) 282-7636
923711	01-27-20	·	•		Form <b>990-T</b> (2019)

13551112 797738 2065070002

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation ► N/A						
1 Inventory at beginning of year				Inventory at end of yea			6			
2 Purchases				Cost of goods sold. Su						
3 Cost of labor				from line 5. Enter here						
4a Additional section 263A costs				line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No		
<b>b</b> Other costs (attach schedule)				property produced or a	cquirec	I for resale) apply to				
5 Total. Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income ( (see instructions)	(From Real I	Property and	l Per	sonal Property L	ease	d With Real Prop	perty			
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receive	ed or accrued								
` rent for personal property is more than \ ' of rent for p			personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y connec and 2(b) (	cted with the income in attach schedule)		
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter <b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶	0		
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)		•				
			2	. Gross income from		3. Deductions directly cor to debt-finan				
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).		
Totals						0		0		
Total dividends-received deductions in								0		

Form **990-T** (2019)

Schedule F - Interest	, Annuitie	s, Royal	ties, an	1				tions	see ins	struction	ns)
				Exempt (	Controlled O	rganizatio	ons				
Name of controlled organi	zation	<b>2.</b> Em identifi num	cation	3. Net unr (loss) (see	elated income instructions)	<b>4.</b> Tota payn	al of specified nents made	includ	t of column 4 ded in the contration's gross i	rolling	<b>6.</b> Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Orga	nizations	•									
7. Taxable Income		unrelated incom see instructions		9. Total	of specified payr made	ments	10. Part of colu in the controlli gross		nization's	<b>11</b> . De wit	eductions directly connected h income in column 10
(1)											
(2)											
(3)											
(4)											
	•						Add colun Enter here and line 8, o		1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0.
Schedule G - Investm		me of a S	Section	501(c)(7	'), (9), or (	17) Org	anization				
(see in	structions)				1				1		
<b>1.</b> De	escription of inco	ome			2. Amount of	income	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	ected	<b>4.</b> Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
						_					
Totals				<u></u>		0.					0.
Schedule I - Exploited (see ins	<b>d Exempt</b> tructions)	Activity	Income	e, Other	Than Adv	/ertisin	g Income				
1. Description of exploited activity	unrelated incom	Gross d business ne from business	directly of with pro of uni	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or blumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelate business inco	that ted	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
	page 1	ere and on 1, Part I, , col. (A).	page 1	re and on I, Part I, col. (B).							Enter here and on page 1, Part II, line 25.
Totals	<b>&gt;</b>	0.		0.							0.
Schedule J - Advertis											
Part I Income From	n Periodio	cals Repo	orted o	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compute nrough 7.	5. Circula income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) (2) (3) (4)											-
(3)			_								-
(4)			-								-
(7)			-				1				
Totals (carry to Part II, line (5))	<b>&gt;</b>	(	).	0	•						0.
											Form <b>990-T</b> (2019)

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form **990-T** (2019)

FORM 990-T	DESCRIPTION	OF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 1
		BUSINESS ACTIVIT	ΓY	

## PASSTHROUGH INCOME FROM INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
	ND INCOME	74,308. 84. 6,415. 1,010. -119,634.
MOMAL INCLUDED ON EOD	v 000 = D10= 1	25 015
TOTAL INCLUDED ON FOR	M 990-T, PAGE 1, LINE 5	-37,817 <b>.</b>
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
FORM 990-T		
	OTHER DEDUCTIONS	STATEMENT 3

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/11	9,639.	9,639.	0.	0.
06/30/13	106,406.	964.	105,442.	105,442.
06/30/14	74,616.	0.	74,616.	74,616.
06/30/15	101,550.	0.	101,550.	101,550.
06/30/16	96,800.	0.	96,800.	96,800.
06/30/17	42,438.	0.	42,438.	42,438.
06/30/18	105,012.	0.	105,012.	105,012.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	525,858.	525,858.

### **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

	VMI ALUMNI AGENCIES	S BOARD, INC.		Į	54-	1429093
Dic	d the corporation dispose of any investmen	-	ity fund during the tax ye			
lf "	Yes," attach Form 8949 and see its instruc	ctions for additional require	ements for reporting your			
-	Part I Short-Term Capital Gai	ns and Losses (See	instructions.)	_		
<b>to e</b> Thi:	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8945 Part I, line 2, column (g)	),	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
_	( )					
2	Totals for all transactions reported on					
_	Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on					-1,381.
_	Form(s) 8949 with <b>Box C</b> checked	france Coco line oc an o	7			-1,301.
	Short-term capital gain from installment sales				4	
					5	,
	, ,	/	ь		<u>6</u> 7	-1,381.
	Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain				-/	-1,301.
	e instructions for how to figure the amounts	13 and £033e3 (566)	nstructions.)			
	enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949		(h) Gain or (loss). Subtract column (e) from column (d) and
Thi: rou	s form may be easier to complete if you and off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box F</b> checked					19,498.
					11	8,816.
12	Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14	Capital gain distributions				14	
	Net long-term capital gain or (loss). Combine		n h		15	28,314.
F	Part III Summary of Parts I and	111				
	Enter excess of net short-term capital gain (lir				16	
	' Net capital gain. Enter excess of net long-term				17	26,933.
18	Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns		18	26,933.
	Note: If losses exceed gains, see Capital Los	ses in the instructions.				
LH	A For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		S	chedule D (Form 1120) 2019

921051 12-16-19

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

54-1429093

VMI ALUMNI AGENCIES BOARD, INC.	54-142909
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your	
statement will have the same information as Form 1099-B. Fither will show whether your basis (usually your cost) was repor	ted to the IRS by your

<u>roker and may even tell you which box to check</u> Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see Column (e) ir combine the result Code(s) with column (g) the instructions SEE ATTACHED <1,381.> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

above is checked), or line 3 (if Box C above is checked)

Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

Form 8949 (2019)

	VMI ALUMNI AGE	NCIES BOA	ARD, INC.	•			54-1	429093
Be sta br	efore you check Box D, E, or F belo atement will have the same informa oker and may even tell you which b	box to check.						
F	Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term t	ransactions,
	see page 1.  Note: You may aggregate al codes are required. Enter the	l long-term transact	ions reported on F	orm(s) 1099-B showi	ng basis was reported to report these trans	d to the IRS	and for which no adj	ustments or ctions).
	ou must check Box D, E, or F below. (	Check only one bo	x. If more than one b	ox applies for your long-	term transactions, compl	ete a separate	Form 8949, page 2, for 6	
Γ	(D) Long-term transactions rep			•		-		
Ī	(E) Long-term transactions rep	•	•	•	•	note as	3.0)	
Ē	(F) Long-term transactions not			<del>-</del>	por 100 10 11 10 11 10			
<u>-</u>	(a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
	Description of property	Date acquired	Date sold or	Proceeds	Cost or other	l loss. If yo I in column	ou enter an amount (g), enter a code in	Gain or (loss).
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the  Note below and		). See instructions.	Subtract column (e) from column (d) &
			(Mo., day, yr.)		see Column (e) in	(f)	(g)	combine the result
					the instructions	Code(s)	Amount of adjustment	with column (g)
S	EE ATTACHED							19,498.
					1			
_	Totale Add the amounts in a firm		n d (h) (a) : http://di		1			
2	<b>Totals.</b> Add the amounts in colur							
	negative amounts). Enter each to Schedule D, <b>line 8b</b> (if <b>Box D</b> about 100 mounts).		•					
	above is checked), or <b>line 10</b> (if <b>E</b>	• •	•					19,498.
	above is officeredly, of fine 10 (ii t	JOA I ADOVE IS CI	iconcu)	l	1		l .	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2019)

## Form **4797**

Department of the Treasury Internal Revenue Service

## Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184
2019

Attachment Sequence No. **27** 

VMI ALUMNI AGENCIES BOARD, INC. 54-1429093 1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (d) Gross sales (c) Date sold 2 allowed or basis, plus of property Subtract (f) from the (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale SEE ATTACHED 8,816. 3 Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 8,816. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 8,816. capital gain on the Schedule D filed with your return. See instructions Ordinary Gains and Losses (see instructions) Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

Pa	rt III Gain From Disposition of Propert	y Und	er Sections 1245	, 1250, 1252	, 125	64, and 1255	(see ir	nstructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			<b>(b)</b> Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
_A								
<u>B</u>								
<u>_c</u>								
<u>D</u>								
	These columns relate to the properties on lines 19A through 19D.	<b>•</b>	Property A	Property I	В	Property	С	Property D
20	Gross sales price ( <b>Note:</b> See line 1 before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable $\dots$	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22	25a						
b	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b						
c	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
	Enter the <b>smaller</b> of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the <b>smaller</b> of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b						
Sui	mmary of Part III Gains. Complete property of	columns	A through D through	line 29b before (	going	to line 30.		
30	Total gains for all properties. Add property columns	A throu	ıgh D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter here	e and on line 13			31	
32								
	fuere allegation according on the fit are Forms 4707. Item			•			32	
Pa	rt IV Recapture Amounts Under Section	ns 179	9 and 280F(b)(2)	When Busine	ess l	Jse Drops to	50% (	or Less
	(see instructions)							
						(a) Section 179	ו	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable ir	n prior years		33			
34					34			
35	Recapture amount. Subtract line 34 from line 33. Se				35			

918012 12-04-19

Form **4797** (2019)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

VMI ALUMNI AGENCIES BOARD, INC. PO BOX 932 LEXINGTON, VA 24450

VIRGINIA DEPT. OF TAXATION P.O. BOX 1500 RICHMOND, VA 23218-1500

## TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

## FOR THE YEAR ENDING

June 30, 2020

Prepared For:		
	VMI Alumni Agencies Board PO Box 932	d, Inc.
	Lexington, VA 24450	
Prepared By:		
	Dixon Hughes Goodman LL 901 East Cary Street, Suite Richmond, VA 23219	
To be Signed	and Dated By:	
	Not applicable	
Amount of Ta		
	Total Tax	\$0
	Less: payments and credits	\$0
	Plus: other amount	0
	Plus: nterest and penalties	\$O
	No payment required	\$
Overpayment	:	
	Credited to your estimated tax	\$ 0
	Other amount	\$0
	Refunded to you	\$0
Make Check F	Payable To:	
	Not applicable	
Mail Tax Retu	rn and Check (if applicable)	) To:
	electronically to the VADOT	red for electronic filing. If you wish to have it transmitted T, please sign, date and return VA-8879C to our office. We onic return to the VADOT. Do not mail the paper copy of the
Return Must k	e Mailed On or Before:	
	Not applicable	
Special Instru	ections:	

## **Form 500**

Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

# 2019 Virginia Corporation Income Tax Return



	AL or Attention: Return RT Year Filer: Beginning Date		ectronically. Use this form ( 2019 : i	only if you have Ending Date J(			Official Use Only	
		hange in Account		_				
		T.,						
FEIN		Name					Check all that apply:	
_	4-1429093 ing Address	VMI Z	ALUMNI AGENCI	LES BOAR	RD, INC	•	Initial Filer	
							Name Change	
_	O BOX 932 or Town			State	ZIP Code		Mailing Address Change	
-						= 0	Physical Address Change	
_	EXINGTON sical Address (if different from Mailing	Address)		VA	244	50	Entity Type Code	
,.	noar / talan ooo (ii amor on ii nom maining	, , , , , , , , , , , , , , , , , , , ,					NP	
Phys	sical City or Town			State	ZIP Code		NAICS Code	
							611000	
Date	Incorporated	State or Country of I	ncorporation	Description of B	Business Activity		1011000	
0	7/01/1978	VIRGIN	ГА	PASSTI	HROUGH	INCOME	FROM INVESTMENTS	
	eck Applicable Boxes		Final Return				elecommunications Company	
Г	Consolidated - Sch. 500	AC Enclosed	Final Return - Cl	heck here and	applicable	·	t from Form 500T, Line 7:	
	Combined - Sch. 500AC		boxes below.				· · · · · · · · · · · · · · · · · · ·	
	Change in Filing Status		Withdrawn				.00	
	Sch. 500A Enclosed		Dissolved - No	o longer liable	for tax.			
	Schedule 500AB Enclose	ed	Dissolved Dat	e		Noncorporat	te Telecommunications Company	
X	Nonprofit Corporation		Merged			Check box and	neck box and enter amount from Form 500T, Line 10:	
	Certified Company Appo	ortionment -	Merger Date					
	Sch. 500AP Enclosed		Merged FEIN #				.00	
	Enter number of affiliates	·	S Corp Effecti	rp Effective Electric Supp			plier Company	
Δm	ended Return (Do not file t	this form to carr	v hack a net operating lo	es Use Form	500NOLD)	Enter amount	t from Sch. 500EL, Line 7 or 14:	
	` `					1		
L	Amended Return - Checl	k here and	Nonrefundable or	Refundable C	redit		.00	
other applicable boxes.			Change			Home Service	e Contract Provider	
Federal Audit - Enclose copy of IRS			Schedule 500AB C	•		Enter amount	t from Form 500HS, Line 10:	
final determination.  Schedule 500A Changes			Capital Loss Carryback  Other - Enclose explanation Chec			and the second area of the secon		
	Schedule 500A Changes Other - Enclose explanation. Check box if a noncorporate HSCP.  Schedule 500ADJ Changes .00							
Questions and Related Information								
-								
A.	Have you made any payme		•	•		•	• •	
	expenses related to intang	ible property (pa	atents, trademarks, copy	rights, and sim	nilar intangib	le property)? If	yes, complete and	
	enclose Schedule 500AB.	Enter exc	eption amount from So	hedule 500AE	3, Line 8.	Α.	.00	
			•		,			
В.	Coalfield Employment Enh	ancement Tax C	Credit earned from 2019	Form 306, Line	e 11.	В	.00	
C.	If a net operating loss dedu	uction was clain	ned in computing federal	(1)	Year of Loss			
	taxable income on the U.S	•	, ı					
	the requested information.		•	he <b>(2)</b> F	Federal NOL			
	FEIN of the company generating the NOL prior to the merger date.  (3) Percent of federal							
	FEIN				NOL used th		%	
	(If there are NOLs for more			-	_	-		
D.	If pass-through entity withh	Ü	,	Schedules VK-1	1 and S	EE STAT		
_	complete and enclose Sch	•	•			_		
<b>E</b> .	Has your federal income to				· ·	Year <b>E.</b>		
	IRS and finalized for any property of the Department				,	Voor		
	reported to the Departmen	nr ii yes, provid	e u ie year(S).			Year Year		
F	Location of corporation's b	nooks				Year		
'''	Location of corporation 5 L					-		
	Contact for corporation's b	ooks THF: (	ORGANTZATTON	Cor	ntact Phone	Number (F	540)464-7383	

# 2019 Virginia Form 500

Page 2

FEIN 54-1429093



INCOME				
Federal taxable inc	come (from enclosed federal return)		1	. 0 .00
	om Schedule 500ADJ, Section A, Line 7			
	and 2)			
4. Total subtractions	from Schedule 500ADJ, Section B, Line 10		4	00
	Line 4 from Line 3)			00
	Association's Bad Debt Deduction (see instructions			.00
	ncome (subtract Line 6 from Line 5)			00
TAX COMPUTATION	N			
8. Apportionable Inc	come (Schedule 500A Filers) - Complete Lines 8(a	) through 8(d). See instru	uctions.	
(a) Income subject	ct to Virginia tax from Schedule 500A, Section B, Lir	ie 3(j)	8(a)	. 00.
(b) Apportionmen	nt factor percentage from Schedule 500A, Section B	1: 4 1: 0/0	8(b)	. %
(c) Nonapportion	able investment function income from Schedule 500	A, Section B, Line 3(c)	8(c)	00
	able investment function loss from Schedule 500A,			00
9. <b>Income tax</b> (6% o	f Line 7 or 6% of Line 8(a))		9	0 .00
PAYMENTS AND CF				
10. Nonrefundable tax	c credits: Enter the amount from Schedule 500CR, S	Section 2. Part 1. Line 1E	3 10	. 00
•	rginia income tax payments including overpayment			
	nt			00
	edits from Schedule 500CR, Section 4, Part 1, Line		4.4	00
15. Pass-through entit	ty total withholding from Schedule 500ADJ, Section			00
	and credits (add Lines 12 through 15)			00
REFUND OR TAX D	UE			
17. Tax owed (if Line	11 is greater than Line 16, subtract Line 16 from Line	e 11)	17	00
18. Penalty (see instru	uctions)		18	00
19. Interest (see instru	uctions)		19	00
20. Additional charge	from Form 500C, Line 17 (enclose Form 500C)		20	00
21. Total due (add Lir	nes 17 through 20)		21	00
	ine 16 is greater than Line 11, subtract Line 11 from			00
23. Amount to be cred	dited to 2020 estimated tax		23	00
	unded (aubtract Line 22 from Line 22)		24	00
under the penalties provided be complete return, made in good	vice-president, treasurer, assistant treasurer, chief accounting officer, only law that this return (including any accompanying schedules and stated faith, for the taxable year stated, pursuant to the income tax laws of the or she has any knowledge.	ements) has been examined by n	me and is, to the best of my know	wledge and belief, a true, correct, and
By checking the box	to the right, I (we) authorize the Department to di	scuss this return with t	the undersigned prepa	rer. — X
Date	Signature of Officer		Title CHIEF FINAN	CIAL OFFICER
Printed Name of Officer  MR • DAVID P	RASNICKI		Phone Number	
Print Preparer's Name and F	irm Name JOSEPH S. NADDER, III		Preparer Phone Number	626
DIXON HUGHE	S GOODMAN LLP		(804) 282-7	
Date 11/12/20	Individual or Firm, Signature of Preparer		901 EAST CAR D, VA 23219	Y STREET, SUIT
Preparer's FEIN, PTIN, or SS	N.	Approved Vendor Cod	-	
D010400C0		1	1010	

VA	500		NOL CARRYFORWARD	ADJUSTMENT	STATEMENT 1		
	YEAR END DATE	FEDERAL NOL	ADDITION	SUBTRACTION		RCENT OF FEDERAL NOL UTILIZED THIS YEAR	
(		6,709.	0.	0.	0.	.0000	
	06/30/13	106,406.	0.	0.	0.		
	06/30/14	74,616.	0.	0.	0.	.0000	
(	06/30/15	101,550.	0.	0.	0.	.0000	
(	06/30/16	96,800.	0.	0.	0.	.0000	
(	06/30/17	42,438.	0.	0.	0.	.0000	
(	06/30/18	105,012.	0.	0.	0.	.0000	
NE'	r VIRGINIA	MODIFICATION			0.	•	

## 2019 Virginia Schedule 500FED

## Corporation Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.

Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return VMI ALUMNI AGENCIES BOARD, INC. Form 1120 - Deductions and Taxable Income 1. Federal Taxable Income before NOL and Special Deductions .00 .00 2. Net Operating Loss Deduction 3. Special Deductions .00 4. Federal Taxable Income after NOL and Special Deductions .00 Form 1120, Schedule C - Dividends and Special Deductions 5. Subpart F Income and/or Global Intangible Low-Taxed Income .00 6. Gross-Up for Foreign Taxes Deemed Paid Form 1120, Schedule K or M-1 7. Tax Exempt Interest .00 Form 5884 - Work Opportunity Credit 8. Salaries and Wages not deducted due to the WOTC .00 Form 4562 - Special Depreciation Allowance and Other Depreciation 9. Special depreciation allowance for qualified property placed in service during the .00 taxable year 10. Property subject to 168(f)(1) election .00 11. Other depreciation .00 Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss 12. Total: Dividends (Exclude Gross-up) .00 .00 13. Total: Dividends (Gross-up) 14. Total: Inclusions (Exclude Gross-up) .00 .00 .00 17. Total: Gross Rents, Royalties, and License Fees .00 18. Total: Gross Income from Performance of Services .00 .00 19. 20. Total: Total Gross Income or Loss from Outside the US .00 Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions 21. Total: Allocable - Rental, Royalty, and Licensing Expenses -Depreciation, Depletion, and Amortization .00 22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses .00 23. Total: Allocable - Expenses Related to Gross Income from Performance of Services .00 24. Total: Allocable - Other Allocable Deductions .00 .00 25. Total: Total Allocable Deductions .00 26. Total: Apportioned Share of Deductions 27. Total: Net Operating Loss Deduction 27. .00 28. Total: Total Deductions .00 Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments

.00

VA-8879C Virginia Department of Taxation

# Virginia Corporation Income Tax e-file Signature Authorization

Tax Year **2019** 

# DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number			
THE ALLINOIT AGENCIES DOADD. THE	54-1429093			
VMI ALUMNI AGENCIES BOARD, INC.  Part I Tax Return Information	54-1429093			
Federal Taxable Income (Form 500, Page 2, Line 1)	1.			
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.			
3. Income tax (Form 500, Page 2, Line 9)	3.			
4. Total payments and credits (Form 500, Page 2, Line 16)	4.			
5. Total due (Form 500, Page 2, Line 21)	5.			
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.			
Part II Declaration and Signature Authorization of Officer	0.			
Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2019 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.  I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.  Officer's e-File PIN: check one box only  I authorize the ERO named below to enter my e-File PIN  Do not enterall zeros  as my signature on the corporation's 2019 electronic Virginia as my signature on the corporation's 2019 electronic Virginia				
DIXON HUGHES GOODMAN LLP  ERO Firm Name				
I will enter my e-File PIN as my signature on the corporation's 2019 electronic Virginia corporation inc	come tax return. Check this box only			
if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The	ERO must complete Part III below.			
Your Signature	Date			
Part III Certification and Authentication				
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 5492202321  Do not enter all zero				
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2019 Virginia corpor corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber state a signature pen, or computer software program.	f the Practitioner PIN method and			
ERO's SignatureJOSEPH_S. NADDER, III	Date11/12/20			

Form VA-8879C (REV 12/19)

### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020)

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

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

A F	or the	e 2019 calendar year, or tax year beginning $$ JUL $1,$ $2019$ and $$	ل ending	UN 30, 2020				
B	Check if applicable	C Name of organization		D Employer identification number				
	Addre							
	Name chang	Doing business as		54-14290	93			
	Initial return Final return	PO BOY 932	Room/suite	E Telephone numbe (540)464				
	termir ated			G Gross receipts \$ 4,824,882.				
	Amen return	ded TEXINODON 373 24450		H(a) Is this a group re				
F	Applic		-	for subordinates				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—			
T 7	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	1 ' '	list. (see instructions)			
		te: WWW.VMIAA.ORG		H(c) Group exemptio	,			
		organization: X Corporation Trust Association Other	<b>L</b> Year		M State of legal domicile: VA			
	art I	Summary	•	•	V			
_	1	Briefly describe the organization's mission or most significant activities: TO PI	ROVIDE	SUPPORT FO	R THE			
Governance		VIRGINIA MILITARY INSTITUTE (VMI), A STAT						
na I	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.			
Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	7			
		Number of independent voting members of the governing body (Part VI, line 1b)			7			
တို	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			20			
/itie	6	Total number of volunteers (estimate if necessary)			0			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			13,361.			
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.			
Revenue				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		3,114,062.	768,239.			
	9	Program service revenue (Part VIII, line 2g)		0.	0.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		833,309.	883,231.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,217,966.	3,173,412.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,165,337.	4,824,882.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,501,417.	_			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,354,046.	2,270,127.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 2,060,68		0 411 160	1 000 505			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,411,162.	1,808,575.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,266,625.	6,584,068.			
	19	Revenue less expenses. Subtract line 18 from line 12		-1,101,288.	-1,759,186.			
Assets or			Ве	ginning of Current Year 79,135,385.	End of Year			
SSE	20	Total assets (Part X, line 16)		57,564,658.	79,392,561. 60,578,974.			
Net A	21	Total liabilities (Part X, line 26)		21,570,727.	18,813,587.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		21,310,121.	10,013,307.			
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is			
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	intowiougo and boilor, it is			
irao	, 001100	A and completel books and of property (client than officer) to become an an information of the	ion proparor	That any knowneage.				
Sig	n	Signature of officer		Date				
Her		MR. DAVID PRASNICKI, CHIEF FINANCIAL O	FFICEF	₹				
	•	Type or print name and title		_				
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
Paid	i	JOSEPH S. NADDER, III JOSEPH S. NADDER	R, II 1	1/12/20 if self-employ	P01240960			
	parer	Firm's name DIXON HUGHES GOODMAN LLP			56-0747981			
-	Only	Firm's address 901 EAST CARY STREET, SUITE 1000						
_		RICHMOND, VA 23219		Phone no. (8	04) 282-7636			
Max	, the II	RS discuss this return with the preparer shown above? (see instructions)		•	X Ves No			

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PURPOSE OF VMI ALUMNI AGENCIES BOARD IS TO SUPPORT VIRGINIA
	MILITARY INSTITUTE (VMI), A STATE-SUPPORTED SCHOOL, BY COORDINATING
	DEVELOPMENT AND FUNDRAISING EFFORTS CONDUCTED ON BEHALF OF THE
	INSTITUTE, PLANNING, ORGANIZING, AND CONDUCTING THE VMI CAMPAIGN.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$3,177,964. including grants of \$2,505,366. ) (Revenue \$)
<del>4</del> a	ALL PROGRAM SERVICES WERE FOR THE SUPPORT OF VMI
	THE INCOME DERVICED WERE FOR THE BOTTORY OF VIII
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 3,177,964.

932002 01-20-20

# Form 990 (2019) VMI ALUMNI A 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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		X
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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	Х	
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	

13551112 797738 2065070002

VMI ALUMNI AGENCIES BOARD, INC. 54-1429093 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 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 Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease Х any tax-exempt bonds? 24c Х 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV ..... Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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Form **990** (2019)

(gambling) winnings to prize winners?

# Form 990 (2019) VMI ALUMNI AGENCIES BOARD, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No			
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 20						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b	X				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	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 Advanced in the Financi	counts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b 5c		X			
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e 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 contribution	ons or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		_		37			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and \$75 made partly as a contribution and \$75 made partly as a contribution and \$75 made partly as a contribution	rices provided to the payor?	7a		X			
			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?		7-		X			
٦		7d	7c					
u e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 <del>6</del>		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
	and a supplied to the supplied by the supplied	,	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	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	1						
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
D	Enter the amount of reserves the organization is required to maintain by the states in which the	401-						
_	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedul</i>		14b		+			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1-710					
	excess parachute payment(s) during the year?		15		x			
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х			
	If "Yes," complete Form 4720, Schedule O.							
	·		F	aan	(0040)			

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	7				
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
	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				
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						
b						
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	Х			
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		X		
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				
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial			
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	THE ORGANIZATION - (540)464-7383					
	PO BOX 932, LEXINGTON, VA 24450					

# 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization n  (A)	(B) (C)							(D)	(E)	(F)
Name and title				Pos		1		Reportable	( <b>c</b> ) Reportable	(F) Estimated
ivame and title	Average hours per		not c	heck	more	than o		compensation	compensation	amount of
	week					r/trust		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				pe		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	altrus	nal tr		loyee	com p e				and related
	below	ndividual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	ılı	l su	#	Ke	Hig	윤			
(1) ASA H. PAGE III	5.00	l							•	•
BOARD MEMBER	2.00	Х						0.	0.	0 .
(2) GERALD J. ACUFF, JR.	5.00	ŀ								
BOARD MEMBER	4.00	Х						0.	0.	0.
(3) MR. AND MRS. DANIEL P. THORNTON	5.00									
BOARD MEMBER	2.00	Х						0.	0.	0 .
(4) MR. THOMAS HENRY ZARGES	5.00									
BOARD MEMBER	2.00	Х						0.	0.	0 .
(5) MR. THOMAS R. WATJEN	5.00									
BOARD MEMBER		Х						0.	0.	0 .
(6) SAMUEL N STOCKS	5.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(7) STEPHEN E. HUPP	5.00									
BOARD MEMBER	4.00	Х						0.	0.	0.
(8) CRISSY S. ELLIOTT	40.00									
FINANCIAL CONTROLLER	6.00			х				130,488.	0.	11,729
(9) DAVID L. PRASNICKI	40.00							, , , , , , , , , , , , , , , , , , , ,	-	, <u> </u>
CHIEF FINANCIAL OFFICER	6.00			х				183,873.	0.	7,088
(10) STEPHEN M. MACONI	40.00									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CHIEF EXECUTIVE OFFICER	6.00			х				260,260.	0.	18,596
(11) GREGORY M. CAVALLARO	40.00							200,2001	0.1	20,000
SENIOR MAJOR GIFT OFFICER	1000					x		177,705.	0.	10,365
						21		177,703.	•	10,303
			$\vdash$							
	-		$\vdash$							
	-		_							
	-		<u> </u>	_						
			_							
		ļ								

Par	t VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box,	not c	Pos heck ss per	c) ition more rson i		ne an	(D)  Reportable compensation from	(E)  Reportable compensation from related	on		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fi org an	npensa rom the ganizat id relate anizatie	e ion ed
	Cultotal							_	752,326.		0.	4	7,7	78
	Subtotal Total from continuation sheets to Part VII								0.		0.		','	0.
	Total (add lines 1b and 1c)								752,326.		0.	4	7,7	
2	Total number of individuals (including but no compensation from the organization							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable	e			4
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director, trusto	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on	ſ			
_	line 1a? If "Yes," complete Schedule J for si	,		•	•	•		•		•	I	3		Х
4	For any individual listed on line 1a, is the su										·····			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	<u>∋ J f</u> ¢	or st	ıch į	oers	on .			<u></u>		5		X
	tion B. Independent Contractors							- 41	L	2400 000 - 5		·		
1	Complete this table for your five highest contribution the organization. Report compensation for the organization for the organization and the organization for the organization for the organization and the organization for the organization for the organization and the organization for the organization	•	•								pensat	lion tr	IΠC	
	(A) Name and business	•							(B) Description of s		С		C) ensatio	n
BNY	NY MELLON, N.A. INVESTMENT									<i>-</i>				

(A)
Name and business address

BNY MELLON, N.A.

225 LIBERTY STREET, NEW YORK, NY 10286
FLORA PETTIT, 530 EAST MAIN STREET, PO BOX
2057, CHARLOTTESVILLE, VA 22902

LEGAL SERVICES

(C)
Compensation

366,560.

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

Form 990 (2019) VMI ALU
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
		·	-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
<b>'0</b> '0		. Cadavatad assessions da					00000010 0 12 0 11
nts		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S, (	С	Fundraising events1c					
E a	d	Related organizations 1d					
S, (	е	Government grants (contributions)					
io S	f	All other contributions, gifts, grants, and					
the		similar amounts not included above   1f	768,239.				
<u> </u>	g	Noncash contributions included in lines 1a-1f	763,000.				
Sa	_	Total. Add lines 1a-1f	•	768,239.			
			Business Code	·			
	2 a						
je							
er ne	b						
n S	С						
<u>ra</u>	d						
Program Service Revenue	е						
<u>م</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<b></b>				
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)	<b>&gt;</b>	883,231.		13,361.	869,870.
	4	Income from investment of tax-exempt bond					
	5	Royalties	-				
	_	(i) Real	(ii) Personal				
	6 a						
		· · · · · · · · · · · · · · · · · · ·					
		Rental income or (loss) 6c					
		Net rental income or (loss)	/::\ Otto = ::				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses					
ther Revenue	С	Gain or (loss) <b>7c</b>					
Be		l Net gain or (loss)					
ē	8 a	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	а				
	h		b				
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	Эа						
		Part IV, line 19					
			b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances1					
	b	Less: cost of goods sold1	Ob				
	С	Net income or (loss) from sales of inventory	<b></b>				
ر <sub>د</sub>			<b>Business Code</b>				
Miscellaneous Revenue	11 a	ADMINISTRATIVE FEES	900099	3,173,412.			3,173,412.
ane Dug	b						
elk eve	С						
isc Be	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		3,173,412.			
	12	Total revenue. See instructions		4,824,882.	0.	13,361.	4,043,282.

Socti	on 501(c)(2) and 501(c)(4) organizations must comp	Note all columns. All other	or organizations must con	nnloto column (A)	
Secu	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	2 505 266	2 505 266		
	and domestic governments. See Part IV, line 21	2,505,366.	2,505,366.		
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	864,955.	172,991.	216,239.	475,725.
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	1,013,455.	202,691.	152,018.	658,746.
8	Pension plan accruals and contributions (include	, ,	. – ,	,	
-	section 401(k) and 403(b) employer contributions)	147,186.	29.437.	22,078.	95.671.
9	Other employee benefits	119,525.	29,437. 23,905.	17,929.	95,671. 77,691.
10	Payroll taxes	125,006.	25,001.	18,751.	81,254.
11		123,000	23,001	10 / / 31 0	01/231
	Fees for services (nonemployees):				
	Management	208,930.	41,786.	62,679.	104,465.
	Legal	70,200.	41,700.	70,200.	104,403.
	Accounting	70,200.		70,200.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	366,560.		266 F60	
f	Investment management fees	300,300.		366,560.	
g	Other. (If line 11g amount exceeds 10% of line 25,	140 550		F7 000	05 542
	column (A) amount, list line 11g expenses on Sch O.)	142,572.		57,029.	85,543.
12	Advertising and promotion	025 105	100 000	0.00 100	405 105
13	Office expenses	835,197.	129,870.	278,130.	427,197.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	59,081.		11,816.	47,265.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	62,600.	31,300.	31,300.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	23,036.	5,968.	17,068.	
b	REAL ESTATE TAXES	16,946.	8,473.	8,473.	
c	TRUST MANAGEMENT FEE	10,962.	,	10,962.	
d	MEMBERSHIPS	6,612.		3,306.	3,306.
	All other expenses	5,879.	1,176.	882.	3,821.
25	Total functional expenses. Add lines 1 through 24e	6,584,068.	3,177,964.	1,345,420.	2,060,684.
26	Joint costs. Complete this line only if the organization	0,001,000.	0,2.,,001	_,010,1200	2,000,004.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	Trollowing SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			612,497.	4	
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
ğ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	. 10b	19,224.	0.	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	76,819,119.	12	74,422,278.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,703,769. 79,135,385.	15	4,970,283. 79,392,561.		
	16	Total assets. Add lines 1 through 15 (must ed			79,135,385.		79,392,561.
	17	Accounts payable and accrued expenses			7,879,119.	17	11,816,549.
	18	Grants payable		18			
	19	Deferred revenue	46 556 453	19	20 606 000		
	20	Tax-exempt bond liabilities			46,556,473.	20	38,696,870.
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	-	······		22	
_	23	Secured mortgages and notes payable to unre				23	10 000 000
	24	Unsecured notes and loans payable to unrelat				24	10,000,000.
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on lin		·	2 120 066		65 555
		of Schedule D			3,129,066.		65,555. 60,578,974.
	26	Total liabilities. Add lines 17 through 25		▶ ▼	57,564,658.	26	00,370,374.
ý		Organizations that follow FASB ASC 958, cl	neck ner	e ▶ △			
nce		and complete lines 27, 28, 32, and 33.			4,866,045.	07	1 217 200
ala	27				16,704,682.	27 28	4,217,209. 14,596,378.
d B	28	Net assets with donor restrictions			10,704,002.	28	14,390,370.
Ë		Organizations that do not follow FASB ASC	958, cn	eck nere			
P		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
et A	31	Retained earnings, endowment, accumulated			21,570,727.	31	18,813,587.
ž	32	Total liabilities and not assets/fund balances		79,135,385.	32	79,392,561.	
	33	Total liabilities and net assets/fund balances			17,133,303.	<b>ತ</b> ತ	10,000

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	82	4,8	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,	58	4,0	68.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	75	9,1	86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,	57	7, 0	727 <b>.</b>
5	Net unrealized gains (losses) on investments	5	-1,	01	9,1	31.
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 on Schedule O)	9		2:	1,1	77.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	18,	81	3,5	87.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
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					
	consolidated basis, or both:					
	Separate basis X 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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

932012 01-20-20

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization VMI ALUMNI AGENCIES BOARD 54-1429093 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 4 Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) VIRGINIA MILITARY 54-6001803 2 2,475,185 INSTITUTE Х 7 INC 54-0505966 VMI FOUNDATION, Х 0. VMI ALUMNI 7 ASSOCIATION 54-0515753 Х 0. 7 VMI KEYDET CLUB 54-1300039 Х 25,307. ,500,492 0. Total

# 

(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.)

<u> </u>	LIOH A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
_	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Public	c Support Per	centage			T T	
	Public support percentage for 2019 (li		•	***		14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the o				14 is 33 1/3% or m	nore, check this bo	x and
	<b>stop here.</b> The organization qualifies		-				
b	<b>33 1/3% support test - 2018.</b> If the o	-					
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets th				-		
	organization meets the "facts-and-circ		_	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

### 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.)

Se	ction A. Public Support	slow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						,,
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u></u>
14	First five years. If the Form 990 is for	ŭ			•	. , . ,	. —
Sa	check this box and stop here ction C. Computation of Publi						<b>P</b>
	•			oolumn (f))		15	0/
	Public support percentage for 2019 (li		•	.,,		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					ן וס ן	<u>%</u>
	•			ino 13 column (f)		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2019. If the						
196	more than 33 1/3%, check this box ar					41	▶ □
k	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
00	line 18 is not more than 33 1/3%, chece <b>Private foundation.</b> If the organization						
/()	ELIVATE TOURGATION. IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or ian check th	us dox and see in:	SITUCHORS	<b>■</b>

### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	_	Х	
	1	Λ	
			Х
	2		
	0-		Х
	3a		
	O.		
	3b		
	0-		
	Зс		
	_		v
	4a		X
	4b		
	4c		
	5a		X
	5b		
	5c		
	6		Х
	7		Х
	8		Х
	9a		Х
	Ju		
	9b		Х
	ЭIJ		
	90		Х
	9c		- 22
	40-		v
	10a		X
	461		
_	10b		
9	90 or 99	10-EZ)	2019

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		X
b	A family member of a person described in (a) above?	11b		Х
С	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.	11c		X
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	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.	1	Х	
2	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.	2		X
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	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).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	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).	2		
3	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.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	<b>/-</b>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	3b		

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Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	: -: <u>g</u> -
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(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_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	't V │ Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)			
Sect	ion D - Distributions		,	Current Year		
1	Amounts paid to supported organizations to accomplish exer					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S			
_4	Amounts paid to acquire exempt-use assets					
_5_	Qualified set-aside amounts (prior IRS approval required)					
_6_	Other distributions (describe in <b>Part VI</b> ). See instructions.					
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in <b>Part VI</b> ). See instructions.					
_9_	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	Т	T			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
_1_	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reason-					
	able cause required- explain in Part VI). See instructions.					
_3_	Excess distributions carryover, if any, to 2019					
a	From 2014					
<u>b</u>	From 2015					
<u>c</u>	From 2016					
<u>d</u>	From 2017					
e	From 2018					
f_	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2019 distributable amount					
<u>    i                                </u>	Carryover from 2014 not applied (see instructions)					
<u>_i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
_8_	Breakdown of line 7:					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
<u>a</u>	Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Employer identification number** 

VMI ALUMNI AGENCIES BOARD INC. 54-1429093 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

## VMI ALUMNI AGENCIES BOARD, INC.

54-1429093

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		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### VMI ALUMNI AGENCIES BOARD, INC.

54-1429093

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	20.447 ACRES		
		\$ 763,000.	06/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
000450 44 00			200 000 F7 000 PF\ (0040\

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** 54-1429093 VMI ALUMNI AGENCIES BOARD, INC. 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

VMI ALUMNI AGENCIES BOARD, INC.

**Employer identification number** 54-1429093

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b	) Fund	ds 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 $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (	during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	<b>.</b>
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				<b>&gt;</b> 5	<b>.</b>
	Assets included in Form 990, Part X					<b>&gt;</b> 9	

Schedule D (Form 990) 2019

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

Sche	dule D (Form 990) 2019 VMI ALUM	MNI AGENCIE	ES BOARD, I	INC.	5	4-14	29093	Page 2
	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	er Similar	Assets	(continu	r age red)
3	Using the organization's acquisition, accessic						, , , , , , , , , , , , , , , , , , , ,	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpose	e in Part I	XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	llection?			Yes	☐ No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets not	included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo				ility?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XII	l			
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	7,581,698.	3,890,226.	3,540,931.		7,946.		L64,447.
b	Contributions	1,563.	3,000,488.	1,114.		888.		838.
С	Net investment earnings, gains, and losses	102,105.	889,585.	465,007.	57	9,447.		7,241.
d	Grants or scholarships	196,526.	198,601.	116,826.	10	7,350.	1	L04,580.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	7,488,840.	7,581,698.	3,890,226.	3,54	0,931.	3,0	067,946.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:	•			
а	Board designated or quasi-endowment	·	%	,				
b	Permanent endowment > 100.00	%	_					
С		<del></del> %						
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	nd administered for t	he organizat	ion		
	by:	· ·			· ·		<u> </u>	res No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations							х
b	If "Yes" on line 3a(ii), are the related organizat							х
4	Describe in Part XIII the intended uses of the							
Par	rt VI Land, Buildings, and Equipme							
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990. Part X	(, line 10.			
	Description of property	(a) Cost or of			Accumulated		(d) Book	value
	p. opo.c,	basis (investm	, ,		epreciation		,=, ===	
1a	Land	,	,					
	Buildings	**						
	Leasehold improvements	••						

Schedule D (Form 990) 2019

0.

0.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

19,224.

19,224.

Schedule D (Form 990) 2019 VMI ALUMNI	AGENCIES BOARD	, INC.	54-1429093 Page
Part VII Investments - Other Securities.		•	· -ig-
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) SECURITIES-POOLED FUND	73,477,793.		MARKET VALUE
(B) OTHER INVESTMENTS	944,485.	END-OF-YEAR	MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	E4 400 0E0		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	74,422,278.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	an Farma 000 Bart IV line 1:	1 d Caa Farra 000 Dart V	line 45
Complete if the organization answered "Yes"	Description	id. See Form 990, Part X	(b) Book value
(1) LIFE INSURANCE CASH SURRE	<u> </u>		1,531,715
(2) DUE FROM RELATED PARTIES	NDER VALUE		3,438,568
			3,430,300
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
	15)		4,970,283
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	: 13.]		
Complete if the organization answered "Yes"	on Form 990. Part IV line 1	1e or 11f. See Form 990	Part X. line 25.
Semplete ii the organization anowords i to	2 2 000, i dicit, iiilo i		

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TRUST & ANNUITY OBLIGATIONS	65,555.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 65,555.

<sup>2.</sup> 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA. IN ADDITION, THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	VMI	ALUMNI	AGENCIES	BOARD,	INC.	54-1429093	Page 5
Schedule D (Form 990) 2019 Part XIII   Supplemental Inform	mation	(continued)					

### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

Employer identification number

Name of the organization					Employer identii	
VMI ALUMNI AGEN	CIES BOA	RD, INC.			54-142909	3
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organ	ization answered "\	es" on
Form 990, Part I	V, line 14b.					
<u> </u>	ŭ		ds to substantiate the amount of its gra		. —	
the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
O Fau avantmakara Door	owiba in Dout V the	ovacnization's	proceed was for manitoring the use of its	aranta and at	har agaistanaa auta	ida tha
2 For grantmakers. Description United States.	cribe in Part V trie	e organization s	procedures for monitoring the use of its	grants and of	ner assistance outs	ide trie
	he following Part	· L line 3 table ca	an be duplicated if additional space is ne	eeded )		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	-	gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
		in the region	recipients located in the region)	OI SEIVICE	(s) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS			2 930 537
AKUBA, BAHAMAS,	-	0	INVESTMENTS			2,839,537.
	-					
3 a Subtotal	0	0				2,839,537.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				2,839,537.

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Schedule F (Form 990) 2019

recipient who red	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the					1
3 Enter total number of			ion 501(c)(3) equivalency lette	r		<b>.</b>		

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

Part III				ites. Complete i	f the organization answered "Yes'	on Form 990, Part	IV, line 16.	
(a) ┐	Part III can be duplicated if a Type of grant or assistance	dditional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

#### 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.

► Go to www.irs.gov/Form990 for the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

vmi Alumi	II AGENCIE	S BOARD, IN	iC.				54-1429093	
Part I General Information on Grants a		,	-					
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?						on X Yes No	
Part II Grants and Other Assistance to	<del>-</del>				anization answered "\	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than  1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (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	
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	400,000.	0.			UNDESIGNATED AID	
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	8,000.	0.			OTHER	
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	4,322.	0.			INSURANCE PREMIUMS	
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	606,901.	0.			INTERCOLLEGIATE ATHLETICS	
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	20,996.	0.			TRUST DISTRIBUTIONS	
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450  2 Enter total number of section 501(c)(3) a	54-6001803		1,424,761.	0.			DEBT SERVICE	

3 Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance		
VMI FOUNDATION									
PO BOX 932									
LEXINGTON, VA 24450	54-0505966	115	10,205.	0.			ADMINISTRATIVE SUPPORT		
VMI KEYDET CLUB									
PO BOX 932									
LEXINGTON, VA 24450	52-1300039	115	30,181.	0.			ADMINISTRATIVE SUPPORT		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		0.0.1111.1	(1)		
art IV Supplemental Information. Provide the informa	tion required in Part I, line	e 2; Part III, Columi	n (b); and any other ad	ditional information.	
RT I, LINE 2:					
I ALUMNI AGENCIES BOARD, INC.					
STITUTE, A STATE-SUPPORTED SO	CHOOL AND REL	ATED AGEN	CIES. FUNDS	AWARDED ARE	
SED ON THE INSTITUTE'S NEED A	AND REQUEST F	OR FUNDS.			

### SCHEDULE J (Form 990)

**Compensation Information** 

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

VMI ALUMNI AGENCIES BOARD, INC.

Employer identification number 54-1429093

			Yes	N
a	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.			
	First-class or charter travel  Housing allowance or residence for personal use			
	X Travel for companions			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
		10	21	
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			2
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		4
	Indicate which, if any, of the following the 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.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	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:			
а	Receive a severance payment or change-of-control payment?	4a		2
)	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
;	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		2
	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.			
	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:			
•	The organization?	5a		2
		5b		7
•	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30		f
	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:			١,
1	The organization?	6a		2
)	, 3	6b		2
	If "Yes" on line 6a or 6b, describe in Part III.			
	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	7		_2
	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	8		_2
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
				I

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Schedule J (Form 990) 2019

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DAVID L. PRASNICKI	(i)	175,012.	4,500.	4,361.	5,700.	1,388.	190,961.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHEN M. MACONI	(i)	241,407.	12,000.	6,853.	17,773.	823.	278,856.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GREGORY M. CAVALLARO	(i)	174,909.	2,000.	796.	6,002.	4,363.	188,070.	0.
SENIOR MAJOR GIFT OFFICER	(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)							
	(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.
PART I, LINE 1A:
TRAVEL EXPENSES FOR COMPANIONS ARE REIMBURSED TO THE ORGANIZATION.
PART I, LINE 3:
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.
COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

VMI ALUMNI AGENCIES BOARD, INC.

Employer identification number 54-1429093

Part I	Bond Issues SE	E PART VI	FOR COLUM	NS (A) ANI	(F) C	CONTIN	UATIONS							
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	e price	(f) Description of purpose		( <b>g</b> ) De	efeased	(h) On of is:		(i) Po	
									Yes	No	Yes	No	Yes	No
	NDUSTRIAL DEVELOPMENT						CONSTRUC'							
	JTHORITY OF THE CITY OF	54-6001392	NONE	10/29/10	4553		LEADERSH:		r x			Х		X
	NDUSTRIAL DEVELOPMENT						REFUND B							ĺ
<u> </u>	JTHORITY OF THE CITY OF	54-6001392	52976TAK3	06/02/16	3673	6226.	SERIES 2	006B AND		X		Х		X
<u></u>														<u> </u>
<u>D</u>														
Part I	I Proceeds			<u> </u>										
_				A			В	С				D		
	Amount of bonds retired			22.46	7,410.									
	Amount of bonds legally defeased				7,410.	36 '	736,226.							
	Total proceeds of issue			*	1,330.	30,	130,220.							
	Gross proceeds in reserve funds Capitalized interest from proceeds													
	Proceeds in refunding escrows					36	323,830.							
					4,928.		412,396.							
					1,520.		112,3300							
	Working capital expenditures from proceeds													
	Capital expenditures from proceeds				3,062.									
	Other spent proceeds				.,									
	ear of substantial completion													
	•			Yes	No	Yes	No	Yes	No		Yes		No	
14	Vere the bonds issued as part of a refunding is	ssue of tax-exempt b	onds (or,											
i	f issued prior to 2018, a current refunding issu	e)?			X		X							
15	Were the bonds issued as part of a refunding is	ssue of taxable bond	s (or, if											
i	ssued prior to 2018, an advance refunding issu	ue)?			X	X								
<u>16</u>	las the final allocation of proceeds been made	?		X			X							
	Does the organization maintain adequate book	s and records to sup	port the											
1				X		X								

Pai	t III Private Business Use								
			A		В		O		)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X		X				
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
_7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?		X		X				
Pai	t IV Arbitrage								
			A	ı	В	ç			)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
_2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
	Exception to rebate?		X		X				
	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?		X		X				

Part IV Arbitrage (continued)								
		A	I	3	(	Ç		)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X		X				
Part V Procedures To Undertake Corrective Action								
		Α	I	3		С		)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		X		X				
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF I	EXINGT	ON, VIR	GINIA					
(F) DESCRIPTION OF PURPOSE:								
CONSTRUCTION OF LEADERSHIP AND ETHICS CENTER. IMP	ROVEME	NTS TO	STADIUN	IS.				
(A) ISSUER NAME:								
INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF I	EXINGT	ON, VIR	GINIA					
(F) DESCRIPTION OF PURPOSE: REFUND BOND SERIES 20	06B AN	D 2006C						
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME:								
INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF I	EXINGT	ON, VIR	GINIA					
DATE THE REBATE COMPUTATION WAS PERFORMED: 06								
			<u> </u>					

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization VMI ALUMNI AGENCIES BOARD, INC. Employer identification number 54-1429093

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	Х	1	763,000.	FAIR MARKET	VAI	LUE	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organization	zation durino	the tax year for c	ontributions	•			
	for which the organization completed Form 82	-	•					
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandard contribu	tions?	31		Х
	Does the organization hire or use third parties							
	contributions?		_			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							
	For Denominant Dedication Act Notice and							

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

Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019 VMI ALUMNI AGENCIES BOARD, INC. 54-1429093 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2019

932142 09-27-19

#### 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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

VMI ALUMNI AGENCIES BOARD INC. **Employer identification number** 54-1429093

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OF THE VMI ALUMNI ASSOCIATION, INC. BOARD OF DIRECTORS SERVE AS THE MEMBERS OF THE VMI ALUMNI AGENCIES BOARD, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

INC. HAVE THE RIGHT TO ELECT ONE OR MEMBERS OF THE VMI ALUMNI ASSOCIATION, MORE MEMBERS OF THE VMI ALUMNI AGENCIES BOARD'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE VMI ALUMNI AGENCIES BOARD'S BYLAWS PROVIDE THAT ANY AMENDMENT TO THE BYLAWS BY THE BOARD OF DIRECTORS IS SUBJECT TO AMENDMENT OR REPEAL BY THE MEMBERS.

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

PRIOR TO ITS FILING, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS DISTRIBUTED TO AND REVIEWED BY THE BOARD MEMBERS DURING A SCHEDULED MEETING. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT PROVIDED TO THE THE VMI ALUMNI AGENCIES BOARD HAS ANSWERED NO TO FORM 990, PART VI, QUESTION 11A.

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

ANNUAL CONFLICT OF INTEREST STATETMENTS ARE COMPLETED BY ALL BOARD MEMBERS. ADDITIONALLY, A CONFLICT OF INTEREST POLICY WHICH GOVERNS ALL BOARD MEMBERS IS IN PLACE AND REVIEWED AND UPDATED ANNUALLY FOR EXISTING AND NEW BOARD MEMBERS.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization  VMI ALUMNI AGENCIES BOARD, INC.	Employer identification number 54-1429093
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSIT	E AND ARE ALSO
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY OBLIGATIONS	21,177.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSU	MES
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION	N OF AN
INDEPENDENT ACCOUNTANT. THE AUDITED FINANCIAL STATEMENTS	ARE REVIEWED
AT A SCHEDULED MEETING EACH YEAR.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

VMI ALUMNI AGE	VMI ALUMNI AGENCIES BOARD, INC.								
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes" o	n Form 990, Part IV, line 33.							
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity				
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization an	swered "Yes" on Form 990, Pa	rt IV, line 34, becaus	se it had one or more	related tax-exempt				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
VMI ALUMNI ASSOCIATION, INC 54-0515753							
PO BOX 932	ORGANIZE ALUMNI INTO ONE						
LEXINGTON, VA 24450	ASSOCIATION	VIRGINIA	501(C)(3)	LINE 7			X
VMI FOUNDATION, INC 54-0505966	SUPPORT VIRGINIA MILITARY						
PO BOX 932	INSTITUTE, A						
LEXINGTON, VA 24450	STATE-SUPPORTED SCHOOL	VIRGINIA	501(C)(3)	LINE 7			X
VMI KEYDET CLUB, INC 54-1300039							
PO BOX 932	SUPPORT INTERCOLLEGIATE						
LEXINGTON, VA 24450	ATHLETIC PROGRAMS AT VMI	VIRGINIA	501(C)(3)	LINE 7			X
VIRGINIA MILITARY INSTITUTE - 54-6001803							
309 LETCHER AVE.							1
LEXINGTON, VA 24450	COLLEGE	VIRGINIA	115	N/A			X

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata		General	Percentage
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	
				,							
									1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No

Schedule R (Form 990) 2019

Page 3

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Giff, grant, or capital contribution to related organization(s)				מר	Δ	
С	Gift, grant, or capital contribution from related organization(s)				1c		_X_
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		_X_
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		<u>X</u>
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>
	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_
	Performance of services or membership or fundraising solicitations for related organ				11		<u>X</u>
	Performance of services or membership or fundraising solicitations by related organ				1m		<u>X</u>
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>
q	Reimbursement paid by related organization(s) for expenses				1q		_X_
					1r		<u>X</u>
	· · · · · · · · · · · · · · · · · · ·				1s		<u> </u>
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relate	tionships and transaction thresholds.			
	<b>(a)</b> Name of related organization	_ (b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	/olved		
		type (a 3)					
(1)							
(2)							
<b>(0)</b>							
(3)							
(4)							
(E)							
(5)							
(C)							
(6)	00.40.40			Schedule	D /F	~ 000\	2010
332163	09-10-19			Schedule	n (FOR	11 990)	2019

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0040

Schedule R	(Form 990) 2019	VMI	ALUMNI	AGENCIES	BOARD,	INC.	54-1429093	Page 5
Part VII	(Form 990) 2019  Supplemental Info	rmation						
	Provide additional inform			nuestions on Sche	edule R. See in	estructions		
	1 10 VIGO GGGICIOTIGI IIII OTTI	14110111011	00001100010	questions on come	<u> </u>	iotractiono.		
_								

932165 09-10-19 Schedule R (Form 990) 2019

Form <b>990-1</b>		Exempt Organization Business income Tax Return OMB No. 1545-0047									
		(and proxy tax und					2040				
	For ca	lendar year 2019 or other tax year beginning $\ \underline{JUL} \ 1$ ,				<u> 20</u> .	2019				
Department of the Treasury		Go to www.irs.gov/Form990T for in					Open to Public Inspection for				
Internal Revenue Service	<u> </u>	Do not enter SSN numbers on this form as it may			n is a 501(c)(3)		501(c)(3) Organizations Only loyer identification number				
A Check box if address changed		Name of organization ( Check box if name cl	nanged	and see instructions.)		Em <sub>l</sub>	ployees' trust, see ructions.)				
<b>B</b> Exempt under section	Print	VMI ALUMNI AGENCIES BOA	ARD.	TNC			54-1429093				
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box				E Unre	elated business activity code				
408(e) 220(e)	Туре	PO BOX 932	,			(See	instructions.)				
408A 530(a)		City or town, state or province, country, and ZIP or	r foreigr	n postal code		1					
529(a)		LEXINGTON, VA 24450				900	0099				
C Book value of all assets at end of year		F Group exemption number (See instructions.)  G Check organization type ► X 501(c) corption's unrelated trades or businesses	<u> </u>								
79,392,5	61.	G Check organization type ► X 501(c) corp	oration	501(c) trust		a) trust	Other trust				
II Enter the number of the	or garnize		1		only (or first) u						
		EE STATEMENT 1		. If only one, co							
		ice at the end of the previous sentence, complete Pa	rts I and	d II, complete a Schedule M	for each addition	nai trad	e or				
business, then complete		-v. poration a subsidiary in an affiliated group or a paren	nt_cubci	diary controlled group?		$\overline{\Box}$	res X No				
		tifying number of the parent corporation.	it-subsi	ulary controlled group:		·	C5 [21] NO				
· · · · · · · · · · · · · · · · · · ·		THE ORGANIZATION		Telephone	number <b>&gt;</b>	(540	0)464-7383				
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expense		(C) Net				
1a Gross receipts or sal	les										
<b>b</b> Less returns and allo	wances	<b>c</b> Balance ▶	1c								
2 Cost of goods sold (	Schedule	A, line 7)	2								
3 Gross profit. Subtract			3								
		h Schedule D)	4a	26,933.			26,933.				
<b>b</b> Net gain (loss) (Forn	n 4797, F	art II, line 17) (attach Form 4797)	4b								
		sts	4c	25.045			25.215				
		ship or an S corporation (attach statement)	5	-37,817.	STMT	2	-37,817.				
			6	24 245			24 245				
		me (Schedule E)	7	24,245.			24,245.				
	•	nd rents from a controlled organization (Schedule F)	8								
		on 501(c)(7), (9), or (17) organization (Schedule G)	9 10								
		me (Schedule I)	11								
		e J)s; attach schedule)	12								
13 Total. Combine line			13	13,361.			13,361.				
		ot Taken Elsewhere (See instructions fo		<u> </u>			10/0011				
		pe directly connected with the unrelated busin									
14 Compensation of or	fficers, di	rectors, and trustees (Schedule K)				14					
						15					
						16					
						17					
18 Interest (attach sch	edule) (s	ee instructions)				18					
19 Taxes and licenses						19					
		562)									
		n Schedule A and elsewhere on return				21b					
						22					
		mpensation plans				23					
24 Employee benefit p	•					24					
		chedule I)				25					
<ul><li>26 Excess readership of</li><li>27 Other deductions (a)</li></ul>	ottach col	hedule J) nedule)		SEE STATE	мемт з	26	7,518.				
28 Total deductions.	uuaun 501 Add linaa	14 through 27		SHE STATE		28	7,518.				
29 Unrelated business	taxahle i	ncome before net operating loss deduction. Subtract	t line 28	S from line 13		29	5,843.				
		loss arising in tax years beginning on or after Janual				23	3,043.				
						30	0.				
		ncome. Subtract line 30 from line 29				31	5,843.				

Part	III	Total Unrelated Business Taxable Income				
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		32	5,843.
		ts paid for disallowed fringes			33	
34	Charita	ole contributions (see instructions for limitation rules)			34	0.
		rrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lin			35	5,843.
36	Deduct	on for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions)	STMT 4	36	5,843.
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 3	5		37	
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)			38	1,000.
39	Unrelat	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 3	37,			_
		e smaller of zero or line 37			39	0.
		Tax Computation			T T	
		rations Taxable as Corporations. Multiply line 39 by 21% (0.21)			40	0.
41		Faxable at Trust Rates. See instructions for tax computation. Income tax on the amount of			44	
40		ax rate schedule or Schedule D (Form 1041)			41	
42	Altorno	ax. See instructions			42	
43 44	Tay on	ive minimum tax (trusts only)  Noncompliant Facility Income. See instructions			44	
45	Total /	add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0.
Part	V .	Tax and Payments			10	
		tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			
		redits (see instructions)				
С	Genera	business credit. Attach Form 3800				
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	46d			
		redits. Add lines 46a through 46d			46e	
47	Subtrac	t line 46e from line 45			47	0.
48	Other to	ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	3866 Dother (	attach schedule)	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)			49	0.
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50	0.
		nts: A 2018 overpayment credited to 2019				
b	2019 es	timated tax payments	51b		_	
C	Tax dep	osited with Form 8868	51c		-	
		organizations: Tax paid or withheld at source (see instructions)			-	
		withholding (see instructions)				
		or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments:	. 51f		-	
y		redits, adjustments, and payments: Form 2439 Total  Total	►   51g			
52		ayments. Add lines 51a through 51g			52	
					53	
		If line 50 is less than the total of lines 40, 50, and 50, anter amount around			54	
		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			55	
56	Enter th	e amount of line 55 you want: <b>Credited to 2020 estimated tax</b>		funded 🕨	56	
Part	VI :	Statements Regarding Certain Activities and Other Informati	on (see instru	ctions)		
	-	ime during the 2019 calendar year, did the organization have an interest in or a signature o				Yes No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization	•			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country			
	here	<b></b>				X
	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a foreig	gn trust?		X
		see instructions for other forms the organization may have to file.				
59	Uı	ne amount of tax-exempt interest received or accrued during the tax year \( \) \\$  shader penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, and to the	best of my knowle	edge and be	elief, it is true,
Sign	co	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepar ${\tt CHIEF}$	rer has any knowledge FINANCIA	T. =		
Here		OFFICE		N	•	discuss this return with shown below (see
		Signature of officer Date Title			nstructions)	
		Print/Type preparer's name Preparer's signature [	Date	Check	if PTIN	J
Paid		JOSEPH S. NADDER, JOSEPH S. NADDER,		self- employed		
Prep			1/12/20			01240960
Use		Firm's name ► DIXON HUGHES GOODMAN LLP		Firm's EIN	. 56	6-0747981
	•	901 EAST CARY STREET, SUITE 10	000			
		Firm's address ► RICHMOND, VA 23219		Phone no.	(804)	) 282-7636
923711 0	1-27-20					Form <b>990-T</b> (2019)

Schedule A - Cost of Goods	<b>s Sold.</b> Enter	method of inve	ntory v	aluation ► N/A					
1 Inventory at beginning of year				Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)			8	Do the rules of section	263A (	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)				property produced or a		,			
5 Total. Add lines 1 through 4b	5			the organization?		111111 D 1 D	<u></u>		
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	<b>'</b> )	
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` ' of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne ind 2(b)	ected with the income in (attach schedule)	1
(1)				,					
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶		0.
Schedule E - Unrelated Dek	ot-Financed	Income (see	instru	ctions)					
				2. Gross income from		3. Deductions directly cor to debt-finan			
1. Description of debt-fit	nanced property		<b>'</b>	or allocable to debt- financed property	(a)	Straight line depreciation	1	(b) Other deduction	
	,			maneed property		(attach schedule)		` (attach schedule)	
(1)							-		
<u>(1)</u> (2)							_		
(3)							$\dashv$		
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%			+		
(2)				%					
(3)				%					
(4)				%					
			•			Enter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals						0			0.
Total dividends-received deductions in	ncluded in columi	 n 8					Ť		0.

Form **990-T** (2019)

Schedule F - Interest,	uitiG	_,c.yai	, ui		Controlled O				- (300 1118		<i>-</i>
1. Name of controlled organiza	ation	<b>2.</b> Em identifi num	ication	3. Net unr (loss) (see	related income e instructions)		al of specified ments made	includ	t of column 4 t ed in the contr ation's gross i	olling	<b>6.</b> Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	izations			1							
7. Taxable Income		nrelated incon see instruction		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross		nization's	11. Dec with	ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, 0		1, Part I,	Enter he	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u> </u>			0.		0.
Schedule G - Investme	ent Incontructions)	ne of a S	Section	501(c)(7	7), (9), or (	17) Org	ganization				
<b>1</b> . Des	cription of inco	me			2. Amount of	income	3. Deductio directly conne (attach sched	cted	<b>4.</b> Set-a (attach s		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B).
Totals				•		0.					0.
Schedule I - Exploited (see instr	Exempt	Activity	Incom	e, Other	Than Adv		g Income				
Description of exploited activity	2. G	Pross business e from business	directly with pi of ur	xpenses connected roduction nrelated ss income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6.</b> Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	Enter her page 1 line 10,	re and on , Part I, col. (A).	page	ere and on 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 25.
Schedule J - Advertisi	ing Incor		instructio								0.
Part I Income From					solidated	Basis					
		0 -			4. Advert	ising gain	1			T	7. Excess readership
1. Name of periodical		2. Gross advertising income	ad	3. Direct vertising costs	or (loss) (c col. 3). If a g	ol. 2 minus	<b>5.</b> Circulation income		6. Reade cost		costs (column 6 minus column 5, but not more than column 4).
(1) (2)				<u> </u>							
(3)					-						
(4)											
Totals (carry to Part II, line (5))	<b></b>		0.	0	<u>.                                    </u>						0.
							·				Form <b>990-T</b> (2019

# Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2019)

FORM 990-T	DESCRIPTION	OF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 1
		BUSINESS ACTIVIT	ГY	

#### PASSTHROUGH INCOME FROM INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
	DEND INCOME	74,308. 84. 6,415. 1,010. -119,634.
MOMAL INCLUDED ON EC		25.045
TOTAL INCLUDED ON FO	ORM 990-T, PAGE 1, LINE 5	-37,817.
FORM 990-T	ORM 990-T, PAGE 1, LINE 5 OTHER DEDUCTIONS	STATEMENT 3
FORM 990-T		
	OTHER DEDUCTIONS	STATEMENT 3

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/11	9,639.	9,639.	0.	0.
06/30/13	106,406.	964.	105,442.	105,442.
06/30/14	74,616.	0.	74,616.	74,616.
06/30/15	101,550.	0.	101,550.	101,550.
06/30/16	96,800.	0.	96,800.	96,800.
06/30/17	42,438.	0.	42,438.	42,438.
06/30/18	105,012.	0.	105,012.	105,012.
NOL CARRYOVI	ER AVAILABLE THIS	YEAR	525,858.	525,858.

## SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

#### **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T. 
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

VMI ALUMNI AGENCIES	S BOARD, INC.			54-	1429093
Did the corporation dispose of any investmen	•	ity fund during the tax ye			
If "Yes," attach Form 8949 and see its instruc	ctions for additional require	ements for reporting your			
Part I Short-Term Capital Gai	ns and Losses (See	instructions.)	_		
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (g)	9,	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.					
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
<b>1b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on					4 204
Form(s) 8949 with <b>Box C</b> checked					-1,381.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	1 201
7 Net short-term capital gain or (loss). Combine				7	-1,381.
Part II Long-Term Capital Gail See instructions for how to figure the amounts	is and Losses (See i	nstructions.)	T		I
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	1	(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g		column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					10 400
Form(s) 8949 with <b>Box F</b> checked					19,498.
				11	8,816.
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
				14	20 214
15 Net long-term capital gain or (loss). Combine		n h		15	28,314.
Part III Summary of Parts I and		Liera (Per AE)			I
16 Enter excess of net short-term capital gain (lir				16	26 022
17 Net capital gain. Enter excess of net long-term				17	26,933. 26,933.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns	l	18	1 40,333.
Note: If losses exceed gains, see Capital Los	S <del>e</del> S III uie iiisu ucuviis.				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

LHA

Department of the Treasury Internal Revenue Service

Name(s) shown on return

## Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Social security number or taxpayer identification no.

54-1429093

#### VMI ALUMNI AGENCIES BOARD,

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see *Column (e*) ir combine the result Code(s) with column (g) the instructions SEE ATTACHED <1,381.> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) <1,381.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

Form 8949 (2019)

	VMI ALUMNI AGE.							429093		
Be sta	efore you check Box D, E, or F belo atement will have the same informa oker and may even tell you which b	ow, see whether yation as Form 109	ou received any 99-B. Either will :	r Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	n your broker. A suit is reported to the IF	bstitute 'S by your		
F	Part II Long-Term. Transaction	ons involving capita	al assets you held r	more than 1 year are	generally long-term (s	ee instructi	ons). For short-term to	ansactions,		
	see page 1.  Note: You may aggregate all codes are required. Enter the	I long-term transact	ions reported on F	orm(s) 1099-B showi	ng basis was reported	d to the IRS	and for which no adj	ustments or		
	ou must check Box D, E, or F below. (	Check only one bo	x. If more than one b	ox applies for your long-	term transactions, comple	ete a separate	Form 8949, page 2, for 6			
lf y	ou have more long-term transactions than will	· -		•		-				
F	(D) Long-term transactions rep	•	•	•	•	Note ab	ove)			
	$\underline{\underline{\hspace{0.1cm}}}$ (E) Long-term transactions rep $\overline{\underline{\hspace{0.1cm}}}$ (F) Long-term transactions not	` '	·	•	ported to the IRS			r an amount ter a code in		
1	(a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)		
	Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).		
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f	). See instructions.			
			(Mo., day, yr.)		see Column (e) in	(f)	(g)			
					the instructions	Code(s)		with column (g)		
S	EE ATTACHED					(g) combine the result				
_										
		1								
		1								
_		+								
_		10 ( ) ( )								
2	Totals. Add the amounts in colur									
	negative amounts). Enter each to									
	Schedule D, <b>line 8b</b> (if <b>Box D</b> abo							10 400		
	above is checked), or line 10 (if E	Box F above is ch	necked)					19,498.		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2019)

# Department of the Treasury Internal Revenue Service

#### Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return.

OMB No. 1545-0184

Name(s) shown on return

► Go to www.irs.gov/Form4797 for instructions and the latest information.

VM:	ALUMNI AGENCIES B	OARD, INC	•					54-1429093
	nter the gross proceeds from sales or			019 on Form(s) 10	99-B or 1099-S			
	substitute statement) that you are in	ncluding on line 2	, 10, or 20				1	
Pa	Sales or Exchanges Other Than Casualty							ons From
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or or basis, plus improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEI	ATTACHED							8,816.
								-
						<u> </u>		
3	Gain, if any, from Form 4684, line 39	)					3	
4	Section 1231 gain from installment						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	0 016
7	Combine lines 2 through 6. Enter the						7	8,816.
	Partnerships and S corporations.				for Form 1065, Sch	edule K,		
	line 10, or Form 1120-S, Schedule K		, , ,			.		
	Individuals, partners, S corporation from line 7 on line 11 below and skip							
	1231 losses, or they were recapture		•	•				
	the Schedule D filed with your return	•			ong tom capital go			
	Nonrocentured not coation 1921 les	ooo from prior vo	oro Coo inotruo	tions			8	
8 9	Nonrecaptured net section 1231 los Subtract line 8 from line 7. If zero or				ino 7 on lino 12 ho		0	
9	line 9 is more than zero, enter the ar	•	•	•				
	capital gain on the Schedule D filed			_		-	9	8,816.
Da								- 7
Pa	t II Ordinary Gains and	LUSSES (see ins	structions)					
10	Ordinary gains and losses not include	ded on lines 11 th	rough 16 (includ	de property held 1	year or less):			
11							11	(
12	Gain, if any, from line 7 or amount fr	om line 8, if appli	cable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, li	nes 31 and 38a					14	
15	Ordinary gain from installment sales	from Form 6252,	line 25 or 36				15	
16	Ordinary gain or (loss) from like-kind	exchanges from	Form 8824				16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, ent							
	a and b below. For individual returns	s, complete lines	a and b below.					
а	If the loss on line 11 includes a loss							
	loss from income-producing propert	y on Schedule A	(Form 1040 or F	form 1040-SR), line	e 16. (Do not includ	le any loss		
	on property used as an employee.) I						18a	
b	Redetermine the gain or (loss) on lin		e loss, if any, or	n line 18a. Enter he	ere and on Schedu	le 1		
	(Form 1040 or Form 1040-SR), Part						18b	
LHA	For Paperwork Reduction Act N	otice, see separ	ate instructions	S.				Form <b>4797</b> (2019)

Pa	rt III Gain From Disposition of Propert	y Und	ler Sections 1245	5, 1250, 1252	2, 125	4, and 1255	(see i	instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255	property:			(b) Date acquir (mo., day, yr.		(c) Date sold (mo., day, yr.)
<u> </u>								
<u>B</u>								
<u>C</u>								
<u>D</u>								
	These columns relate to the properties on		Property A	Property	D	Property (		Property D
 20	Gross sales price (Note: See line 1 before completing.)	20	Property A	Property	ь	Property		Property D
20 21	Cost or other basis plus expense of sale	21						
21 22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
<del>2</del> 25	If section 1245 property:	2-7						
	Depreciation allowed or allowable from line 22	25a						
	Enter the <b>smaller</b> of line 24 or 25a	25b						
	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.	200						
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the <b>smaller</b> of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
28	Enter the smaller of line 24 or 27b  If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	27c 28a						
	Enter the smaller of line 24 or 28a	28b						_
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b						
Sui	mmary of Part III Gains. Complete property of	olumns	A through D through	line 29b before	going	to line 30.		
30	Total gains for all properties. Add property columns	A throu	ugh D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,						31	
32	Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line		ty or trieff of Form 46	o4, iii le 33. EN€	л ите р	יטרנוטוו	32	
Pa	rt IV Recapture Amounts Under Sectio (see instructions)	ns 17	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to		or Less
	\					(a) Section 179		(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable i	n prior years		33			
34	Recomputed depreciation. See instructions				34			
35	Recapture amount. Subtract line 34 from line 33. Se				35			
9180	12 12-04-19							Form <b>4797</b> (2019