			** PUBLIC DISCLOSURE COPY *		<b>T</b>	OMB No. 1545-0047	
Forr	<b>" 9</b>	90	Return of Organization Exempt Fron Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			0040	
•		uary 2020)	Do not enter social security numbers on this form as it m			Open to Public	
Depa Interr	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	-	-	Inspection	
A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020							
B c	heck if pplicab	ole: C Name of	organization	DE	mployer identifi	cation number	
	Addre	ge VML	FOUNDATION, INC.				
	Name	ge Doing bi	usiness as		54-05059	66	
Initial returnNumber and street (or P.0. box if mail is not delivered to street address)Room/suiteETelephone numberFinal return/POBOX932(540)464-7383							
	⊥returr termi ated	n_	own, state or province, country, and ZIP or foreign postal code	<b>G</b> G	ross receipts \$	28,563,258.	
	Amer	nded TEVT	NGTON, VA 24450		Is this a group r		
	Appli tion		nd address of principal officer: MR. DAVID L. PRASNICKI		for subordinates		
	pend		AS C ABOVE			ncluded? Yes No	
1 1	ax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)	
			VMIAA.ORG		Group exemptio		
ΚF	orm o	f organization:	X Corporation Trust Association Other ► L	Year of form	nation: 1937	M State of legal domicile: VA	
	art I		· · · ·				
	1	Briefly describ	e the organization's mission or most significant activities: TO SUPPO	RT TH	E VIRGIN	IA MILITARY	
Governance			TE (VMI), A STATE-SUPPORTED SCHOOL.				
naı	2	Check this bo	x      if the organization discontinued its operations or disposed of n	nore than 2	25% of its net as	sets.	
ver	3		ing members of the governing body (Part VI, line 1a)			27	
	4		ependent voting members of the governing body (Part VI, line 1b)			27	
Activities &	5		of individuals employed in calendar year 2019 (Part V, line 2a)			43	
itie	6		of volunteers (estimate if necessary)			0	
Ę			d business revenue from Part VIII, column (C), line 12		_	64,425.	
Ă			business taxable income from Form 990-T, line 39			-302,871.	
					rior Year	Current Year	
	8	Contributions	and grants (Part VIII, line 1h)		296,472.	23,942,047.	
ne	9		ce revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	4.	047,508.	4,546,777.	
å	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,974.	74,434.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21.	413,954.	28,563,258.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		059,175.	17,769,172.	
	14		co or for members (Part IX, column (A), line 4)		0.	0.	
	40		compensation, employee benefits (Part IX, column (A), lines 5-10)	1.	379,749.	1,341,074.	
Expenses	16a				0.	0.	
ben	b		Indraising fees (Part IX, column (A), line 11e) $1,136,212$				
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	2.	810,455.	2,285,163.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		249,379.	21,395,409.	
	19		expenses. Subtract line 18 from line 12		164,575.	7,167,849.	
JC SS					g of Current Year	End of Year	
ets (	20	Total assets (F	Part X, line 16)	416	531,805.	421,257,842.	
Net Assets or	21		(Part X, line 26)		166,460.	8,614,440.	
Net	22		fund balances. Subtract line 21 from line 20		365,345.	412,643,402.	
	irt II			/		, , , , , , , , , , , , , , , , , , , ,	
Und	er pen	-	declare that I have examined this return, including accompanying schedules and sta	itements. ar	nd to the best of m	y knowledge and belief. it is	
			Declaration of preparer (other than officer) is based on all information of which prep			,	

Sign		Signati	ure of offi	cer											Date					
Here		MR.	DAV	ID	L.	PR	ASNI	CKI	, CHIE	F F	INAN	CIAL	OFF	ICER						
		Type o	r print na	me an	ıd title															
	Prir	nt/Type pi	reparer's	name					Preparer's	signatu	re			Date		Check		PTIN		
Paid	JO	SEPH	S.	NAD	DEI	λ, Σ	III		JOSEPI	ıs.	NAD	DER,	II	11/1:	3/20	self-employe	d P	0124	09	50
Preparer	r Firm's name ► DIXON HUGHES GOODMAN LLP Firm's EIN ► 56-0747981									L										
Use Only	Firn	n's addre	ss 🖌 9	01	EA	ST	CARY	ST	REET,	SUI	TE 1	000								
	RICHMOND, VA 23219 Phone no. (804) 282-763											536								
May the I	RS d	iscuss th	nis retur	n with	n the	orepa	rer show	wn abo	ve? (see in	structio	ons) .						[	X Yes	s	No
																			000	

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2019) VMI FOUNDATION, INC.	54-0505966 Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	M WELENDE NUD DDOODEGG OF
	FOR THE ADVANCEMENT, PROMOTION, ENCOURAGEMEN VIRGINIA MILITARY INSTITUTE (VMI), A STATE-S	
	ADVANCEMENT, WELFARE AND PROGRESS OF THE VMI	•
	ALSO SUPPORTS VMI IN CONJUNCTION WITH ALUMNI	•
2	Did the organization undertake any significant program services during the year which w	
-	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? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three large	est program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants	s and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 18,080,958. including grants of \$ 17,	
	FUNDS RAISED BY THE FOUNDATION ARE USED FOR	
	OTHER ACADEMIC AND ATHLETIC PROGRAM SUPPORT INSTITUTE AND ITS RELATED ALUMNI ASSOCIATION	
	INSTITUTE AND ITS RELATED ALOMNI ASSOCIATION	• 61
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$ )
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
40		) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 18,080,958.	Form <b>990</b> (2019)
932000	2 01-20-20	Form <b>330</b> (2019)
552002	4	

07571113 797738 2065070000

Form	aan	(2019)
FUIII	990	(2019)

 Form 990 (2019)
 VMI FOUNDATION, 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	Х	
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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		<u>x</u>
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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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 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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	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			v
	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	10		v
	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,	4-		- v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- v
40	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,"			- v
<b></b>	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

932003 01-20-20

Form	990	(2019)	۱
1 01111	000		,

orm	1990 (2019) VMI FOUNDATION, INC. 54-0505	966	Р	age '
a	rt IV Checklist of Required Schedules (continued)	]	Vac	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
2	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
3	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	Х	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Бa	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
6	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
7	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
8	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			
	"Yes," complete Schedule L, Part IV	28a		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	28c	37	X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
D	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- 
_	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
_	Part V, line 1	34	X	X
	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	0.51		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	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
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~		<del>.</del>
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
~	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
8		38	Х	
	Note: All Form 990 filers are required to complete Schedule O			
	Note: All Form 990 filers are required to complete Schedule O           Statements Regarding Other IRS Filings and Tax Compliance			
	Note: All Form 990 filers are required to complete Schedule O	<u> </u>	<b>.</b>	
Pai	Note: All Form 990 filers are required to complete Schedule O         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
<b>Pai</b>	Note: All Form 990 filers are required to complete Schedule O         It V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Note: All Form 990 filers are required to complete Schedule O         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable         Inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Yes	No
Pai 1a b	Note: All Form 990 filers are required to complete Schedule O         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       26         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       (antibility) biologicable gaming			No
<b>Pai</b> 1a b c	Note: All Form 990 filers are required to complete Schedule O         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable         Inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c	Yes X 990	

	990 (2019) VMI FOUNDATION, INC. 54-0505	966	Р	<sub>age</sub> 5					
Par	t 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 43		x						
b	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 to <i>e-file</i> (see instructions)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		х					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0.		x					
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>							
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b							
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
		7b		- 23					
		10							
U	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
Ь	to file Form 8282?								
	<ul> <li>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> </ul>								
f									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 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:								
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.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand	44-		X					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		х					
	excess parachute payment(s) during the year?	15		Λ					
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Δ					
	If "Yes," complete Form 4720, Schedule O.	Гани	000	(0010)					

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
----------	--------

VMI FOUNDATION, INC.

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.

A. Governing Body and Management  r the number of voting members of the governing body at the end of the tax year re are material differences in voting rights among members of the governing body, or if the governing delegated broad authority to an executive committee or similar committee, explain on Schedule 0. r the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship er, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the ficers, directors, trustees, or key employees to a management company or other person? the organization become aware during the year of a significant diversion of the organization 's ass the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or ap e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, st ons other than the governing body? committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reanization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies ( <i>This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? the organization have their operations are consistent with the organization's exempt purposes?	b with any other b with any other b direct supervision 90 was filed? b direct supervision 90 was filed? 90	2 3 4 5 6 7a 7b 8a 8b 9	Yes
re are material differences in voting rights among members of the governing body, or if the governing delegated broad authority to an executive committee or similar committee, explain on Schedule O. r the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship er, director, trustee, or key employees to a management company or other person? the organization delegate control over management duties customarily performed by or under the ficers, directors, trustees, or key employees to a management company or other person? The organization make any significant changes to its governing documents since the prior Form 9 the organization have members or stockholders? The organization have members or stockholders, or other persons who had the power to elect or any governance decisions of the organization reserved to (or subject to approval by) members, stores other than the governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of a management VII, Section A, who cannot be real nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> . <b>B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Reserved to in the organization have written policies and procedures governing the activities of such chores is and procedures governing the activities of such chores is a standard policies not required by the Internal Reserved to in the organization have written policies and procedures governing the activities of such chores is a standard policies and procedures governing the activities of such chores is a standard policies and procedures governing the activities of such chores is a standard policies of such chores and procedures governing the activities of such chores and procedures governing the activities of such chores and procedures governing the activities of such chores and p</i>	1b       27         b with any other       27         c direct supervision       29         90 was filed?       27         opoint one or       27         cockholders, or       27         ur by the following:       27         ched at the       27         wenue Code.)       27         apters, affiliates,       27	2 3 4 5 6 7a 7b 8a 8b 9	
re are material differences in voting rights among members of the governing body, or if the governing delegated broad authority to an executive committee or similar committee, explain on Schedule O. r the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship er, director, trustee, or key employees to a management company or other person? the organization delegate control over management duties customarily performed by or under the ficers, directors, trustees, or key employees to a management company or other person? The organization make any significant changes to its governing documents since the prior Form 9 the organization have members or stockholders? The organization have members or stockholders, or other persons who had the power to elect or any governance decisions of the organization reserved to (or subject to approval by) members, stores other than the governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of a management VII, Section A, who cannot be real nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> . <b>B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Reserved to in the organization have written policies and procedures governing the activities of such chores is and procedures governing the activities of such chores is a standard policies not required by the Internal Reserved to in the organization have written policies and procedures governing the activities of such chores is a standard policies and procedures governing the activities of such chores is a standard policies and procedures governing the activities of such chores is a standard policies of such chores and procedures governing the activities of such chores and procedures governing the activities of such chores and procedures governing the activities of such chores and p</i>	1b       27         b with any other       27         c direct supervision       29         90 was filed?       27         opoint one or       27         cockholders, or       27         ur by the following:       27         ched at the       27         wenue Code.)       27         apters, affiliates,       27	2 3 4 5 6 7a 7b 8a 8b 9	_
delegated broad authority to an executive committee or similar committee, explain on Schedule 0. r the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship er, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the ficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 9 the organization become aware during the year of a significant diversion of the organization's ass the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or ap e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, st ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? an organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year mization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> <b>B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	b with any other b with any other b direct supervision 90 was filed? ets? popoint one or cockholders, or ar by the following: ched at the <u>venue Code.</u> ) apters, affiliates,	2 3 4 5 6 7a 7b 8a 8b 9	_
r the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship er, director, trustee, or key employee? (the organization delegate control over management duties customarily performed by or under the ficers, directors, trustees, or key employees to a management company or other person? (the organization make any significant changes to its governing documents since the prior Form 9 the organization become aware during the year of a significant diversion of the organization's assiste organization have members or stockholders? (the organization have members, stockholders, or other persons who had the power to elect or age e members of the governing body? (the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant contemporaneously document the meetings held or written actions undertaken during the year of a significant is malling address? (the organization contemporaneously document the meetings held or written actions undertaken during the year or a management governing body? (the organization contemporaneously document the meetings held or written actions undertaken during the year or a milling address? (the 'trustee, or key employee listed in Part VII, Section A, who cannot be reanization's mailing address? (the 'trustee, or key employee listed in Part VII, Section A, who cannot be reanization's mailing address? (the names and addresses on Schedule O B. Policies (This Section B requests information about policies not required by the Internal Researce of the organization have written policies and procedures governing the activities of such choranches to ensure their operations are consistent with the organization's exempt purposes?	b with any other b with any other b direct supervision 90 was filed? ets? popoint one or cockholders, or ar by the following: ched at the <u>venue Code.</u> ) apters, affiliates,	2 3 4 5 6 7a 7b 8a 8b 9	_
any officer, director, trustee, or key employee have a family relationship or a business relationship er, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the ficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 9 the organization become aware during the year of a significant diversion of the organization's ass the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or age e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, st ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization director, trustee, or key employee listed in Part VII, Section A, who cannot be real nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> <b>B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	b with any other b with any other b direct supervision 90 was filed? ets? popoint one or cockholders, or ar by the following: ched at the <u>venue Code.</u> ) apters, affiliates,	2 3 4 5 6 7a 7b 8a 8b 9	_
er, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the ficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 9 the organization become aware during the year of a significant diversion of the organization's ass the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or ap a members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, st ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the committee with authority to act on behalf of the governing body? the organization A, who cannot be rear- nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> <b>B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch- branches to ensure their operations are consistent with the organization's exempt purposes?	e direct supervision 90 was filed? ets? popoint one or cockholders, or ar by the following: ched at the <u>venue Code.</u> ) apters, affiliates,	3 4 5 6 7a 7b 8a 8b 9	_
the organization delegate control over management duties customarily performed by or under the ficers, directors, trustees, or key employees to a management company or other person?	e direct supervision 90 was filed? ets? popoint one or cockholders, or ur by the following: ched at the <u>venue Code.</u> ) apters, affiliates,	3 4 5 6 7a 7b 8a 8b 9	_
ficers, directors, trustees, or key employees to a management company or other person?	90 was filed? ets? popoint one or cockholders, or ir by the following: ched at the <u>venue Code.</u> ) apters, affiliates,	4 5 6 7a 7b 8a 8b 9	_
the organization make any significant changes to its governing documents since the prior Form 9 the organization become aware during the year of a significant diversion of the organization's assist the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appreciation have members, stockholders, or other persons who had the power to elect or appreciation of the organization become aware during body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year governing body? The organization governing body? The organization governing address? <i>If "Yes," provide the names and addresses on Schedule O</i> <b>B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? the organization have local chapters, branches, or affiliates? the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	90 was filed? ets? ppoint one or cockholders, or ur by the following: ched at the <u>venue Code.)</u> apters, affiliates,	4 5 6 7a 7b 8a 8b 9	_
the organization make any significant changes to its governing documents since the prior Form 9 the organization become aware during the year of a significant diversion of the organization's assist the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appreciation have members, stockholders, or other persons who had the power to elect or appreciation of the organization become aware during body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year governing body? The organization governing body? The organization governing address? <i>If "Yes," provide the names and addresses on Schedule O</i> <b>B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? the organization have local chapters, branches, or affiliates? the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	90 was filed? ets? ppoint one or cockholders, or ur by the following: ched at the <u>venue Code.)</u> apters, affiliates,	5 6 7a 7b 8a 8b 9	_
the organization become aware during the year of a significant diversion of the organization's assigned or the organization have members or stockholders?	ets? opoint one or cockholders, or ur by the following: ched at the <u>venue Code.)</u>	6 7a 7b 8a 8b 9	_
the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or approver the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization governing body? <b>B. Policies</b> (This Section B requests information about policies not required by the Internal Research the organization have local chapters, branches, or affiliates? the organization have their operations are consistent with the organization's exempt purposes?	ppoint one or cockholders, or ar by the following: ched at the <u>venue Code.</u> )	6 7a 7b 8a 8b 9	_
the organization have members, stockholders, or other persons who had the power to elect or and e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stoons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization function, trustee, or key employee listed in Part VII, Section A, who cannot be rear nization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i> <b>B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	ppoint one or cockholders, or ur by the following: ched at the <i>venue Code.</i> )	7a 7b 8a 8b 9	_
e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, st ons other than the governing body? he organization contemporaneously document the meetings held or written actions undertaken during the year governing body? In committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear <u>nization's mailing address?</u> <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> <b>B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	cockholders, or ar by the following: ched at the <u>venue Code.)</u>	7b 8a 8b 9	_
any governance decisions of the organization reserved to (or subject to approval by) members, st ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the committee with authority to act on behalf of the governing body? the committee with authority to act on behalf of the governing body? the committee with authority to act on behalf of the governing body? the committee with authority to act on behalf of the governing body? the committee with authority to act on behalf of the governing body? the committee with authority to act on behalf of the governing body? the committee with authority to act on behalf of the governing body? <b>B. Policies</b> (This Section B requests information about policies not required by the Internal Research the organization have local chapters, branches, or affiliates? the organization have local chapters, branches, or affiliates? the organization have local chapters, branches, or affiliates?	cockholders, or Ir by the following: ched at the <u>venue Code.</u> )	7b 8a 8b 9	_
ons other than the governing body? he organization contemporaneously document the meetings held or written actions undertaken during the year governing body? he committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read nization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> <b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	rr by the following: ched at the <u>venue Code.</u> ) apters, affiliates,	8a 8b 9	_
he organization contemporaneously document the meetings held or written actions undertaken during the year governing body?	r by the following: ched at the <u>venue Code.)</u> apters, affiliates,	8a 8b 9	_
governing body? a committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> <b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	ched at the venue Code.)	8b 9	_
a committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea- nization's mailing address? If "Yes," provide the names and addresses on Schedule O <b>B. Policies</b> (This Section B requests information about policies not required by the Internal Re- the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch- branches to ensure their operations are consistent with the organization's exempt purposes?	ched at the venue Code.) apters, affiliates,	8b 9	_
ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rearnization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	ched at the venue Code.) apters, affiliates,	9	X
nization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i> <b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	venue Code.) apters, affiliates,		
<b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	venue Code.) apters, affiliates,		
<b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	venue Code.) apters, affiliates,		
the organization have local chapters, branches, or affiliates?	apters, affiliates,		
es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	apters, affiliates,		Yes
es," did the organization have written policies and procedures governing the activities of such ch branches to ensure their operations are consistent with the organization's exempt purposes?	apters, affiliates,	10a	
branches to ensure their operations are consistent with the organization's exempt purposes?	• •		
		10b	
		11a	
cribe in Schedule O the process, if any, used by the organization to review this Form 990.		10	v
the organization have a written conflict of interest policy? If "No," go to line 13		12a	
officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X
the organization regularly and consistently monitor and enforce compliance with the policy? $H$ "Y	es," describe		
chedule O how this was done		12c	Х
he organization have a written whistleblower policy?		13	Х
he organization have a written document retention and destruction policy?		14	Х
he process for determining compensation of the following persons include a review and approva	l by independent		
		15a	х
			X
		100	
	a and with a		
		10	
, , ,		16a	
nt venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's		
		16b	
the states with which a copy of this Form 990 is required to be filed $ ightarrow VA$			
ion 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)(3)	s only)	avail
ublic inspection. Indicate how you made these available. Check all that apply.			
Own website Another's website X Upon request Other (explain	on Schedule ()		
		d finan	cial
	inite of interest policy, and		olui
	oks and records		
I FOUNDATION, INC (540) 464-7383			ו <b>99</b> 0
I FOUNDATION, INC (540) 464-7383		-	
	er officers or key employees of the organization es" to line 15a or 15b, describe the process in Schedule O (see instructions). the organization invest in, contribute assets to, or participate in a joint venture or similar arranger ble entity during the year? es," did the organization follow a written policy or procedure requiring the organization to evaluat int venture arrangements under applicable federal tax law, and take steps to safeguard the organ npt status with respect to such arrangements? C. Disclosure the states with which a copy of this Form 990 is required to be filed ▶VA tion 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar bublic inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain cribe on Schedule O whether (and if so, how) the organization made its governing documents, co ements available to the public during the tax year.	organization's CEO, Executive Director, or top management official er officers or key employees of the organization es" to line 15a or 15b, describe the process in Schedule O (see instructions). the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year? es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation int venture arrangements under applicable federal tax law, and take steps to safeguard the organization's mpt status with respect to such arrangements? <b>C. Disclosure</b> the states with which a copy of this Form 990 is required to be filed ▶VA tion 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (Section 501(c)(3) public inspection. Indicate how you made these available. Check all that apply. ] Own website Another's website X Upon request Other <i>(explain on Schedule O)</i> cribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an ements available to the public during the tax year. e the name, address, and telephone number of the person who possesses the organization's books and records <b>L FOUNDATION, INC.</b> - (540) 464-7383	organization's CEO, Executive Director, or top management official       15a         er officers or key employees of the organization       15b         es" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a         ble entity during the year?       16a         es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation int venture arrangements under applicable federal tax law, and take steps to safeguard the organization's       16a <b>C. Disclosure</b> 16b         the states with which a copy of this Form 990 is required to be filed ▶VA       16b         tion 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)       10b         ublic inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)         orribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finan ements available to the public during the tax year.       •         e the name, address, and telephone number of the person who possesses the organization's books and records       •         I FOUNDATION, INC (540) 464-7383       BOX 932, LEXINGTON, VA 24450

20650701

Form 990 (2019)	VMI FOUNDATION, INC.	54-0505966 Pa	age <b>7</b>							
Part VII Compen	nsation of Officers, Directors, Trustees, Key Employe	ees, Highest Compensated								
Employees, and Independent Contractors										
Check if So	chedule O contains a response or note to any line in this Part VII									
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated I	Employees								
1a Complete this table	e for all persons required to be listed. Report compensation for the ca	alendar year ending with or within the organization's tax	year.							
<ul> <li>List all of the orga</li> </ul>	anization's current officers, directors, trustees (whether individuals c	or organizations), regardless of amount of compensation	ı.							

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 nor any related organization compensated any current officer, director, or trustee.

Name and title         Average hours per veck (stary) filter and a declaration there and a declaration there internal a declaration there internal a declaration there and a declaration there internal a declaration there and a declaration there internal a declaration there and a declaration there are a declaration the declaration there are a declaration there are a declaration there are a declaration the declaration the declaration the declaration there are a declaration there are a declaration the declaration the declaration there are a declaration the declaration the declaration there are a declaration there are a declaratin there are a declarat	(A)	(B)				C)			(D)	(E)	(F)
Hours per veek (list any nours for related organization blow set (list any line)         Doc. unserption is bein any time mark and the set any time mark and the set any time mark and the set any time mark and the set any time mark and the set any time mark and the set any time mark any time mark and the set any time mark any time mark and the set any time mark and the set a	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Image: Note of the second se		hours per	box	, unles	ss per	rson i	s both	ı an	compensation	·	
(1)         MR. WILLIAM L. TALIAFERRO JR         2.00         X         0.				cer an	aau	recio	r/trus	lee)			
(1)         MR. WILLIAM L. TALIAFERRO JR         2.00         X         0.			recto							J. J	
(1)         MR. WILLIAM L. TALIAFERRO JR         2.00         X         0.			e or di	ee			sated		J J	(W-2/1099-MISC)	
(1)         MR. WILLIAM L. TALIAFERRO JR         2.00         X         0.			ustee	trust		ee	upens		(W-2/1099-1015C)		, and a second s
(1)         MR. WILLIAM L. TALIAFERRO JR         2.00         X         0.			lual tr	tional		nploy	st con yee	_			
(1) MR. WILLIAR L. TALLAFERRO JR       2.00         BOARD MEMBER       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			Individ	In stit u	Officer	Key er	Highe	Forme			organizationio
(2) MRS. ELISE G. WOODWORTH       2.00       x       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.         VICE PRESIDENT OF ADMINISTRATION       X       0.       0.       0.       0.         VICE PRESIDENT OF ADMINISTRATION       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         GOARD MEMBER       X	(1) MR. WILLIAM L. TALIAFERRO JR	2.00									
BOARD MEMBERX0.0.0.(3) JOHN D. ADAMS2.00X0.0.0.VICE PRESIDENT OF ADMINISTRATIONX0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.(5) THOMAS M. BOYD2.000.0.0.0.BOARD MEMBERX0.0.0.0.(6) ELIZABETH D. CAMP2.000.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.(10) DR. M. DAVID GIBBONS2.000.0.0.0.BOARD MEMBERX0.0.0.0.(11) STEPHEN M. GODDARD2.00X0.0.0.BOARD MEMBERX0.0.0.0.(13) TORMAS S, GREENSPON2.00X0.0.0.BOARD MEMBERX <t< td=""><td>BOARD MEMBER</td><td></td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	BOARD MEMBER		х						0.	0.	0.
(3) JOHN D, ADAMS       2.00       X       0.       0.       0.         VICE PRESIDENT OF ADMINISTRATION       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.	(2) MRS. ELISE G. WOODWORTH	2.00									
VICE PRESIDENT OF ADMINISTRATION       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.	BOARD MEMBER		Х						0.	0.	0.
(4)         T. BRYAN BARTON         2.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           G(5)         THOMAS M. BOYD         2.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           G(1)         DARY L. DEKE         2.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (3)         RICHARD W. FLOWERS         2.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (10) DR. M. DAVID GIBBONS         2.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0. <td>(3) JOHN D. ADAMS</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) JOHN D. ADAMS	2.00									
BOARD MEMBER         X         0.         0.         0.           (5)         THOMAS M. BOYD         2.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMER         X         0.         0.         0.         0.         0.         0.           BOARD MEMER         X         0.         0.         0.         0.         0.         0.           BOARD MEMER         X         0.         0.         0.         0.         0.         0.         0. </td <td>VICE PRESIDENT OF ADMINISTRATION</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	VICE PRESIDENT OF ADMINISTRATION		Х						0.	0.	0.
(5) THOMAS M. BOYD       2.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         (6) ELIZABETH D. CAMP       2.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.	(4) T. BRYAN BARTON	2.00									
BOARD MEMBER     X     0.     0.     0.       BOARD MEMBER     X     0.     0.     0.       BOARD MEMBER     X     0.     0.     0.       (7) DARYL L. DEKE     2.00     X     0.     0.     0.       BOARD MEMBER     X     0.     0.     0.     0.       (11) STEPHEN M. GODDARD     2.00     X     0.     0.     0.       BOARD MEMBER     X     0.     0.     0.     0.       (13) CDR. BREE A.	BOARD MEMBER		Х						0.	0.	0.
(6)       ELIZABETH D. CAMP       2.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.	(5) THOMAS M. BOYD	2.00									
BOARD MEMBER         X         0.         0.         0.         0.           (7) DARYL L. DEKE         2.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (11) STEPHEN M. GODDARD         2.00         BOARD MEMBER         X         0.         0.         0.           (12) THOMAS S. GREENSPON         2.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.0         0.         0.         0.         0.         0	BOARD MEMBER		Х						0.	0.	0.
(7) DARYL L. DEKE $2.00$ X $0.$ $0.$ BOARD MEMBERX $0.$ $0.$ $0.$ $0.$ Idational Construction of the state of t	(6) ELIZABETH D. CAMP	2.00									
BOARD MEMBERX0.0.0.(8) ALEXANDER M. EARLE, JR.2.00X0.0.0.BOARD MEMBERX0.0.0.0.(9) RICHARD W. FLOWERS2.00X0.0.0.BOARD MEMBERX0.0.0.0.(10) DR. M. DAVID GIBBONS2.00X0.0.0.BOARD MEMBERX0.0.0.0.(11) STEPHEN M. GODDARD2.00X0.0.0.BOARD MEMBERX0.0.0.0.(12) THOMAS S. GREENSPON2.00X0.0.0.BOARD MEMBERX0.0.0.0.(13) CDR. BREE A. GUITERMAN2.00X0.0.0.BOARD MEMBERX0.0.0.0.(14) LT. GEN. RICHARD A. HACK2.00X0.0.0.BOARD MEMBERX0.0.0.0.(15) STEPHEN E. HUPP2.00X0.0.0.PRESIDENT7.00XX0.0.0.(16) KERRY D. KIRK2.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) KIMBER L. LATSHA2.00X0.0.0.BOARD MEMBERX0.0.0.0.			Х						0.	0.	0.
(8) ALEXANDER M. EARLE, JR.2.00X0.0.BOARD MEMBERX0.0.0.0.(9) RICHARD W. FLOWERS2.00X0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.I3) CDR. BREE A. GUITERMAN2.00X0.0.0.BOARD MEMBERX0.0.0.0.I4) LT. GEN. RICHARD A. HACK2.00X0.0.0.BOARD MEMBERX0.0.0.0.0.I5) STEPHEN E. HUPP2.00X0.0.0.0.PRESIDENT7.00XX0.0.0.0.I6) KERRY D. KIRK2.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.<	(7) DARYL L. DEKE	2.00									
BOARD MEMBERX0.0.0.(9) RICHARD W. FLOWERS2.00X0.0.0.BOARD MEMBERX0.0.0.0.(10) DR. M. DAVID GIBBONS2.00X0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.I3) CDR. BREE A. GUITERMAN2.0000.0.0.BOARD MEMBERX0.0.0.0.(14) LT. GEN. RICHARD A. HACK2.0000.0.0.PRESIDENT7.00XX0.0.0.I6) KERRY D. KIRK2.000.0.0.0.BOARD MEMBERX0.0.0.0.I00ARD MEMBERX0.0.0.0.I00ARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0. </td <td>BOARD MEMBER</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	BOARD MEMBER		Х						0.	0.	0.
(9) RICHARD W. FLOWERS2.00 XX0.0.0.BOARD MEMBERX0.0.0.0.0.(10) DR. M. DAVID GIBBONS2.00 DOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.(11) STEPHEN M. GODDARD2.00 DOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.(14) LT. GEN. RICHARD A. HACK2.00 PRESIDENTX0.0.0.0.(15) STEPHEN E. HUPP2.00 PRESIDENTX0.0.0.0.(16) KERKY D. KIRK2.00 PACHD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.0.(17) KIMBER L. LATSHA2.00 PACHD MEMBER0.0.0.0.BOARD MEMBERX0.0.0.0.0.	(8) ALEXANDER M. EARLE, JR.	2.00									
BOARD MEMBERX00.0.0.(10) DR. M. DAVID GIBBONS2.00X0.0.0.BOARD MEMBERX0.0.0.0.(11) STEPHEN M. GODDARD2.00X0.0.0.BOARD MEMBERX0.0.0.0.(12) THOMAS S. GREENSPON2.00X0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.(14) LT. GEN. RICHARD A. HACK2.000.0.0.BOARD MEMBERX0.0.0.0.(15) STEPHEN E. HUPP2.000.0.0.0.PRESIDENT7.00 XX0.0.0.0.(16) KERRY D. KIRK2.000.0.0.0.0.BOARD MEMBERX0.0.0.0.0.(17) KIMBER L. LATSHA2.000.0.0.0.0.BOARD MEMBERX0.0.0.0.0.			Х						0.	0.	0.
(10) DR. M. DAVID GIBBONS       2.00       0.0.0.0.         BOARD MEMBER       X       0.0.0.0.         (11) STEPHEN M. GODDARD       2.00       0.0.0.0.         BOARD MEMBER       X       0.0.0.0.         (12) THOMAS S. GREENSPON       2.00       0.0.0.0.         BOARD MEMBER       X       0.0.0.0.         (13) CDR. BREE A. GUITERMAN       2.00       0.0.0.0.         BOARD MEMBER       X       0.0.0.0.         (14) LT. GEN. RICHARD A. HACK       2.00       0.0.0.0.         BOARD MEMBER       X       0.0.0.0.         (15) STEPHEN E. HUPP       2.00       0.0.0.0.         PRESIDENT       7.00 X       X       0.0.0.0.         (16) KERRY D. KIRK       2.00       0.0.0.0.       0.0.0.         BOARD MEMBER       X       0.0.0.0.       0.0.0.         (17) KIMBER L. LATSHA       2.00       0.0.0.0.       0.0.0.		2.00									-
BOARD MEMBER         X         0.         0.         0.         0.           (11) STEPHEN M. GODDARD         2.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (12) THOMAS S. GREENSPON         2.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (13) CDR. BREE A. GUITERMAN         2.000         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (14) LT. GEN. RICHARD A. HACK         2.000          0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (15) STEPHEN E. HUPP         2.000           0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (16) KERRY D. KIRK         2.000 </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(11) STEPHEN M. GODDARD2.00X0.0.BOARD MEMBERX0.0.0.0.(12) THOMAS S. GREENSPON2.00X0.0.0.BOARD MEMBERX0.0.0.0.(13) CDR. BREE A. GUITERMAN2.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(14) LT. GEN. RICHARD A. HACK2.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(15) STEPHEN E. HUPP2.00X0.0.0.0.PRESIDENT7.00XX0.0.0.0.(16) KERRY D. KIRK2.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(17) KIMBER L. LATSHA2.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.		2.00									-
BOARD MEMBERX0.0.0.(12) THOMAS S. GREENSPON2.00X0.0.0.BOARD MEMBERX0.0.0.0.(13) CDR. BREE A. GUITERMAN2.00X0.0.0.BOARD MEMBERX0.0.0.0.(14) LT. GEN. RICHARD A. HACK2.00X0.0.0.BOARD MEMBERX0.0.0.0.(15) STEPHEN E. HUPP2.00X0.0.0.PRESIDENT7.00XX0.0.0.(16) KERRY D. KIRK2.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) KIMBER L. LATSHA2.00X0.0.0.BOARD MEMBERX0.0.0.0.			Х						0.	0.	0.
(12) THOMAS S. GREENSPON2.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(13) CDR. BREE A. GUITERMAN2.00X0.0.0.BOARD MEMBERX0.0.0.0.(14) LT. GEN. RICHARD A. HACK2.00X0.0.0.BOARD MEMBERX0.0.0.0.(15) STEPHEN E. HUPP2.00X0.0.0.PRESIDENT7.00XX0.0.0.(16) KERRY D. KIRK2.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) KIMBER L. LATSHA2.00X0.0.0.BOARD MEMBERX0.0.0.0.		2.00									-
BOARD MEMBER         X         0.			Х						0.	0.	0.
(13) CDR. BREE A. GUITERMAN       2.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (14) LT. GEN. RICHARD A. HACK       2.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (15) STEPHEN E. HUPP       2.00       X       X       0.       0.       0.       0.         PRESIDENT       7.00 X       X       0.       0.       0.       0.       0.         (16) KERRY D. KIRK       2.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (17) KIMBER L. LATSHA       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.		2.00									-
BOARD MEMBER         X         0.			Х						0.	0.	0.
(14) LT. GEN. RICHARD A. HACK       2.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (15) STEPHEN E. HUPP       2.00       X       X       0.       0.       0.         PRESIDENT       7.00 X       X       0.       0.       0.       0.         (16) KERRY D. KIRK       2.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.		2.00									-
BOARD MEMBER         X         0.			Х						0.	0.	0.
(15) STEPHEN E. HUPP       2.00       X       X       0.       0.       0.         PRESIDENT       7.00       X       X       0.       0.       0.       0.         (16) KERRY D. KIRK       2.00       X       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.		2.00									-
PRESIDENT         7.00 X         X         0.         0.         0.           (16) KERRY D. KIRK         2.00 <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(16) KERRY D. KIRK2.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) KIMBER L. LATSHA2.00X0.0.0.BOARD MEMBERX0.0.0.0.											-
BOARD MEMBERX0.0.0.(17) KIMBER L. LATSHA2.00X0.0.0.BOARD MEMBERX0.0.0.0.			х		Х				0.	0.	0.
(17) KIMBER L. LATSHA2.00X0.0.0.BOARD MEMBERX0.0.0.0.		2.00									<u> </u>
BOARD MEMBER X 0. 0. 0.			X						0.	0.	0.
		2.00								_	<u>^</u>
			Х						0.	0.	

932007 01-20-20

Form 990 (2019)

2019.05000 VMI FOUNDATION, INC.

9

Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	anc	High H	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		<b>ا</b> than d	one	Reportable	Reportable		Estimat	ed
	hours per	box	, unles	ss per	rson i	is both pr/trus	n an	compensation	compensatio		amount	
	week (list any					1/11/11/11		from	from related		other	
	hours for	lirecto						the organization	organization (W-2/1099-MIS	I	compensa from th	
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1033-1010	,0,	organiza	
	organizations	truste	al trus		yee	mper					and relation	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler				organizat	ions
	line)	Indiv	Insti	Officer	Keye	High emp	Former					
(18) BROOKE H. PENDLETON	2.00											
BOARD MEMBER		Х						0.		0.		0.
(19) COLONEL GEORGE PIEGARI	2.00											
BOARD MEMBER		Х						0.		0.		0.
(20) KURT A. POLK	2.00											
BOARD MEMBER		Х						0.		0.		0.
(21) W. GREGORY ROBERTSON	2.00											
BOARD MEMBER		Х						0.		0.		0.
(22) ERNESTO V. SAMPSON, JR.	2.00											
BOARD MEMBER		Х						0.		0.		0.
(23) STERLING T. SWEENEY	2.00											
BOARD MEMBER		Х						0.		0.		0.
(24) GARY J. TAYLOR	2.00											
BOARD MEMBER		Х						0.		0.		0.
(25) LT. COLONEL CHARLES L. TOOMEY	2.00											
BOARD MEMBER		Х						0.		0.		0.
(26) T.W. WILLIAMSON, JR.	2.00											
BOARD MEMBER		Х						0.		0.		0.
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part V								323,799.	574,62	20.	59,2	
d Total (add lines 1b and 1c)								323,799.	574,62	20.	59,2	40.
2 Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable	Э		
compensation from the organization												2
											Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	such individual										3	X
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J fe	or such individual			4 X	
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or sı	ıch į	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	С	ompensatio	n
BNY MELLON, N.A.								INVESTMENT				
225 LIBERTY STREET, NEW Y	CORK, NY	1	02	86			_	MANAGEMENT		1	<u>,761,7</u>	62.
MCGUIRE WOODS CONSULTING				_								
901 EAST CARY ST., RICHMO	OND, VA	23	21	9 –	40	30	P	LEGAL SERVIC	ES		120,1	00.
							_					
							$\dashv$					
2 Total number of independent contractors (		ot lin	nitec	to	thos	se lis N	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ		T > 7		<u>m -</u>	2	4		<b>E</b> MC			- 000	(0.0.1
SEE PART VII, SECTIO	N A CONT	тΝ	UΑ	Τ.Τ	ON	5	пĔ	E12			Form <b>990</b>	(2019)
932008 01-20-20												

Form 990 VMI FOUN	DATION,	IN	IC.						54-050	5966
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		/ee	n pen				organizations
	below	dual t	utiona	L_	u plo	st co	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) THOMAS H. ZARGES	2.00									
VICE PRESIDENT OF FUNDRAISING	5.00	Х		Х				0.	0.	0.
(28) AMY S. REID	40.00									
CORPORATE SECRETARY				Х				46,687.	0.	5,362.
(29) STEPHEN M. MACONI	2.00									
CHIEF EXECUTIVE OFFICER	44.00			Х				0.	260,259.	18,596.
(30) DAVID L. PRASNICKI	2.00									
CHIEF FINANCIAL OFFICER	44.00			Х				0.	183,873.	7,088.
(31) CRISSY S. ELLIOTT	2.00									
FINANCIAL CONTROLLER	44.00			Х				0.	130,488.	12,229.
(32) MEADE B. KING	20.00									
CHIEF OPERATING OFFICER	20.00			Х				120,899.	0.	12,879.
(33) WARREN J. BRYAN	40.00									
SPECIAL ASSISTANT TO CEO						Х		156,213.	0.	3,086.
				<u> </u>						
		{								
						-				
		-								
	1	I	L	I			l			
Total to Part VII Section A line to								323,799.	574,620.	59,240.
Total to Part VII, Section A, line 1c								545,199.	5/7,020.	55,240.

932201 04-01-19

Ра	η νι				roopono	o or poto to opy lin	a in this Dart VIII			
			Check if Schedule O	contains a	respons	e or note to any im	(A)	(B)	(C)	[D]
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
s s	1:		Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
٦Ğ			Fundraising events		1c					
ifts A			Related organizations		1d	10,205.				
m ال			Government grants (contr		1e					
ŝ	f		All other contributions, gifts,							
ther			similar amounts not included		1f	23,931,842.				
ē	ļ		Noncash contributions included in		1g \$	1,674,660.				
aŭ	ł	h	Total. Add lines 1a-1f				23,942,047.			
						Business Code				
Ð	2 8	а								
Program Service Revenue	k	b								
Ser		с								
eve eve		d								
ßč	e	е								
Pro	f	f	All other program service	revenue						
	ç		Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)	-		►	4,546,777.		64,425.	4,482,352.
	4		Income from investment of							
	5		Royalties	. <u></u>						
					(i) Real	(ii) Personal				
	6 a	а	Gross rents	6a						
	k	b	Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss)	)						
	7 a	а	Gross amount from sales of	(i) S	Securities	s (ii) Other				
			assets other than inventory	7a						
	k	b	Less: cost or other basis							
ne			and sales expenses	7b						
Revenue	c	С	Gain or (loss)	7c						
Be	c	d	Net gain or (loss)		·····	🕨				
Jer	8 8	а	Gross income from fundraising	ng events (i	not					
otho			including \$		of					
			contributions reported on	line 1c). S	See					
			Part IV, line 18		<u></u> 8	Ba				
	k	b	Less: direct expenses			Bb				
			Net income or (loss) from		-	▶				
	9 a	a	Gross income from gamin	g activitie	s. See					
			Part IV, line 19			)a				
	k	b	Less: direct expenses		<u></u>	)b				
	c	С	Net income or (loss) from	gaming ac	ctivities_	<b>&gt;</b>				
	10 a	a	Gross sales of inventory, I	ess return	IS					
			and allowances			0a				
	k	b	Less: cost of goods sold		1	0b				
	0	С	Net income or (loss) from	sales of in	iventory					
s						Business Code				
e sou	11 a	а	ADMINISTRATIVE FEES			900099	74,434.			74,434.
scellaneo Revenue	ł	b				-				
cell Vev		С				-				ļ
Miscellaneous Revenue	<b>•</b>		All other revenue							
			Total. Add lines 11a-11d				74,434.			
	12		Total revenue. See instruction	ons		►	28,563,258.	0.	64,425.	, , ,
93200	9 01-2	20-2	20							Form <b>990</b> (2019

VMI FOUNDATION, INC.

932009 01-20-20

Form 990 (2019)

20650701

54-0505966 Page 9

6,560.

113,528.

82,254

91,812.

2,769.

2,602.

983.

965.

1,761,762.

43,295.

276.

18,080,958.

729

13,951

22,953.

2,769.

29,879.

102,936.

2,178,239.

2,055.

2,947.

138.

Form	990 (2019) VMI FOUNDAT			54-05	505966 Page <b>10</b>
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,769,172.	17,769,172.		
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	369,592.	73,918.	92,398.	203,276
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	697,393.	139,479.	104,609.	453,305
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,579.	15,316.	11,487.	49,776
9	Other employee benefits	116,875.	23,375.	17,531.	75,969
10	Payroll taxes	80,635.	16,127.	12,095.	52,413.
11	Fees for services (nonemployees):				• -
	Management				
b	Legal				
с	Accounting				
-					

1,761,762.

7,289.

113,528.

139,500.

114,765.

5,538.

29,879.

102,936.

4,657.

3,930.

1,379.

21,395,409.

932010 01-20-20

Check here

### 07571113 797738 2065070000

d Lobbying

е

f

g

12

13 14

15 16

17

18

19 20

21

22 23

24

а

b

С

d е

25

26

Travel

Interest

Insurance

LOSS

Professional fundraising services. See Part IV, line 17

Investment management fees

Other. (If line 11g amount exceeds 10% of line 25,

column (A) amount, list line 11g expenses on Sch O.)

Advertising and promotion

Office expenses

Information technology Royalties

Occupancy

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization .....

Other expenses. Itemize expenses not covered

DUES & SUBSCRIPTIONS

SPECIAL FUNCTIONS

MISCELLANEOUS

All other expenses

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.)

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

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

13 2019.05000 VMI FOUNDATION, INC. 1,136,212.

07571113 797738 2065070000

VMI FOUNDATION, INC.

54-0505966 Page 11

	1	Check if Schedule O contains a response or not			(A)		(B)
					Beginning of year		End of year
	2	Cash - non-interest-bearing				1	
	_	Savings and temporary cash investments			22,031,647.	2	34,155,028.
	3	Pledges and grants receivable, net			10,673,737.	3	9,458,716.
	4	Accounts receivable, net			2,443,573.	4	2,459,815.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquality					
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			106,672.	7	332,577.
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>927,594.</u> 780,466.			
	b	Less: accumulated depreciation	279,943.	10c	147,128.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1	376,117,473.	12	371,395,722.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			4,878,760.	15	3,308,856.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	416,531,805.	16	421,257,842.
	17	Accounts payable and accrued expenses	903,318.	17	350,198.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela				23	
1	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	830,253.
;	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	Complete Part X	F 060 140		F 432 000
		of Schedule D			5,263,142.		7,433,989.
	26	Total liabilities. Add lines 17 through 25			6,166,460.	26	8,614,440.
s		Organizations that follow FASB ASC 958, che	ck her				
) Ce		and complete lines 27, 28, 32, and 33.			60 766 070		
alar	27				68,766,870.	27	66,903,850.
ä	28	Net assets with donor restrictions	341,598,475.	28	345,739,552.		
ň		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
л Ц	00	and complete lines 29 through 33.					
st	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ec				30	
÷	31	Retained earnings, endowment, accumulated in			410,365,345.	31	112 612 102
	32	Total net assets or fund balances			416,531,805.	32	412,643,402.
	33	Total liabilities and net assets/fund balances			<u>  +</u> 10,331,003.	33	421,257,842. Form <b>990</b> (2019)

Form 990 (2019)
Part X Balance Sheet

Form	1990 (2019) VMI FOUNDATION, INC.	54-	-05059	966	Pag	<sub>ge</sub> 12
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	28	,563	, 25	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,395		
3	Revenue less expenses. Subtract line 2 from line 1	3	7	,167	,84	49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	410	<u>,365</u>	, 34	<u>45.</u>
5	Net unrealized gains (losses) on investments	5	-5	<u>,350</u>	,56	56.
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		460	,77	74.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	412	<u>,643</u>	,40	<u>)2.</u>
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	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		·····	2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		·····	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis 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					1
	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 Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			v
-	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			-		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

932012 01-20-20

SCHE	DUL	.E 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

Nan		the organization		TNO					
Da	rt I	Reason for Public C	FOUNDATION		malata th	ic port ) Coo	instructions	<u> </u>	4-0505966
							einstructions	<b>б.</b>	
	organ	ization is not a private found							
1		A church, convention of ch					(A)(i).		
2		A school described in section							
3		A hospital or a cooperative	· •						
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in section	170(b)(1)(A)	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	or operat	ed by a gov	ernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	•						
7	X	An organization that norma		ntial part of its support fr	om a gove	ernmental u	nit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conjur	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	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	port from o	contribution	s, membersh	nip fees, an	d gross receipts from
		activities related to its exem	-						-
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acquire	ed by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	•		•				
12		An organization organized a	•	•	•				
		more publicly supported or							Check the box in
		lines 12a through 12d that o	• •			-		-	
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-			
		the supported organization			majority c	of the direct	ors or trustee	es of the su	ipporting
		organization. You must c	-						
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with it	s supported	l organizatio	n(s), by hav	ring
		control or management o			ame perso	ons that con	trol or manag	ge the supp	ported
		organization(s). You mus							
С		Type III functionally inte		•••				ly integrate	d with,
		its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int	• •	<b>c</b> ,	•	•		an attentiv	veness
		requirement (see instructi	,	•					
е		Check this box if the orga					Type I, Type I	II, Type III	
		functionally integrated, or		nally integrated supportir	ng organiz	ation.			[
f		er the number of supported o	•						
<u> </u>		vide the following information i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(1) 211	(described on lines 1-10	in your govern	ing document?	support (see in	-	support (see instructions)
		5		above (see instructions))	Yes	No		,	, , ,
						++			
Tota									
		Paperwork Reduction Act N	lotice, see the Instri	uctions for Form 990 or	990-F7	932021 09-24	5-19 Scher	dule A (For	m 990 or 990-EZ) 2019
						202021 00-20			

16

54-0505966 Page 2

 Schedule A (Form 990 or 990-EZ) 2019
 VMI
 FOUNDATION, INC.
 54-0505

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

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.")	14992097.	42856461.	19310649.	17296472.	23934842.	118390521
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		14992097.	42856461.	19310649.	17296472.	23934842.	118390521
	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)						35317881.
6	Public support. Subtract line 5 from line 4.						83072640.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
				19310649.			
	Gross income from interest,						
Ũ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2016305.	2634582.	3450123.	4047508.	4546777.	16695295.
9	Net income from unrelated business	20103031	20010020	51501251	101/3000	1010///	
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10							
	or loss from the sale of capital	863 950	930 091	1262903.	69,974.	74 434	3201352.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	003,550.	550,051.	1202505.	05,5740		138287168
12						12	<u> </u>
	First five years. If the Form 990 is for	•	,	d fourth or fifth to			
13	organization, check this box and stop	•					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			olumn (f)		14	60.07 %
	Public support percentage from 2018					15	61.26 %
	33 1/3% support test - 2019. If the c					· · · · ·	·
104	stop here. The organization qualifies						57
h	33 1/3% support test - 2018. If the c		-			or more check th	
	and stop here. The organization qual						
17-	10% -facts-and-circumstances test						
174	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				•	٠	
L							
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		-		• •		
10	organization meets the "facts-and-circ			•	,		
18	Private foundation. If the organization	T UIU HUL CHECK A		a, 100, 17a, 01 17L		edule A (Form 990	
					00110		

# Schedule A (Form 990 or 990-EZ) 2019 VMI FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

54-0505966 Page 3

(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 beginnin	g in) ▶ (a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, ar						
membership fees received. (D						
include any "unusual grants.")				_		
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished any activity that is related to t organization's tax-exempt pur	per- in he					
3 Gross receipts from activities	that					
are not an unrelated trade or I	bus-					
iness under section 513						
4 Tax revenues levied for the or	gan-					
ization's benefit and either pa	id to					
or expended on its behalf						
5 The value of services or facilit	ies					
furnished by a governmental u	unit to					
the organization without charge	ge					
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1,						
3 received from disqualified p	·					
b Amounts included on lines 2 and 3 receiption other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	t e					
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from	n line 6.)					
Section B. Total Support						
Calendar year (or fiscal year beginnin	g in) ▶ (a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source	l on es,					
<b>b</b> Unrelated business taxable incom	ie					
(less section 511 taxes) from bus	inesses					
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated bu activities not included in line 1 whether or not the business is regularly carried on	10b,					
12 Other income. Do not include or loss from the sale of capita assets (Explain in Part VI.)	ຟິ					
13 Total support. (Add lines 9, 10c, 11, a						
14 First five years. If the Form 9	90 is for the organization?	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						<b>&gt;</b>
Section C. Computation of	f Public Support Per	rcentage				
15 Public support percentage for	r 2019 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage fro	om 2018 Schedule A, Part	III, line 15			16	%
Section D. Computation of	f Investment Income	e Percentage				
17 Investment income percentag	je for 2019 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentag	je from 2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019	<b>3.</b> If the organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check thi	s box and <b>stop here.</b> The	organization qua	lifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2018	3. If the organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3	3%, check this box and <b>s</b> f	top here. The org	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the org	janization did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
932023 09-25-19				Sch	edule A (Form 99	0 or 990-EZ) 2019
		18	3			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### 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.)

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

19

			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		
b	A family member of a person described in (a) above?	11b		
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		
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		
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		
Sec	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		
Sec	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			
0	supported organizations played in this regard.	3		
	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).			
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b				
c		ructions,		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	0-		
Ь	that these activities constituted substantially all of its activities.	2a		
D	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
2	activities but for the organization's involvement.  Parent of Supported Organizations Answer (a) and (b) below	ZU		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
d	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
۴	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	Jd		
u	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
93202	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-25-19 Schedule A (Form 9		)0-F7)	2019
00202				-010

07571113 797738 2065070000

2019.05000 VMI FOUNDATION, INC. 20650701

20

## Schedule A (Form 990 or 990-EZ) 2019 VMI FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Sect	on 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		
	on 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	on 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	<b>Distributable Amount.</b> 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		d Type III supporting orac	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

### Schedule A (Form 990 or 990-EZ) 2019 VMI FOUNDATION, INC.

	rt 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	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	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			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	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 Part VI. 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:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 VMI F				54-0505966	Page 8
Part VI Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part (See instructions.)	4b, 4c, 5a, 6, 9a, 9b, 3; Part IV, Section E	9c, 11a, 11b, and 1 , lines 1c, 2a, 2b, 3a,	1c; Part IV, Section B, lines 1 , and 3b; Part V, line 1; Part V	and 2; Part IV, Section /, Section B, line 1e; Pa	C, rt V,
(					
	_	23		e A (Form 990 or 990-	
1113 797738 2065070000	2	UTA•02000 J	VMI FOUNDATION,	INC.	206507

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

### 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

54-0505966

VMI	FOUNDATION,	INC.

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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

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

Name of organization

### VMI

MI FOUNDATION, INC.				54-0505966			
Part I	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 contributior	าร	(d) Type of contribution			
<u>1</u>		\$4,414,73		PersonXPayrollImage: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution			
2		\$750,00		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution			
3		\$4,183,74		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution			
4		\$1,131,7		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution			

1,000,000.

(c)

**Total contributions** 

923452 11-06-19

5

(a)

No.

2019.05000 VMI FOUNDATION, INC.

\$

\$

X

Person Payroll

Noncash

Person Payroll Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

07571113 797738 2065070000

(b)

Name, address, and ZIP + 4

Name of organization

## VMI FOUNDATION, INC.

Employer identification number

54-0505966

	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	29,300 SHARES OF BANK OF AMERICA CORPORATION		
		\$\$94,383.	07/30/19
(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

### 07571113 797738 2065070000

Page **4** 

	zation		Employer identification number
AT FOID	DATION, INC.		54-0505966
art III Ex	clusively religious, charitable, etc., contribut		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
fro	m any one contributor. Complete columns (a mpleting Part III, enter the total of exclusively religious,	) through (e) and the following line entry charitable etc. contributions of \$1,000 or le	y. For organizations
Us	se duplicate copies of Part III if additional	space is needed.	SS for the year. (Litter this into: once.) P
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hold
Part I	(b) Purpose of gift		(d) Description of how gift is held
			[
		(e) Transfer of gift	
		(0)	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
<u> </u>			
<u> </u>			
a) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
		(e) Transfer of gift	
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee
N N a			
i) No. rom	(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, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
) No.		nd ZIP + 4	
) No. rom art I	Transferee's name, address, and the second s		Relationship of transferor to transferee         (d) Description of how gift is held
) No. rom art I		nd ZIP + 4	
) No. rom art I		nd ZIP + 4	
) No. rom Part I		nd ZIP + 4	
) No. rom art I		nd ZIP + 4	
) No. rom /art I	(b) Purpose of gift	nd ZIP + 4	(d) Description of how gift is held
) No. rom art I		nd ZIP + 4	
) No. 	(b) Purpose of gift	nd ZIP + 4	(d) Description of how gift is held
) No. rom Part I	(b) Purpose of gift	nd ZIP + 4	(d) Description of how gift is held
) No. rom art I	(b) Purpose of gift	nd ZIP + 4	(d) Description of how gift is held

### 07571113 797738 2065070000

SCHEDULE D		Supplement	al Financial S	tatements		OMB No. 1545-0047	
	n 990)	Complete if the org	Ipplemental Financial Statements complete if the organization answered "Yes" on Form 990,				
• Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d, 11 Attach to Form 990.	e, 11f, 12a, or 12b.		Open to Public	
	I Revenue Service	Go to www.irs.gov/Form9		the latest information.		Inspection	
Nam	e of the organizati		<b>^</b>			r identification number	
Pa	rt I Organiza	VMI FOUNDATION, IN ations Maintaining Donor Advise		Similar Funds or Ac			
Iu		on answered "Yes" on Form 990, Part IV, lin			oounto.		
	organizatio		(a) Donor advise	ed funds	( <b>b)</b> Funds an	d other accounts	
1	Total number at e	nd of year					
2		of contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in	-				
_		on's property, subject to the organization's				Yes No	
6	•	on inform all grantees, donors, and donor a	0 0		2		
		poses and not for the benefit of the donor o			0		
Pa		rate benefit? ration Easements. Complete if the or				Yes No	
1		servation easements held by the organizati		5 off off 000, 1 at 17,			
•		n of land for public use (for example, recrea	· · · ·	Preservation of a histo	orically impo	rtant land area	
		of natural habitat	, _	Preservation of a certi			
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contrib	ution in the form of a co	nservation e	asement on the last	
	day of the tax yea	r.			Held	at the End of the Tax Year	
а					2a		
b		ricted by conservation easements			2b		
С		vation easements on a certified historic str			2c		
d		vation easements included in (c) acquired a					
		nal Register			2d		
3		vation easements modified, transferred, rel	eased, extinguished, or t	terminated by the organi	zation during	g the tax	
4	year ►	where property subject to conservation and	comont is located				
4 5		where property subject to conservation eas tion have a written policy regarding the per		tion, handling of			
Ŭ		forcement of the conservation easements if				Yes No	
6	,	er hours devoted to monitoring, inspecting,					
-	•	5, <b>i</b> 5,	5	5		5	
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and er	forcing conservation eas	sements dur	ing the year	
	►\$		<b>°</b>	0		•	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requiremen	ts of section 170(h)(4)(B)	(i)		
	and section 170(h	)(4)(B)(ii)?				Yes No	
9	In Part XIII, descril	be how the organization reports conservati	on easements in its reve	nue and expense statem	ent and		
		d include, if applicable, the text of the footr	note to the organization's	financial statements that	at describes	the	
Da		counting for conservation easements. ations Maintaining Collections of	Art Historical Tra	acuras or Other S	imilar As	eate	
га		-		asures, or other 5		5013.	
10		f the organization answered "Yes" on Form elected, as permitted under FASB ASC 95		onus statement and hale	noo oboot y	vorko	
Ia	•	easures, or other similar assets held for put	•				
		Part XIII the text of the footnote to its final					
b		elected, as permitted under FASB ASC 95			sheet work	s of	
-	-	sures, or other similar assets held for public					
		ing amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,			-	
	-	ided on Form 990, Part VIII, line 1			▶ \$_		
					▶ \$		
2	If the organization	received or held works of art, historical tre	asures, or other similar a	ssets for financial gain, p	orovide		
	-	unts required to be reported under FASB A	-				
а	Revenue included	on Form 990, Part VIII, line 1			▶ \$		
b	Assets included in	n Form 990, Part X			▶ \$		

LHA $$ For Paperwork Reduction Act Notice, see the Instructions for Form 990.				
932051 10-02-19				
	28			

20650701

07571113 797738 2065070000

2019.05000	νмт	FOUNDATION,	TNC.
2017.03000	VIII	FOUNDATION,	THC.

Sche	dule D (Form 990) 2019 VMI FOU	NDATION, IN	IC.			54-05	05966	D Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther Si	milar Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ake signif	icant use of its	·	,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's	exempt	purpose in Part	XIII.		
5	During the year, did the organization solicit o		•	-	-				
	to be sold to raise funds rather than to be ma			•			Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		5			,			
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributions	s or other assets	not inclu	uded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								]
~			owing table.				Amount		
<u>د</u>	Beginning balance					1c	7 mount		
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.					····· ــــ			1
Par									4
		(a) Current year	(b) Prior year	(c) Two years ba		Three years back	(e) Four	vears	hack
19	Beginning of year balance	205,480,353.	201,793,336.	183,372,5		153,378,117.		683,	
h		6,445,127.	2,244,170.			18,540,355.		526,	
0	Contributions	-254,174.	9,201,143.			19,675,738.		419,	
	Net investment earnings, gains, and losses	10,844,938.	9,890,486.			5,221,280.		510,	
	Grants or scholarships	10,044,000.	5,050,400.	5,770,7	<u> </u>	5,221,200.	, <sup>,</sup>	510,	470.
е	Other expenditures for facilities	-1,397,434.	-2,132,190.	3,585,2	19	3,000,415.	2	901	398.
	and programs	1,357,434.	2,152,150.	5,505,2	<u>-</u> ,	5,000,415.	<u> </u>	<sup>,</sup>	550.
	Administrative expenses	202,223,802.	205,480,353.	201,793,3	36	183,372,515.	153	379	117.
g	End of year balance				50.	105,572,515.	155,	570,	<u> </u>
2	Provide the estimated percentage of the curr	ent year end balance		)) held as:					
	Board designated or quasi-endowment	2/	_%						
	Permanent endowment  100.00	%							
с		%							
-	The percentages on lines 2a, 2b, and 2c show	•							
за	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	for the or	ganization	Г		
	by:							Yes	No X
	(i) Unrelated organizations						3a(i)	v	<u> </u>
	(ii) Related organizations						3a(ii)	X	
-	If "Yes" on line 3a(ii), are the related organiza						3b	X	
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		vment funds.						
Fai									
	Complete if the organization answered								
	Description of property	(a) Cost or of	• •		(c) Accu		<b>(d)</b> Bool	<pre>&lt; value</pre>	e
		basis (investm	Dasis	(other)	depred	ciation			
	Land			4 500		0 114			<u> </u>
	Buildings		14	4,500.	9	0,714.	5.	5,78	86.
	Leasehold improvements				6.0			<u> </u>	4.0
d	Equipment		78	3,094.	68	9,752.	93	3,34	42.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K <u>. column (B), line 1</u>	0c.)		🕨 📘	14	7,1:	28.
						Schedule	D (Form	990)	2019

07571113 797738 2065070000

Schedule [	) (Form 990	) 2019	VMI	FOUNDATION,	INC

Part VII Investments - Other Securities.
--

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) SECURITIES - POOLED FUND	352,821,622.	END-OF-YEAR MARKET VALUE
(B) OTHER INVESTMENTS	18,574,100.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	371,395,722.	

### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equa	al Form 990, Part X, col. (B) line 15.) lities.	►
Part X Other Liabil	lities.	
Complete if the	e organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Par	rt X, line 25.
<u>1. (a</u>	a) Description of liability	(b) Book value
(1) Federal income taxe	9S	
(2) LIABILITIE	S UNDER CHARITABLE GIFT	
(3) ANNUITIES		4,804,242.
(4) DUE TO REL	ATED PARTIES	2,629,747.
(5)		
(6)		
(7)		
(8)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

932053 10-02-19

(9)

Sche	dule D (Form 990) 2019 VMI FOUNDATION, INC.		54-0505966 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

PART V, LINE 4:

THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE VIRGINIA

MILITARY INSTITUTE (VMI), A STATE-SUPPORTED SCHOOL AND VMI ALUMNI

ASSOCIATION TO EXPAND SUPPORT FROM ALUMNI FOR VMI.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS A

NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA. IN ADDITION,

31

THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A

PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE.

932054 10-02-19

	nation (continued)		
			Schedule D (Form 990) 2019
932055 10-02-19		2.0	

Department of the Treasury	Attach to Form 990. Open to Pul					
Internal Revenue Service	Go to	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer i	dentification number
VMI FOUNDATIO	N, INC.				54-050	5966
		ctivities Out	side the United States. Comple	ete if the organ	ization answe	ered "Yes" on
	art IV, line 14b.	- maintain raaar	ds to substantiate the amount of its gra	ata and other	anaiatanaa	
			the selection criteria used to award the			Yes No
2 For grantmakers. [ United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistanc	e outside the
3 Activities per Region	n. (The following Part		n be duplicated if additional space is n	eeded.)		
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	is a pro describe	vity listed in ( gram service, e specific type (s) in the regi	expenditures for and investments
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,						
ARUBA, BAHAMAS,	0	0	INVESTMENTS			13,694,715.
3 a Subtotal	0	0				13,694,715.
<b>b</b> Total from continuation sheets to Part I		0				0.
<b>c Totals</b> (add lines 3a and 3b)		0				13,694,715.

**Statement of Activities Outside the United States** 

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

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

Schedule F (Form 990) 2019

OMB No. 1545-0047

932071 10-12-19

SCHEDULE F (Form 990)

34

Schedule F (Form 990) 2019 VMI FOUNDATION, INC.

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 recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> 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 f					1	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

Schedule F (Form 990) 2019

54-0505966

35

lule	F (Form 990) 2019 V	MI FOUNDATIO	N, INC.		54	-0505966		
111	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.							
	Part III can be duplicated if additional space is needed.							
a) Ty	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Do noncas	

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

Schedule F (Form 990) 2019

#### Page 3

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	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," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

### Part V Supplemental Information

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

932075 10-12-19	37	Schedule F (Form 990) 2019

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury									
Department of the Treasury     Attach to Form 990.     Open to Public       Internal Revenue Service     Go to www.irs.gov/Form990 for the latest information.     Inspection									
Name of the organization	FOUNDATION, IN	с.					Employer identification number $54 - 0505966$		
Part I General Information	on Grants and Assistance								
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any									
recipient that received	more than \$5,000. Part II can	be duplicated if additi	ional space is need	ed.	(f) Mathad of	1			
1 (a) Name and address of org or government	ganization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
VIRGINIA MILITARY INSTITUT	'E								
PO BOX 932	-								
LEXINGTON, VA 24450	54-6001803	115	2,052,871.	0.			UNDESIGNATED AID		
,			, ,						
VIRGINIA MILITARY INSTITUT	E								
PO BOX 932									
LEXINGTON, VA 24450	54-6001803	115	4,588,033.	0.			SCHOLARSHIPS		
VIRGINIA MILITARY INSTITUT PO BOX 932	E								
LEXINGTON, VA 24450	54-6001803	115	1,703,473.	0.			JACKSON HOPE		
	54 0001005	115	1,705,475.	0.			BACKBON HOFE		
VIRGINIA MILITARY INSTITUT	E								
PO BOX 932	-								
LEXINGTON, VA 24450	54-6001803	115	1,338,166.	0.			PROFESSIONAL CHAIRS		
· · ·									
VIRGINIA MILITARY INSTITUT	E								
PO BOX 932									
LEXINGTON, VA 24450	54-6001803	115	215,440.	0.			ACADEMIC SUPPORT		
VIRGINIA MILITARY INSTITUT	E								
PO BOX 932									
LEXINGTON, VA 24450	54-6001803	115	35,702.	0.			INTERCOLLEGIATE ATHLETICS		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table									
3 Enter total number of other organizations listed in the line 1 table									

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

#### VMI FOUNDATION, INC. Schedule I (Form 990) .

54-0505966

Part II Continuation of Grants and Oth	her Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.) T	I
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA MILITARY INSTITUTE							
PO BOX 932							
LEXINGTON, VA 24450	54-6001803	115	391,700.	0.			LEADERSHIP
VIRGINIA MILITARY INSTITUTE							
PO BOX 932							
LEXINGTON, VA 24450	54-6001803	115	77,400.	0.			FACULTY AWARDS
VIRGINIA MILITARY INSTITUTE							
PO BOX 932							
LEXINGTON, VA 24450	54-6001803	115	1,512,426.	0.			INSTRUCTION
VIRGINIA MILITARY INSTITUTE							
PO BOX 932							
LEXINGTON, VA 24450	54-6001803	115	11,000.	0.			STUDENT SERVICES
	54 0001005	115	11,000.				DIODENI DERVICED
VIRGINIA MILITARY INSTITUTE							
PO BOX 932							
LEXINGTON, VA 24450	54-6001803	115	92,551.	0.			INSURANCE PREMIUMS
VIRGINIA MILITARY INSTITUTE							
PO BOX 932	<b>F</b> 4 (004000)						
LEXINGTON, VA 24450	54-6001803	112	32,136.	0.			CADET AWARDS
VIRGINIA MILITARY INSTITUTE							
PO BOX 932							
LEXINGTON, VA 24450	54-6001803	115	197,650.	0.			PUBLIC SUPPORT
,							
VIRGINIA MILITARY INSTITUTE							
PO BOX 932							
LEXINGTON, VA 24450	54-6001803	115	3,500.	0.			LIBRARY
VIRGINIA MILITARY INSTITUTE							
PO BOX 932							
LEXINGTON, VA 24450	54-6001803	115	766,592.	0.			TRUST DISTRIBUTIONS
	01 01 0001000			۰.			

Schedule I (Form 990)

#### VMI FOUNDATION, INC. Schedule I (Form 990) .

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
54-6001803	115	226,831.	0.			PHYSICAL PLANT
54-6001803	115	425,083.	0.			OTHER
52-1300039	501(C)(3)	7,911.	0.			ADMINISTRATIVE SUPPORT
54-6001803	115	3,185,769.	0.			OTHER
54-0515753	501(C)(3)	904,938.	0.			ADMINISTRATIVE SUPPORT
	54-6001803 52-1300039 54-6001803	(b) EIN       (c) IRC section if applicable         54-6001803       115         54-6001803       115         52-1300039       501(C) (3)         54-6001803       115         54-6001803       115         54-6001803       115         54-6001803       115         54-6001803       115         54-0515753       501(C) (3)         54-0515753       501(C) (3)         54-0515753       501(C) (3)	if applicable       cash grant         54-6001803       115       226,831.         54-6001803       115       425,083.         52-1300039       501(C)(3)       7,911.         54-6001803       115       3,185,769.	if applicable       cash grant       non-cash assistance         54-6001803       115       226,831.       0.         54-6001803       115       425,083.       0.         52-1300039       501(C)(3)       7,911.       0.         54-6001803       115       3,185,769.       0.	if applicable       cash grant       non-cash assistance       valuation (book, FMV, appraisal, other)         54-6001803       115       226,831.       0.         54-6001803       115       425,083.       0.         54-6001803       115       425,083.       0.         52-1300039       501(C)(3)       7,911.       0.         54-6001803       115       3,185,769.       0.	if applicable       cash grant       non-cash assistance       valuation (book, FMV, appraisal, other)       non-cash assistance         54-6001803       115       226,831.       0.

Schedule I (Form 990)

#### VMI FOUNDATION, INC. Schedule I (Form 990) (2019) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Part III

VMI FOUNDATION, INC. AWARDS ASSISTANCE ONLY TO VIRGINIA MILITARY INSTITUTE,

A STATE-SUPPORTED SCHOOL AND RELATED AGENCIES. FUNDS AWARDED ARE BASED ON

THE INSTITUTE'S NEED AND REQUEST FOR FUNDS.

54-0505966

Page 2

SCHEDULE J   Compensation Information	C	MB No. 1	545-004	7		
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	40			
Compensated Employees		20	19	)		
► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.	C	)pen to	Publi	ic		
Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
lame of the organization Employer iden						
VMI FOUNDATION, INC.	54-050	596	6			
Part I Questions Regarding Compensation						
			Yes	No		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form S	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 persor	nal use					
X Travel for companions Payments for business use of personal res	sidence					
Tax indemnification and gross-up payments Health or social club dues or initiation fees	3					
Discretionary spending account Personal services (such as maid, chauffeur	r, chef)					
<b>b</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			
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 organizatio	on to					
establish compensation of the CEO/Executive Director, but explain in Part III.						
Compensation committee						
Independent compensation consultant						
Form 990 of other organizations	ommittee					
A Device the same did an and interior from 000 Devicing A line As with some the the filles						
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:				Х		
a Receive a severance payment or change-of-control payment?		4a		X		
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X		
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c		<u></u>		
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.						
<ul> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation</li> </ul>	2					
contingent on the revenues of:						
a The organization?		5a		Х		
<ul><li>b Any related organization?</li></ul>		5a 5b		X		
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	n					
contingent on the net earnings of:						
a The organization?		6a		Х		
<b>b</b> Any related organization?		6b		X		
If "Yes" on line 6a or 6b, describe in Part III.						
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
not described on lines 5 and 6? If "Yes," describe in Part III		7		Х		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
		8		Х		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
Regulations section 53.4958-6(c)?		9				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forn	n 990)	2019		

932111 10-21-19

#### 54-0505966

#### 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>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) STEPHEN M. MACONI	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	241,407.	12,000.	6,852.	17,773.	823.	278,855.	0.
(2) DAVID L. PRASNICKI	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	175,012.	4,500.	4,361.	5,700.	1,388.		0.
(3) WARREN J. BRYAN	(i)	122,350.	3,000.	30,863.	0.	3,086.	159,299.	0.
SPECIAL ASSISTANT TO CEO	(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)							

Schedule J (Form 990) 2019

#### 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 J (Form 990) 2019

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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.

2019
Open to Public
Inspection

Employer identification number

Name of the organization			
	VMI	FOUNDATION,	INC.

	VMI FOUNDATI	54-0	5059	966				
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	etermini	0	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	X	51	1,674,660.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ( )							
29	Number of Forms 8283 received by the organized							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by			, <b>,</b>				
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.			for a second				v
31	Does the organization have a gift acceptance p	•	-	-	ions?	31		<u>X</u>
32a	Does the organization hire or use third parties contributions?		•	· · ·		32a		x
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 chec	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	).	Schedule N	l (Form	1 990)	2019

07571113 797738 2065070000

54-0505966 Page 2

**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.

71113 797738 2065070000	46 2019.05000 VMI FOUNDATIC	N, INC. 20650
932142 09-27-19		Schedule M (Form 990) 201

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

FORM 990, PART

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.



VMI FOUNDATION, INC.

III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT.

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

BOARD, THE FOUNDATION HAS ANSWERED NO TO FORM 990, PART VI, QUESTION 11A.

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

ANNUAL CONFLICT OF INTEREST STATEMENTS 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. IF A CONFLICT BETWEEN THE ORGANIZATION AND A BOARD MEMBER ARISES,

THAT BOARD MEMBER RECUSES HIMSELF FROM VOTING OR OTHERWISE INFLUENCING

POLICY ON THAT MATTER.

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

THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.

COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

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

GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSITE AND ARE ALSO

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 47 Schedule O (Form 990 or 990-EZ) (2019)

2019.05000 VMI FOUNDATION, INC.

	GHT OF THE AUDIT AND SELECTION OF AN
	AUDITED FINANCIAL STATEMENTS ARE REVIEWED
AT A SCHEDULED MEETING EACH Y	

VMI FOUNDATION, INC.

ACTUARIAL GAIN ON TRUST & ANNUITY OBLIGATIONS

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

Name of the organization

460,774.

Employer identification number

54-0505966

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

932161 09-10-19 LHA

#### **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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-0505966

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

VMI FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
VMI INVESTMENT HOLDINGS, LLC - 26-1795327	ACQUIRE, HOLD AND DISPOSE				
304 LETCHER AVENUE	OF INVESTMENTS, TO INCLUDE				
LEXINGTON, VA 24450	AFFILIATED NFP ENTITIES	VIRGINIA	4,245,318.	352,821,622.	VMI FOUNDATION, INC.

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	Νο
VMI ALUMNI AGENCIES BOARD, INC 54-1429093	-						
PO BOX 932	RECEIVE AND MANAGE ASSETS						1
LEXINGTON, VA 24450	FOR THE SUPPORT OF VMI	VIRGINIA	501(C)(3)	LINE 12B, II			Х
VMI KEYDET CLUB, INC 52-1300039							
PO BOX 932	SUPPORT INTERCOLLEGIATE						
LEXINGTON, VA 24450	ATHLETIC PROGRAMS AT VMI	VIRGINIA	501(C)(3)	LINE 7			Х
VMI ALUMNI ASSOCIATION, INC 54-0515753							
PO BOX 932	ORGANIZE ALUMNI INTO ONE						
LEXINGTON, VA 24450	ASSOCIATION	VIRGINIA	501(C)(3)	LINE 7			х
	1						Ì
	1						

Schedule R (Form 990) 2019



#### Schedule R (Form 990) 2019 VMI FOUNDATION, INC.

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.

		,					·		1		
(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 foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage ing r? ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
										+	_ <b>_</b>
											+
	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>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	contr	<b>i)</b> b)(13) rolled tity?	
		country)				400010		Yes	No	

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		Х
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	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 organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	L
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
(4)				
(5)				
(6)				

#### Schedule R (Form 990) 2019 VMI FOUNDATION, INC.

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)	(b)	(c)	(d)	6	<u>م</u>	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all	Share of	Share of		• <b>,</b> opor-	Code V-UBI	Genera	
of entity	i innary dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(	(c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership
,		country)	sections 512-514)	Yes		income		Yes No		(Form 1065)	Yes	
				163				163	NU	(************	163	

Schedule R (Form 990) 2019

VMI FOUNDATION, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2019

932165 09-10-19

Form 99	ЭО- <b>Т</b>	E	Exempt Orga				ax Return	۱ L	OMB No. 1545-0047
		-	•	nd proxy tax und		• •	ר <b>ח</b> כ זאז כ	^	2019
		For ca	lendar year 2019 or other tax ye	.irs.gov/Form990T for in				<u> </u>	2019
	of the Treasury enue Service	►	Do not enter SSN numbe	ers on this form as it may	be ma	de public if your organi:			Open to Public Inspection for 501(c)(3) Organizations Only
	heck box if ddress changed		Name of organization (	Check box if name c	hanged	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions.)
Exemp	t under section	Print	VMI FOUNDAT	ION, INC.				5	4-0505966
<b>X</b> 501	-	or	Number, street, and roor	n or suite no. If a P.O. bo	x, see in	structions.			ated business activity code
408	8(e) 220(e)	Туре	PO BOX 932						,
408	BA 530(a)			ovince, country, and ZIP o	r foreig	n postal code			
529	( )		LEXINGTON,					900	099
Book valu at end of	ue of all assets year 21 , 257 , 8		F Group exemption num	, ,					
						n 501(c) trust	401(a)	trust	Other trust
		•	tion's unrelated trades or		1		e the only (or first) un		
			EE STATEMENT			If only one			
			ice at the end of the previo	us sentence, complete Pa	irts I an	d II, complete a Schedul	e M for each addition	al trade	or
	s, then complete I						r		
			ooration a subsidiary in an		nt-subsi	diary controlled group?	►	Ye	s X No
			tifying number of the pare					- 40	
			MI FOUNDATI				none number 🕨 🤇		
Part I			de or Business Ind			(A) Income	(B) Expenses	6	(C) Net
	s receipts or sale								
	returns and allow			<b>c</b> Balance <b>b</b>	10				
			A, line 7)		2				
			rom line 1c		3	100 007			100 007
			h Schedule D)		4a	129,867.			129,867.
			art II, line 17) (attach Forr		4b				
			sts		4c	100 240			100 240
			ship or an S corporation (a		5	-182,348.	STMT 2	2	-182,348.
	income (Schedu				6	110 000			110 000
			me (Schedule E)		7	116,906.			116,906.
			nd rents from a controlled	0	8				
			on 501(c)(7), (9), or (17) o	- , ,					
			me (Schedule I)		10				
1 Adve	ertising income (S	Schedule	e J)		11 12				
			ns; attach schedule)			64,425.			64,425.
Part II	al. Combine lines	3 throu	<sup>gh 12</sup> ot Taken Elsewhe	<b>Constructions</b> for					04,423.
			be directly connected w						
l Cor			rectors, and trustees (Sch					14	
								15	
								16	
								17	
			ee instructions)					18	
								19	340,129.
			562)						•
			n Schedule A and elsewhe					21b	
								22	
			mpensation plans					23	
								24	
			chedule I)					25	
Exc	ess readership co	osts (Sc	hedule J)					26	
' Oth	er deductions (at	tach sch	nedule)			SEE STA	rement 3	27	27,167.
8 Tot	al deductions. A	dd lines	14 through 27					28	367,296.
			ncome before net operatin					29	-302,871.
	duction for net op	erating l	loss arising in tax years be	ginning on or after Janua	ry 1, 20	18			
	e instructions)					SEE STA	<b>FEMENT</b> 4	30	0.
								04	-302,871.
(se			ncome. Subtract line 30 fr	om line 29				31	Form <b>990-T</b> (2019)

Form 99	D-T (2019) VMI FOUNDATION, INC.	54-	-0505966 Page 2
Part		01	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-302,871.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-302,871.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-302,871.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	-302,871.
Par			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	0
45 Part	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies         V       Tax and Payments	45	0.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
b	Other credits (see instructions) 46b		
C	General business credit. Attach Form 3800 46c		

•		100			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
e	Total credits. Add lines 46a through 46d			46e	
47	Subtract line 46e from line 45         Other taxes. Check if from:         Form 4255         Form 8611         Form 8697	47	0.		
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	5	Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)			49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50	0.
51 a	Payments: A 2018 overpayment credited to 2019	51a			
b	2019 estimated tax payments	51b			
C	Tax deposited with Form 8868	51c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d			
е	Backup withholding (see instructions)	51e			
f	Credit for small employer health insurance premiums (attach Form 8941)	51f			
g	Other credits, adjustments, and payments: Form 2439				
	□ Form 4136 Other Total ►	51g			
52	Total payments. Add lines 51a through 51g			52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗌			53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		►	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		►	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax		Refunded 🕨 🕨	56	

Part	VI	Statements Regarding Certa	ain Activities and Other In	formation (see instru	uctions)							
57	At an	ny time during the 2019 calendar year, did th	e organization have an interest in or a	signature or other authority	1			Yes	No			
	over	a financial account (bank, securities, or othe	r) in a foreign country? If "Yes," the or	rganization may have to file								
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country												
	here											
58	58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?											
	If "Yes," see instructions for other forms the organization may have to file.											
59	Enter	r the amount of tax-exempt interest received	or accrued during the tax year $ ightarrow$	\$								
0:		Under penalties of perjury, I declare that I have exar correct, and complete. Declaration of preparer (othe				ledge	and belief, it is	true,				
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. CHIEF FINANCIAL OFFICER Title May the IRS disc the preparer show instructions)?									vith			
Paic Prep			Preparer's signature JOSEPH S. NADDE III	ER, 11/13/20	Check self- employe	if d	PTIN P0124	0960				
Use Only Firm's name ► DIXON HUGHES GOODMAN LLP Firm's EIN ► 56-07479												

Freparer							
Use Only	Firm's name 🕨 D	IXON HUGHES	GOODMAN LLI	2		Firm's EIN 🕨	56-0747981
,		901 EAST C	ARY STREET,	SUITE	1000		
	Firm's address 🕨 🕨	RICHMOND,	VA 23219			Phone no. (8	04) 282-7636
923711 01-27-20							Form <b>990-T</b> (2019)
			5	5			

55			
2019.05000	VMI	FOUNDATION,	INC.

Schedule A - Cost	of Goods Sold. Ente	r method of inventory	valuation 🕨 N/A				
1 Inventory at beginning	of year 1	6	Inventory at end of year		6		
2 Purchases		7	' Cost of goods sold. Subtract	line 6			
3 Cost of labor			from line 5. Enter here and in	Part I,			
4a Additional section 263			line 2		7		
(attach schedule)	4a	8	Do the rules of section 263A	(with respect to		Yes	No
<b>b</b> Other costs (attach sch	nedule) 4b		property produced or acquire	d for resale) apply to			
5 Total. Add lines 1 thro			the organization?				
(1) (2) (3) (4)							
	2. Rent receiv	ved or accrued					
rent for personal p	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		ly connected w and 2(b) (attach	ith the income ir schedule)	١
(1)							
(2)							
(3)							
(4)							
Total	0.	Total	0.				
	of columns 2(a) and 2(b). En ne 6, column (A)		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	🕨		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

		2. Gross income from	<ol> <li>Deductions directly connected with or allocable to debt-financed property</li> </ol>				
1. Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)							
(2)							
(3)							
(4)							
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	<ol> <li>Average adjusted basis of or allocable to debt-financed property (attach schedule)</li> </ol>	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 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 page 1, Part I, line 7, column (B).			
Totals		►	0.	0.			
Total dividends-received deductions in	cluded in column 8			0.			
			····· •	Form <b>990-T</b> (2019)			

Form **990-1** (2019)

923721 01-27-20

54-0505966

Form 990-T (2019) VMI FO	UNDAT:	ION, I	INC.						54-05	0596	6 Page
Schedule F - Interest, A	Annuities	s, Royal <sup>-</sup>	ties, an	d Rents	From Co	ntrolle	d Organiza	itions	S (see ins	struction	s)
				Exempt	Controlled O	rganizati	ons				
1. Name of controlled organizat	ion	<b>2.</b> Em identifi num	cation				ments made incl		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		nrelated incon see instructions		<b>9</b> . Total	of specified payr made	ments	<b>10.</b> Part of colur in the controlli gross	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c		e 1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals									0.		0
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	7) (9) or (	17) Ord	anization				-
(see instr				001(0)(1	,, (0), 01 (	, 0.5	Janization				
· · · · · · · · · · · · · · · · · · ·	ription of incor	me			2. Amount of	income	3. Deduction directly conne (attach sched	cted	<b>4.</b> Set- (attach s	asides schedule)	<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>
(1)							(under conou				
(2)											
(3)											
(4)					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B).
				•		Ο.					0
Totals Schodulo I. Evaloited	<b>F</b>	A			Then Ad						0
Schedule I - Exploited (see instru		Activity	Incom	e, Other	Than Adv	/ertisin	ig income				
1. Description of	2. G unrelated		directly	onnected	4. Net incon from unrelated business (co	trade or	5. Gross inco from activity t		<b>6.</b> Exp attribut		7. Excess exempt expenses (column 6 minus column 5.
exploited activity	income trade or b		of un	arelated ss income	minus colum gain, comput through	e cols. 5	is not unrelat business inco		colu	-	but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	Enter her page 1, line 10,	, Part I,	page	ere and on 1, Part I, I, col. (B).							Enter here and on page 1, Part II, line 25.
Totals 🛌 🕨		0.		0.							0
Schedule J - Advertisi	ng Incon	ne (see i	nstructio	ns)							
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		<b>2.</b> Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)					-						
\"/									l		

0 . Form **990-T** (2019)

923731 01-27-20

Totals (carry to Part II, line (5))

Ο.

Ο.

Form 990-T (2019) VMI FOUNDATION, INC. 54-05059 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	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readers costs (column 6 m column 5, but not r than column 4)	inus nore
(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.	
<b>Fotals,</b> Part II (lines 1-5)►	0.	0.						0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	nstructions)			•	
1. Name			2. Title	3. Perce time devot busine	ted to		ensation attributable related business	
(1)					%			
(2)					%			
(3)					%			
(4)					%			
Fotal. Enter here and on page 1, Part II, li	ine 14	•		•				0.

Form **990-T** (2019)

07571113 797738 2065070000

#### FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

#### PASSTHROUGH INCOME FROM INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
SEE ATTACHED - ORDINARY BUSINESS INCOME (LOSS) SEE ATTACHED - NET RENTAL REAL ESTATE INCOME SEE ATTACHED - INTEREST INCOME SEE ATTACHED - DIVIDEND INCOME SEE ATTACHED - OTHER INCOME (LOSS)	358,301. 406. 30,934. 4,869. -576,858.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-182,348.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
GENERAL & ADMINISTRATIVE EXPEN INVESTMENT FEES	422. 26,745.	
TOTAL TO FORM 990-T, PAGE 1, L	INE 27	27,167.

FORM 990-T	NET	OPERATING LOS	SS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	182,206.		182,206.	182,206.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	182,206.	182,206.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	89,098.	0.	89,098.	89,098.
06/30/14	213,206.	0.	213,206.	213,206.
06/30/15	404,006.	0.	404,006.	404,006.
06/30/16	387,472.	0.	387,472.	387,472.
06/30/17	99,109.	0.	99,109.	99,109.
06/30/18	664,027.	0.	664,027.	664,027.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,856,918.	1,856,918.

# 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

g

20 Employer identification number

▶ Yes X No

54-0505966

#### VMI FOUNDATION, INC.

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	

If "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting your	gain or loss.		
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)	-		
See instructions for how to figure the amounts to enter on the lines below.	( <b>d</b> ) Proceeds	(e) <sub>Cost</sub>	( <b>g</b> ) Adjustments to gain or loss from Form(s) 8949	),	( <b>h</b> ) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)		combine the result with column (g)
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					
<b>3</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked					-6,660.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-king				5	
6 Unused capital loss carryover (attach computa				6	( )
7 Net short-term capital gain or (loss). Combin	,			7	-6,660.
Part II   Long-Term Capital Gai					
See instructions for how to figure the amounts	(d)	(a)	<b>(6)</b> A divertments to point		(b) Osin an (lass) Oshtarat
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	( <b>g</b> ) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g)	),	(h) Gain or (loss). Subtract 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					
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
<b>9</b> 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					<u>94,018.</u> 42,509.
11 Enter gain from Form 4797, line 7 or 9				11	42,509.
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-king	d exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combine		n h		15	136,527.
Part III Summary of Parts I and			т		
16 Enter excess of net short-term capital gain (lin				16	
17 Net capital gain. Enter excess of net long-term			e 7)	17	129,867.
<b>18</b> Add lines 16 and 17. Enter here and on Form		oper line on other returns		18	129,867.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

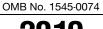
07571113 797738 2065070000



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.



12A

Social security number or taxpayer identification no.

VMI FOUNDATION, INC.

54-0505966 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. Part I

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

 $\perp$  (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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(1110., ddy, jr.)		see Column (e) in the instructions	<b>(f)</b> Code(s)	(g) Amount of adjustment	combine the result with column (g)
SEE ATTACHED						,	<6,660.>
2 Totals. Add the amounts in columnegative amounts). Enter each to							
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if B							<6,660.>
Note: If you checked Box A above b adjustment in column (g) to correct	out the basis repo	orted to the IRS					

62

2019.05000 VMI FOUNDATION, INC.

Form 8949 (2019)				Attachm	nent Sequenc	e No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if :			Social secur	ity number or ntification no.
VMI FOUNDATION	, INC.					54-0	505966
Before you check Box D, E, or F belo statement will have the same information	w, see whether ation as Form 10	ou received any 99-B. Either will s	Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from yo r cost) was re	our broker. A su ported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1.	DOX TO CHECK. Dhs involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instructions	). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the	l long-term transact	ions reported on F Schedule D. line 8a	orm(s) 1099-B show	ing basis was reported to report these trans	d to the IRS and actions on Form	d for which no adj n 8949 (see instru	ustments or ctions).
You must check Box D, E, or F below. O If you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate For	rm 8949, page 2, for (	
(D) Long-term transactions rep					-		
(E) Long-term transactions rep	•		•	•		,	
<b>X</b> (F) Long-term transactions not	reported to you	on Form 1099-B		1			
1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column (g)	if any, to gain or enter an amount ), enter a code in ee instructions.	(h) Gain or (loss). Subtract column (e)
		(Mo., day, yr.)		Note below and see <i>Column</i> (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	from column (d) & combine the result with column (g)
SEE ATTACHED						•	94,018.
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to		-					
Schedule D, line 8b (if Box D abo		•					94,018.
above is checked), or line 10 (if E Note: If you checked Box D above b			was incorrect ont	l er in column (e) tha	hasis as ron	orted to the IDC	
adjustment in column (g) to correct t				• • •			
923012 12-11-19		· • •	~~				orm <b>8949</b> (2019)

### 07571113 797738 2065070000

#### 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
Ide	entifying number

54 - 0505966

#### VMI FOUNDATION, INC.

1 Enter the gross proceeds from sales or exchanges reported to you f	or 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)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	us ts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SE	E ATTACHED							42,509.
3	Gain, if any, from Form 4684, line 39	)					3	
4	Section 1231 gain from installment s		4					
5	Section 1231 gain or (loss) from like-		5					
6	Gain, if any, from line 32, from other		6					
7	Combine lines 2 through 6. Enter the						7	42,509.
	<b>Partnerships and S corporations.</b> line 10, or Form 1120-S, Schedule K		· · · ·		or Form 1065, Sch	edule K,		
	Individuals, partners, S corporatio from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return	ction						
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruct	tions			8	
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, en	iter the gain from li	ne 7 on line 12 bel	ow. If		
	line 9 is more than zero, enter the ar			•		•		
	capital gain on the Schedule D filed	with your return.	See instructions	3			9	42,509.

#### Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):			
11	Loss, if any, from line 7	11	(	)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12		
13	Gain, if any, from line 31	13		
14	Net gain or (loss) from Form 4684, lines 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, enter the amount from line 17 on the appropriate line of your return and skip lines			
	a and b below. For individual returns, complete lines a and b below.			
а	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)

19	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255	property:			(b) Date acquir (mo., day, yr.		<b>(c)</b> Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on lines 19A through 19D.		Property A	Propert	y B	Property (	c	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	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:	27						
	Depreciation allowed or allowable from line 22	25a						
		25a 25b						
	Enter the smaller of line 24 or 25a	250						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
	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						
	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	<b>If section 1252 property:</b> 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						
b	Line 27a multiplied by applicable percentage	27b						
с	Enter the <b>smaller</b> of line 24 or 27b	27c						
28 a	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						
b	Enter the <b>smaller</b> of line 24 or 28a	28b						
	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						
	mmary of Part III Gains. Complete property c		A through D through	line 29b befor	e going t	o line 30.		
30	Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter her	e and on line 1	3		31	
32	Subtract line 31 from line 30. Enter the portion from					F		
	from other than casualty or theft on Form 4797, line	6	•				32	
Pa	ITT IV Recapture Amounts Under Sectio (see instructions)	ns 179	9 and 280F(b)(2)	When Busi	ness U	se Drops to	50%	or Less
			(a) Section 179		(b) Section 280F(b)(2)			
33	Section 179 expense deduction or depreciation allo	wable ir	n prior years		33			
34	Recomputed depreciation. See instructions				34			
35	Recapture amount. Subtract line 34 from line 33. Se	<u>e the in</u>	structions for where	to report	35			
9180	12 12-04-19							Form <b>4797</b> (201
			65					

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

#### 07571113 797738 2065070000

65 2019.05000 VMI FOUNDATION, INC.

20650701

Control of the Teases     Control of th	Form <b>8865</b>	Retu	rn of U.S. Per Certain Fore	rson ign	is With Partnei	Respect to	D		OMB	No. 1545-1668
Deserver of the trace pathematics for the torong pathematics is tax year         Description           Name of person filing this return         Filer's identification number         54 - 0505966           VMI FOUNDATION_INC.         A Category of the two Categories of the two the interformed of two tax splicable biolectic           I filer is address (if you aren't filing this form with your tax return)         A Category of the two Categories of the two the interformed of two tax splicable biolectic           I filer is a member of a consolidated group but not the parent, enter the following information about the parent.         A Category of the two Categories of the sec Categories of th		Go to ww				- I the latest inform	ation		2	<b>D10</b>
International address         Degining         JAN 1         , 2019, and existing         DEC 51, 2019         Sequences, 1118           Name of person filling this form         VMI FOUNDATION, INC.         Filer's identification number         54 - 0505966           VMI FOUNDATION, INC.         A         assession         10 - 2         3         4         -           If the is an embed ets, form other your tax return)         A         assession         0 - 2         3         4         -           If the is a membed ets, form other your tax return)         A         assession         0 - 0         0 - 0         -         0 - 0	Department of the Treasury	· · ·	-							.013
VMI FOUNDATION, INC.     54-0505966       File's address (if you aren't filing this form with your tax return)     A Cancery of therape Categories of liene in the intervience and cates, applicate bookesit.       If ther is among of a consolidated group but not the parent, enter the following information about the parent.     If there is a monte of a consolidated group but not the parent, enter the following information about the parent.       Name     If there is among of a consolidated group but not the parent, enter the following information about the parent.       Name     Check far you compt Specified forsign financial assets are reported on this form. See instructions       E Information about certain other partners (see instructions)     (i) fuendification number (i) datases       (i) Name and address of forsign partnership     (ii) fuendification number (i) datases       A Data of a Specified forsign partnership     2(a) CM (ran)(       A Data of a specified partnership     2(a) CM (ran)(       A Data of resign partnership     2(a) CM (ran)(       A Data of resign partnership     2(b) Reference ID number       A Data of resign partnership     2(b) Reference ID number       A Data of resign partnership sagent in country of organization target and instructions     2 Check if the foreign partnership mast file:       I Name, address of foreign partnership's agent in country of organization is a specified in the thoreign partnership sagent in country of organization is a specified in the thoreign partnership sagent in country of organization is a specified in the thoreign partnership sagent in cou			beginning <b>JA</b>	N 1	, 2019,	and ending $ DE $	C 31	, 2019	Attac Sequ	ence No. <b>118</b>
VMI FOUNDATION, INC.       A Category of the (dec Stapping of the (dec Sta	Name of person filing this r	eturn								r
Filer's address (if you aren't filing this form with your tax return)       A Category of the tex classocies of thes in the subtration and ordex appeaded toxicit.         If if the is a member of a consolidated group but not the parent, enter the fallowing information about the parent.       Other S         If if the is a member of a consolidated group but not the parent, enter the fallowing information about the parent.       Other S         Address       E check if any excepted specified foreign financial assets are reported on this form. See instructions       Enter is a weak of the partner is a consolidated group but not the parent, enter the fallowing information about the parent.         Address       (1) Nerna       (2) Advess       (1) Nerna       (2) Advess         (1) Nerna       (2) Advess       (2) Advess       (2) Nertification number       (2) Creek applicable boatest         (1) Nerna       (2) Advess       (3) Neurification number       (2) Nertification number       (2) Nertification number         (1) Nerna       (2) Advess       (2) Nertification number       (2) Nertification number       (2) Nertification number         (4) Name and address of foreign partnership       (3) Locatified foreign partnership is a set reported in the foreign partnership is a set of agent (if any) in the United States       (2) Nertification number of agent (if any) in the United States       (2) Nertification number of agent (if any) in the United States         1 Mame, address of foreign partnership's agent in country of organization, if an							5	4-050	5966	
1       2       3       X       4         2       3       X       4         2       1       2019       3       X       4         2       1       1       2019       2017       2019       2017       2019       2017         2       1       1       1       2019       2017       2019       2017       2019       2017       2019       2017       2019       2017       2019       2017       2019       2017       20			turn)		Category of	filer (see Categories	of Filers in the	instructions	and check and	
Image: Superior State of labilities: Nonrecourse \$       Qualified nonrecourse financing \$       Other \$         If the is a member of a consolidated group but not the parent, enter the following information about the parent.       Ether       Other \$         Address       E       Check file is a member of a consolidated group but not the parent, enter the following information about the parent.       Ether         Address       E       Check file is a member of a consolidated group but not the parent, enter the following information about the parent.       Ether         I file is a member of a consolidated group but not the parent, enter the following information about the parent.       Ether       Ether is a member of a consolidated group but not the parent, enter the following information about the parent.       Ether         I file and eadress of foreign partnership       (a) identification number       (d) Ones ageicable booles         I hame and address of foreign partnership       2(a) Eth (if any)       98 - 1149775         B8 B DOYLSTON STREET, SUITE 1600       Dost off       2 free off       D information for the foreign partnership is 23 900         Address of foreign partnership is agent in country of organization, for 2 gent (if any) in the United States       2 free off       D information in other is a divership is agent in country of organization, for a divership, and the booles         Address of foreign partnership is agent in country of organization, for any interest in rowall about fore inclowing information of the foreign partnership is	The Saucess (If you aren		luin)	'	1 Category of		-			ficable box(es)).
C Filer's stare of liabilities: Nonrecourse 4       Qualified nonrecourse financing 5       Other \$         D If the is a member of a consolidated group but not the parent, enter the tollowing information about the parent.       EIN         Address       EIN         Address       EIN         Check if any excepted specified foreign financial assets are reported on this form. See instructions       (i) Genification number         (i) Name       (i) Calculate to the parent:         (ii) Name       (i) Calculate to the parent:         (ii) Name       (ii) Calculate to the parent:         (iii) Name       (iii) Calculate to the parent:         (iiii) Name       (iiii) Calculate to the parent:         (iiii) Name       (iiiii) Name         (iiii) Name       (iiiiii) Name         (iiii) Name       (iiiiiii) Name         (iiiii) Name       (iiiiiiiiiii) Name         (iiiiiiii) Name       (iiiiiiiii) Name         (iiiiii) Name       (iiiiiiiiiii) Name         (iiiiiii) Name       (iiiiiiii) Name         (iiiiiii) Name       (iiiiiiiiiii) Name         (iiiiiiiiiiii) Name       (iiiiiiii)				E	B Filer's tax y	<sup>'ear</sup> JUL 1		<u></u>		30 2020
Name       EIN         Address       EIN         Address       EIN         Address       EIN         E Information about certain other partners (see instructions)       (a) Check applicable booles)         (1) Name       (a) Address         (1) Name       (a) Address         (1) Name       (a) Address         (1) Name       (a) Address         (a) Address of foreign partnership       (a) Check applicable booles)         (a) Address of foreign partnership       (a) Address         ABRY ADVANCED SECURITIES FUND IIII, LP       (a) Entertain of the Comparison of the Comparis	<b>C</b> Filer's share of liabilities	: Nonrecourse \$	Qualified n	onrecou		ng \$	,	,		
Address E Check if any excepted specified foreign financial assets are reported on this form. See instructions interval in a construction about certain other partners (see instructions) interval interv	D If filer is a member of a	consolidated group but not the	parent, enter the follow	ng info	ormation abo	out the parent:				
	Name						EIN			
Information about certain other partners (see instructions)     (1) Name     (2) Address     (2) Identification number     (1) Check applicable bookes     (2) Identification number     (1) Check applicable bookes     (2) Identification number     (1) Check applicable bookes     (2) Identification number     (2) Identification	Address									
(1) Name       (2) Address       (3) Identification number       Category 1       Category 2       Constructive owner         (1) Name and address of foreign partnership       2(a) Identification number       Category 1       Category 2       Constructive owner         (1) Name and address of foreign partnership       ABRY ADVANCED SECURITIES FUND IIII, LP       2(a) EIN (ff any)       98 - 1149775         888 BOYLSTON STREET, SUITE 1600       South of the second s				m. See	instructions				<u></u>	·····
(1) Name       (2) Address       (3) Identification number       Category 1       Category 2       Constructive owner         d1 Name and address of foreign partnership       AGRY ADVANCED SECURITIES FUND IIII, LP       2(a) EU(if any)       Security under whose laws organized         ABRY ADVANCED SECURITIES FUND IIII, LP       2(a) EU(if any)       98-1149775       2(b) Reference to Dumber         3 Country under whose laws organized       5 Principal place       6 Principal business       7 Principal business       3 Country under whose laws organized         4 Organization       5 Principal place       6 Principal business       7 Principal business       1 Neves TMENTS       8a Europhonal       8b Excitance rate organizations         04/30/2014/CAYMAN ISLANDS       523900       7 Entrophysical place	F Information about certa	n other partners (see instruction	1S)					(4)	Chaele englise	
61 Name and address of foreign partnership         ABRY ADVANCED SECURITIES FUND IIII, LP         88 BOYLSTON STREET, SUITE 1600         BOSTON, MA 02199         2 Ober of the second	(1) Name		(2) Address			(3) Identification	number			
ABRY ADVANCED SECURITIES FUND III, LP       98-1149775         888 BOYLSTON STREET, SUITE 1600       3 Country under whose laws organized         Date of 4 organization       5 principal place       6 Principal business activity code number       7 Principal business       3 Country under whose laws organized         AV30/2014 (CAYMAN ISLANDS       5 23300       TNVESTMENTS       USD       8 Eurochonal         H. Provide the following information for the foreign partnership's tax year.       1 Name, address, and identification number of agent (if any) in the United States       2 Check if the foreign partnership must file:       GDEDR, UT         3 Name and address of foreign partnership's agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent in country of organization, if any         3 Name and address of foreign partnership agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent agent in country of organization agent a								outogory r	outogory 2	
ABRY ADVANCED SECURITIES FUND III, LP       98-1149775         888 BOYLSTON STREET, SUITE 1600       3 Country under whose laws organized         Date of 4 organization       5 principal place       6 Principal business activity code number       7 Principal business       3 Country under whose laws organized         AV30/2014 (CAYMAN ISLANDS       5 23300       TNVESTMENTS       USD       8 Eurochonal         H. Provide the following information for the foreign partnership's tax year.       1 Name, address, and identification number of agent (if any) in the United States       2 Check if the foreign partnership must file:       GDEDR, UT         3 Name and address of foreign partnership's agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent in country of organization, if any         3 Name and address of foreign partnership agent in country of organization, if any       4 Image address of period with full business of theoreign, partnership agent agent in country of organization agent a										
888 BOYLSTON STREET, SUITE 1600       2(b) Reference ID number         888 BOYLSTON, MA 02199       3 Country under whose laws organized CAYMAN 15LANDS         04/30/2015 Sorticities       6 principal business of A/30/2014 CAYMAN ISLANDS       7 chirdly between effectivity code number of agent (if any) in the United States       7 chirdly INVESTMENTS       8 currency USD         H Provide the following information for the foreign partnership is tax year:       1 Name, address, and identification number of agent (if any) in the United States       2 Check if the foreign partnership must file:	G1 Name and address of fo	reign partnership						<b>2(a)</b> EIN	(if any)	
888 BOYLSTON STREET, SUITE 1600       3 Country under whose laws organized CAYMAN ISLANDS <sup>0</sup> droganization             5 or businesse             04/30/2014 CAYMAN ISLANDS <sup>0</sup> principal businesse             523900 <sup>1</sup> activity <sup>1</sup> Bat             Unclosed <sup>1</sup> Bat <sup>1</sup> Bat <sup>1</sup> Bat <sup>1</sup> Caturation <sup>1</sup> Bat	ABRY ADVANCE	D SECURITIES F	UND III, LI	2				98	-1149	775
BOSTON, MA 02199       3 Country under whose laws organized CAYMAN ISLANDS         Date of 4 organization 04/30/2014 (CAYMAN ISLANDS       6 Principal business of Dubliness 04/30/2014 (CAYMAN ISLANDS)       6 Principal business 02/30/2014 (CAYMAN ISLANDS)       8 Decempond See instructions)         H Provide the following information for the foreign partnership's tax year:       1 Name, address, and identification number of agent (if any) in the United States       2 Check if the foreign partnership must file:								2(b) Refe	rence ID nu	imber
CAYMAN ISLANDS     A organization     Soft business     OA/30/2014 CAYMAN ISLANDS     Soft business     CAYMAN ISLANDS     Soft business     CAYMAN ISLANDS     Soft business     Control of the foreign partnership is tax year:     INVESTMENTS     USD     INVESTMENTS     USD     Soft     Control of the foreign partnership is tax year:     IName, address, and identification number of agent (if any) in the United States     CODEN, UT     Soft business     CodeN and the foreign partnership's tax year:     IName, address of foreign partnership's agent in country of organization, if any     A base of the foreign partnership's agent in country of organization, if any     A base of the foreign partnership's agent in country of organization, if any     A base of the foreign partnership's agent in country of organization, if any     A base of the foreign partnership agent in country of organization, if any     A base of the foreign partnership agent in country of organization, if any     A base of the foreign partnership agent in country of organization, if any     A base of the foreign partnership agent in country of organization, if any     A base of the foreign partnership agent in country of organization, if any     A base of the foreign partnership agent in country of organization, if any     A base of the foreign partnership agent in country of organization, if any     A base of the foreign partnership agent in country of organization, if any     A base of the foreign partnership agent of the foreign partnership agent of the foreign partnership agent of the disallowed deductions     A base of the foreign partnership agent of the disallowed deductions     If "Yes," enter the total amount of the disallowed deductions     If "Yes," enter the total amount of the disallowed deductions     If "Yes," enter the total amount of the disallowed deductions     If "Yes," enter the total amount of the foreign partnership?     Be there the number of Forms BasBa, Information Return of U.S. Persons With Respect to Foreign Disre		-	1600							
Deter of arganization         Serio Disenses         Ot / 30 / 2014 (CaYMAN I SLANDS         Serive Control of a distribution of the foreign partnership's tax year:         I Name, address, and identification number of agent (if any) in the United States         I Name, address, and identification number of agent (if any) in the United States         I Name, address, and identification number of agent (if any) in the United States         I Name, address, and identification number of agent (if any) in the United States         I Name, address, and identification number of agent (if any) in the United States         I Name, address of foreign partnership's agent in country of organization, if any         Ame and address of foreign partnership's agent in country of organization, if any         Ame method and the foreign partnership pay or accrue any interest or royalty for which the deduction is not         allowed under section 267A? See instructions         If "Yes," enter the total amount of the disallowed deductions         Section 271(c) partnership, as defined in Temporary Regulations section 1.721(c)-11(b)(14)?         Kes instructions         If "Yes," enter the total amount of the is return of U.S. Persons With Respect to Foreign Disregarded Entities         (FOES) and Foreign Branches (FBS), attached to this return. See instructions         So and Foreign Branches (FBS), attached to the combined separate unit under Reg. 1.1503(d)-1(b)(4)(i)?         If "Yes," one hold the foreign partnership, or an interest indirectly through the foreign partnership, or an interest indirectly through the foreign partnership, or an interest indirectly through the foreign partnership, is a separate unit under Reg. 1.1503(d)-1(b)(4)(i)?         Kes instructions         O         So the tilt have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, is a separate unit under Reg. 1.1503(d)-1(b)(4)(i)?         Kes No         So and Foreign Branches (FBS), attached to this retu	BOSTON, MA	02199								-
04/30/2014(CAYMAN ISLANDS       523900       INVESTMENTS       USD         H       Provide the following information for the foreign partnership's tax year:       1         1 Name, address, and identification number of agent (if any) in the United States       2 Check if the foreign partnership must file:         B       Form 1042       Form 804       Form 1065         Service Chernet where Form 1065 is filed:       OGDEN, UT         04/30/2014(Cayman is a constrained on the foreign partnership's agent in country of organization, if any       Image and address of partnership and records in forced in the foreign ABRY ASF INVESTORS II, LP         8 Name and address of foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions <ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Setter the number of Forms 8858, information Return of U.S. Persons With Respect to Foreign Disregarded Entities</li> <li>(FDEs) and Foreign Branches (FBs), attached to this return. See instructions</li> <li>O</li> <li>How is this partnership cassified under the law of the combined separate unit under Reg. 1.1503(d)-1(b)(4) or an interest indirectly through the foreign partnership, that's a separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(4)(ii)?</li> <li>Yes</li> <li>No</li> <li>If "Yes," don't complete Schedules L, M-1, and M-2.</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>If "Yes," d</li></ul>	Date of	rincipal place	Principal business	<b>7</b> F		iness		tional	Excha	ange rate
H       Provide the following information for the foreign partnership's tax year:         1       Name, address, and identification number of agent (if any) in the United States       2 Check if the foreign partnership must file:         1       Form 1042       Form 1042       Form 8804       X Form 1065         3       Name and address of foreign partnership's agent in country of organization, if any       Amme and address of person(s) with custody of the books and records, if different         ABRY ASPF INVESTORS II, LP       888 BOYLSTON STREET, SUITE 1600         BOSTON, MA 02199       02199         5       During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions <ul> <li>Yes</li> <li>No</li> <li>H "Yes," enter the total amount of the disallowed deductions</li> <li>S the partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?</li> <li>Yes</li> <li>No</li> <li>Were any special allocations made by the foreign partnership?</li> <li>Xes</li> <li>No</li> <li>How is this partnership classified under the law of the country in which it's organized?</li> <li>LMTD PARTNERSHIP</li> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit on combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b</li> <li>Mey, " does the separate unit or combined separate unit due consolidated loss, as defined in Reg. 1.1503(d)-1(b)(6)(ii)?</li> <li>Yes</li> <li>No</li> <li>If "Yes," d</li></ul>						ENTS		ncy	UD (See II	nstructions)
Form 1042 Form 8804 X Form 1065 Service Center where Form 1065 is filed:     OGDEN, UT      Amme and address of foreign partnership's agent in country of organization, if any     Amme and address of person(s) with custody of the books and records, if different     ABRY ASF INVESTORS II, LP     888 BOYLSTON STREET, SUITE 1600     BOSTON, MA 02199     S     During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not     allowed under section 267A? See instructions     If 'Yes,' enter the total amount of the disallowed deductions     f 'Yes,' enter the total amount of the disallowed deductions     S     S     Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?     Yes No     S     Area of Foreign Branches (FBs), attached to this return. See instructions     O     How is this partnership classified under the law of the country in which it's organized?     LIMTD PARTNERSHIP     Yes No     B If 'Yes,' does the separate unit tor combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)?     Yes No     Service Center of the foreign partnership, or an interest indirectly through the foreign partnership, that's a     separate unit under Reg. 1.1503(d)-1(b)(4)(ii)?     Yes No     S     If 'Yes,' does the separate unit for combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)?     Yes No     Service Center Set Na S250,000.     C. The value of the partnership's total assets at the end of the tax year was less than \$1 million.     If 'Yes,' don't complete Schedules L, M-1, and M-2.			ship's tax year:							
Service Center where Form 1065 is filed:         OGDEN, UT         3 Name and address of foreign partnership's agent in country of organization, if any         4 Name and address of personely with custody of the books and records of the foreign         ABRY ASF INVESTORS II, LP         8 88 BOYLSTON STREET, SUITE 1600         BOSTON, MA 02199         5         5         6         18 the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?         6         18 the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?         6         19 How is this partnership classified under the law of the country in which it's organized?         9         10 a Does the filer have an interest in the foreign partnership, can dimership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 100         9       How is this partnership sotal assets at the end of the tax year was less than \$1 million.         11 Does this partnership is total assets at the end of the tax year was less than \$1 million.         14 Yes, "don't complete Schedules L, M-1, and M-2.	1 Name, address, and ide	ntification number of agent (if a	y) in the United States	2	2 Check if th	e foreign partnersl	nip must fil	e:		
OGDEN, UT         3 Name and address of foreign partnership's agent in country of organization, if any and address of person(s) with custody of the books and records, if different ABRY ASF INVESTORS II, LP 888 BOYLSTON STREET, SUITE 1600 BOSTON, MA 02199         5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions <ul> <li>Yes</li> <li>Yes</li> <li>It he partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?</li> <li>Yes</li> <li>Yes</li> <li>No</li> </ul> 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?              Yes       No         7 Were any special allocations made by the foreign partnership?              Xes              Xes              No         8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions              0.0               UMTD PARTNERSHIP             10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) (or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b              Yes       No         11 Does this partnership bet both of the following requirements? <ul> <li>1. The partnership's total receipts for the tax year was less than \$1 million. If "Yes,"</li></ul>					E Foi	rm 1042	] Form 880	04 <b>X</b>	Form 106	35
3 Name and address of presone with custody of the books and records of the foreign A partnership, and the location of such books and records, of different ABRY ASF INVESTORS II, LP 888 BOYLSTON STREET, SUITE 1600 BOSTON, MA 02199         5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions <ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul> 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? <li>Yes</li> <li>Yes</li> <li>No</li> 7 Were any special allocations made by the foreign partnership? <ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul> 9 How is this partnership classified under the law of the country in which it's organized?              LMTD PARTNERSHIP           10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(5)(ii)? <li>Yes</li> <li>No</li> <li>If Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>Yes</li> <li>No</li> <li>If Yes," does the partnership's total receipts for the tax year were less than \$250,000.</li> <li>The valure of the partnership's total assets at the end of the</li>							065 is filed	:		
ABRY ASF INVESTORS II, LP         888 BOYLSTON STREET, SUITE 1600         BOSTON, MA 02199         5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions         If "Yes," enter the total amount of the disallowed deductions         6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?         7 Were any special allocations made by the foreign partnership?         8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions         9 How is this partnership classified under the law of the country in which it's organized?         9 How is this partnership classified under the law of the country in which it's organized?         10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b         b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?         11 Does this partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.	• Name and address of fa		ntry of organization if				h custody of	the books and	records of th	e foreign
888 BOYLSTON STREET, SUITE 1600 BOSTON, MA 02199         5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions <ul> <li>Yes</li> <li>No</li> <li>Y'es," enter the total amount of the disallowed deductions</li> <li>If 'Yes," enter the total amount of the disallowed deductions section 1.721(c)-1T(b)(14)?</li> <li>Yes</li> <li>No</li> </ul> <li>S the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?</li> <li>Yes</li> <li>No</li> <li>Stere the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities             <ul> <li>(FDEs) and Foreign Branches (FBs), attached to this return. See instructions</li> <li>O</li> </ul> </li> <li>How is this partnership classified under the law of the country in which it's organized?</li> <li>LMTD PARTNERSHIP</li> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) (i) (i)? If "No," skip question 10b</li> <li>Yes</li> <li>No</li> <li>If 'Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>Yes</li> <li>No</li> <li>If 'Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(iii)?</li> <li>Yes</li> <li>No</li> <li>If 'Yes," don't complete both of the following requirements?</li> <li>The value of the partnership's total assets at the e</li>	3 Name and address of it	reigh partnersnip s agent in cou	niny of organization, if							
BOSTON, MA 02199         5       During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions										00
allowed under section 267A? See instructions  Yes No If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? Yes No Vere any special allocations made by the foreign partnership? Inter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? How is this partnership classified under the law of the country in which it's organized? How is this partnership classified under the law of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Vers," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No Vers," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No Yes No Yes No No How the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.										
If "Yes," enter the total amount of the disallowed deductions       \$         6       Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?       Yes         7       Were any special allocations made by the foreign partnership?       Xes         8       Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions       0         9       How is this partnership classified under the law of the country in which it's organized?       LMTD       PARTNERSHIP         10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b       Yes       No         b       If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?       Yes       No         11       Does this partnership meet both of the following requirements?       1. The partnership's total receipts for the tax year were less than \$250,000.       Yes       No         11       Poes this partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.       Yes       No	5 During the tax year, d	id the foreign partnership pay or	accrue any interest or	royalty	for which th	ne deduction is not				
<ul> <li>6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?</li> <li>Yes</li> <li>No</li> <li>7 Were any special allocations made by the foreign partnership?</li> <li>X Yes</li> <li>No</li> <li>8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions</li> <li>O</li> <li>9 How is this partnership classified under the law of the country in which it's organized?</li> <li>LMTD PARTNERSHIP</li> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b</li> <li>Ves</li> <li>X Yes</li> <li>No</li> <li>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>Yes</li> <li>No</li> <li>11 Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>										No No
<ul> <li>7 Were any special allocations made by the foreign partnership?</li> <li>X Yes No</li> <li>8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions</li> <li>9 How is this partnership classified under the law of the country in which it's organized?</li> <li>LMTD PARTNERSHIP</li> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b</li> <li>Ves X No</li> <li>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>Yes No</li> <li>11 Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total acceipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>										·····
<ul> <li>8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions</li> <li>9 How is this partnership classified under the law of the country in which it's organized?</li> <li>LMTD PARTNERSHIP</li> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b</li> <li>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>b Yes No</li> <li>11 Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total receipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>										
<ul> <li>(FDEs) and Foreign Branches (FBs), attached to this return. See instructions</li> <li>9 How is this partnership classified under the law of the country in which it's organized?</li> <li>► LMTD PARTNERSHIP</li> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b</li> <li>► I Yes</li> <li>► No</li> <li>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>► Yes</li> <li>► Yes</li> <li>► No</li> <li>11 Does this partnership total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>								🕨	A tes	
<ul> <li>9 How is this partnership classified under the law of the country in which it's organized?</li> <li>LMTD PARTNERSHIP</li> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No,"</li> <li>kip question 10b</li> <li>If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>Yes</li> <li>Yes</li> <li>No</li> <li>11 Does this partnership is total receipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>					-	-		►		0
<ul> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No,"</li> <li>▶ Yes X No</li> <li>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>11 Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total receipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>	9 How is this partnersh	ip classified under the law of the	country in which it's o	rganize	ed?		►	LMTD	PARTN	ERSHIP
<ul> <li>skip question 10b</li> <li>I "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>I Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total receipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>										
<ul> <li>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>11 Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total receipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>	separate unit under R	eg. 1.1503(d)-1(b)(4) or part of	a combined separate u	nit und	er Reg. 1.15	03(d)-1(b)(4)(ii)?	If "No,"			
Reg. 1.1503(d)-1(b)(5)(ii)? <ul> <li>Yes</li> <li>No</li> </ul> 11 Does this partnership meet both of the following requirements? <ul> <li>The partnership's total receipts for the tax year were less than \$250,000.</li> <li>The value of the partnership's total assets at the end of the tax year was less than \$1 million.</li> <li>If "Yes," don't complete Schedules L, M-1, and M-2.</li> <li>No</li> </ul>								►	Yes	X No
<ul> <li>11 Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total receipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>										<b>.</b> .
<ol> <li>The partnership's total receipts for the tax year were less than \$250,000.</li> <li>The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ol>						 ۲		►	L Yes	
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.										
If "Yes," don't complete Schedules L, M-1, and M-2.				ess thar	n \$1 million.	þ			Yes	Νο
LHAFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form 8865 (2019)						<u> </u>				
	LHA For Privacy Act and	d Paperwork Reduction Act Not	ce, see the separate i	nstructi	ions.					Form <b>8865</b> (2019)

910651 01-15-20

Form 88	65 (201	9) <b>T</b>	VMI	FOUND	ATION,	INC.						5	4-050	596	6	Page <b>2</b>
12 a	Is the f	iler of th	his Forn	n 8865 clain	ning a foreign-c	lerived inta	ingible income d	eduction (u	Inder section 2	250) with re	spect to					
	any am	ounts li	isted on	n Schedule N	?							🕨	► 🗌 Y	es		No
b	lf "Yes,'	' enter t	the amo	ount of gross	s income derive	d from sal	es, leases, excha	nges, or ot	her dispositio	ns (but not l	icenses)					
	from tra	ansactio	ons with	h or by the f	oreign partners	hip that th	e filer included in	ı its compu	tation of forei	gn-derived c	leduction					
												🕨	▶			
C	lf "Yes,'	' enter t	the amo	ount of gross	s income derive	d from a li	cense of propert	y to or by t	he foreign par	tnership tha	t the					
				mputation o								🕨	►			
d				-			vices provided to	-		-						
												🕨	►			
13				• •			(c)(8) as a result		• ·							
							ership					•	►			
14	-		-	-	-		the partnership a	-	-				► □ Y			No
15 a	•		•				ear period betwe							53	L	INU
10 4		-				-	-6? If "Yes," attac	-	-							
					-		tax treatment. So				10, 110		► 🗌 Y	es		No
b				,			bject to a liability				/ a partner	within				
							ip? If "Yes," attac		-	-	-					
							aken by the part						► 🗌 Y			No
Sign Here if You're F							turn, including acco al partner or limited						0			
This Form	י ו	Shoot, an	ia compi			a than gener		nability comp				which pro		NHO WI	Jugo.	
Separatel Not With		) _											_  🕨			
Tax Retur		-			er or limited liabilit					Date			T PTIN	Date	e	
Paid			PIEPares	s nam <b>NAD</b>	DER,			NADDE	к,			eck	if	1		- 0
Prepa		II						<u> </u>		11/13					096	
Use		rm's na					DMAN LLI REET, SU		1000		Firm's		<u>56-0</u> 04) 2			
Only				$\mathbf{D}, \mathbf{VA}$		1 51	KEEI, SC		1000		Phone	110. ( 0	04/2	02	705	,0
Sche	dule A					of Part	nership Inter	est. Ch	neck the bo	xes that a	apply to t	the file	r. If vou (	chec	k	
					-		nd U.S. taxpa						-			
							ee instructior	-		·	• ·	•				
			a 🗌	Owns a	direct interest			b [	X Owns a	constructiv	e interest					
			Nam					Adduces			Identifies	tion munch	(if any i)			Check if direct
			Nam					Address			Identification number (if any) foreign person			~ I	partner	
VMI	INV	ESTN	1ENT	' HLDN	GS LLC	_	304 LETCHER AVENUE				26-47	953	27			X
									4450							
Sche	dule A	-1	Cert	tain Partr	ers of Fore	ign Part	<b>nership</b> (se	e instruc	tions)							<u></u>
			Nam	пе				Address			Ider	ntification	number (if an	y)		Check if foreign
																person
Sche	dule A	-2	Fore	ian Partr	hers of Sect	ion 721	(c) Partnersh	nin (see	instruction							
	of foreign		1010	agirr ara			Country	of	U.S. tax	payer	Check if r	elated to	Perc	entage	interest	t
	irtner			,	Address		organizat (if any		identificatio (if a		U.S. tra		Capital	Ť	Pro	ofits
								,		,,		7		%		%
												1		%		%
Does the	e partner	ship ha	ive any	other foreig	n person as a d	irect partn	er?					 [	Yes			No
Sche	dule A	-3					nerships (fore a 10% intere		omestic) in	which the	e foreign	partne	ership ow	ns		
						İ	EIN					Total ordinary Cher			Check if	
Name										(if any) income or loss			foreign partner- ship			
														For	m 8865	<b>5</b> (2019)

910652 01-15-20

SCHE	DULE	0
(Form	8865)	

(Rev. December 2018) Department of the Treasury

#### Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

	Attach	to Form a	8865. See	e the Instr	uctions for	Form 88	365.
Go to y	www.irs	gov/Form	n8865 foi	r instructio	ons and the	a latest i	oformation

Internal Revenue Serv	ice		to www.iis.gov/Form		and the latest inform		
Name of transfero						Filer's identifying	
			ION, INC.			54-0505	5966
Name of foreign pa	artnership <b>AB</b>	RY AD	VANCED SECU	RITIES FUND	III EIN (if any) 98-114		erence ID number (see instr)
<ul><li>b If "Yes," was</li><li>2 Was any inf</li></ul>	s the gain deferral tangible property t	method appl ransferred co	lied to avoid the recognit	ion of gain upon the cont to be, at the time of the ti			Yes No
Part I Tr	ansfers Reportabl	le Under Sec	tion 6038B				
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/19		601,387.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			601,387.				
3 Enter the tra	ansferor's percent	age interest i	in the partnership: (a) Be	fore the transfer	%	(b) After the tr	ansfer %

Supplemental Information Required To Be Reported (see instructions):

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported of	on this schedule su	bject to gain recog	nition under section 90	04(f)(3) or section 904(	f)(5)(F)? ►	Yes X No
LHA For Paperwork	1		, ,				e O (Form 8865) 12-2018

910661 04-01-19

Form 8865 Return of U.S. Persons With Respect to Certain Foreign Partnerships										5-1668
Form OOUJ	► Go		ttach to yo	ur tax return.		ion.		2	<b>n1</b>	g
Department of the Treasury	-	Information furnishe		0 1	rship's tax year			Attac		U
Internal Revenue Service		beginning	JAN	1,2019	, and ending <b>DEC</b>	1	<u>, 2019</u>		ence No.	118
Name of person filing this re	eturn						s identificat		r	
VMI FOUNDA	TON THE					5	4-050	5966		
Filer's address (if you aren't		r tax return)		A Category of	of filer (see Categories of	Filers in the	e instructions a	and check app	licable bo	
		,		1	2	3	X	4		
				B Filer's tax beginning	<sup>year</sup> JUL 1	,201		ng JUN	30,	2020
<b>C</b> Filer's share of liabilities:	Nonrecourse \$	Quali	fied nonrec	course financi	ng \$		Other	\$		
D If filer is a member of a	consolidated group but n	ot the parent, enter the f	<u>ollowing ir</u>	nformation ab	out the parent:					
Name						EIN				
Address										
E Check if any excepted sp	0	•	is form. Se	ee instruction:	S					<u>.                                    </u>
F Information about certai	n other partners (see insi	ructions)					(4)	Check applica		<u>e)</u>
(1) Name		SS		(3) Identification nu	mber	Category 1	Category 2	· ·	ctive owner	
G1 Name and address of for	eign partnership						2(a) EIN (	(if any)		
ENCAP ENERGY	CAPITAL FU	ND X-C LP					98	-1226	073	
							2(b) Refe	rence ID nu	Imber	
1100 LOUISIAN		900								
HOUSTON, TX	77002						1	under who		Ũ
4 Date of 5 P	rincipal place f business	6 Principal busir 6 activity code r	ness _	, Principal bus	siness	Func	CAYMA.	Excha	ANDS	3
$^{4}$ organization $^{5}$		s sactivity code r		activity NVESTI		s curre	ncy	8b (see i	nstructio	ns)
H Provide the following inf			<u>/  </u>							
1 Name, address, and ider			States	2 Check if th	ne foreign partnershi	o must fil	e:			
· · · · · · · · · · · · · · · · · · ·						Form 88		Form 10	65	
				Service Ce	enter where Form 10	65 is filed	:			
				E-FI	LE ddress of person(s) with			luce and a state	. (	
3 Name and address of fo	reign partnership's agent	in country of organization	on, if any	4 partnership,	, and the location of such	books and	records, if diff	ferent	e ioreign	
5 During the tax year, di	d the foreign partnership	nav or accrue any inter	est or rova	L Ity for which t	he deduction is not					
	267A? See instructions		-	-			►	Yes	Г	No
If "Yes," enter the total	amount of the disallowe	d deductions					•	\$		
	ction 721(c) partnership							Yes		No
7 Were any special alloc	ations made by the forei	gn partnership?					►	Yes	Σ	δNo
	orms 8858, Information I								~	
	anches (FBs), attached to									
	o classified under the lav						LW.I.D	PARTN	ERSH	.19
<b>10 a</b> Does the filer have an	nterest in the foreign pa eg. 1.1503(d)-1(b)(4) or									
				-				Yes	5	ΣNo
<b>b</b> If "Yes," does the sepa	rate unit or combined se									
	)(ii)?							Yes		No
<b>11</b> Does this partnership	meet <b>both</b> of the followir	ig requirements?			٦					
	otal receipts for the tax y		,000.		l					
	rtnership's total assets a		was less th	nan \$1 million	. ſ		►	Yes		No
	e Schedules L, M-1, and				J					
LHA For Privacy Act and	Paperwork Reduction A	ct Notice, see the sepa	rate instru	ctions.					Form <b>88</b>	<b>65</b> (2019)

910651 01-15-20

Form 88	865 (2019)	VMI	FOUNDATIC	DN,	INC.							5	4-05	5059	66	Page <b>2</b>
12 a	Is the filer of	this Forr	n 8865 claiming a fo	reign-de	erived inta	ngible income deductio	n (ur	nder section 2	50) with re	espect	to					
	any amounts	listed or	n Schedule N?									)		Yes		No
b	If "Yes," ente	r the amo	ount of gross income	derived	l from sal	es, leases, exchanges, c	r oth	er dispositior	is (but not	licens	es)					
	from transac	tions wit	h or by the foreign pa	artnersh	ip that the	e filer included in its cor	nput	ation of foreig	n-derived	deduc	tion					
												)	▶ _			
C	If "Yes," ente	r the amo	ount of gross income	derived	l from a li	cense of property to or	by th	e foreign part	nership tha	at the						
			mputation of FDDEI									)	▶ _			
d			-			vices provided to or by			-							
												)	▶ _			
13						(c)(8) as a result of trar										
						ership							-			
14	-	-				the partnership and its		-						Yes		No
15 a	•	-	lations section 1.707	-0: 	thin a 2-14	ear period between the l	 nartn	erchin and an	v of ite par	tnore		•		jies		
15 a						-6? If "Yes," attach a sta					P					
		•	•			tax treatment. See instr								Yes		No
b				•		bject to a liability where		•				thin		]		
	-					ip? If "Yes," attach a sta		-								
						aken by the partnership				-				Yes		No
Sign Here						urn, including accompanyin al partner or limited liability o										
This Form	n j	and compi	ete. Declaration of prepa		than genera		Joinpa	any member) is c	ased on an n	norma		ch pre	parer nas		wiedge.	
Separatel Not With														-		
Tax Retur		-	f general partner or limite	-				_							ate	
Paid		epepare	S <sup>•</sup> •••••••••••••••••••••••••••••••••••			EPH <sup>ati</sup> S. NAD	DEF	-	Date		Check		if			<b>c</b> 0
Prepa	Preparer III III 1/13/20 self-employed P01240960															
UseFirm's nameDIXON HUGHES GOODMAN LLPFirm's EIN ► 56-0747981OnlyFirm's address ►901 EAST CARY STREET, SUITE 1000Phone no. (804) 282-7636																
Only			$\sim 901 \text{ EAST}$		<u>Y ST</u>	REET, SUITE	5 1	1000		-  <sup>р</sup>	'hone no	.(0	04)	202	- / 0	30
Sche	dule A				of Parti	nership Interest.	Ch	eck the ho	ves that	annly	v to th	o filo	r If vo	u che	ck	
Conc				-		nd U.S. taxpayer i					-		-			
			est you construe							j,		р т.	(-)		-	
		a	Owns a direct ir	-			ьΓ	Owns a	constructiv	/e inte	erest					
															Check if	Check if
		Nam	ne			Addres	S			Ide	entificatio	n numl	ber (if any	/ I	foreign person	direct partner
VMI	INVEST	MENT	HLDNGS L	ЪС	304	LETCHER AV	ENU	JE		26	-479	53	27			X
					LEXI	NGTON, VA	24	4450								
Sche	dule A-1	Cert	tain Partners of	Forei	gn Part	<b>nership</b> (see inst	ruct	ions)								
		Nam				Addres	c				Identif	cation	number (	if any)		Check if foreign
		- Turi					0				laonai	oution		in any)		person
									<u> </u>							
Sche	dule A-2	Fore	eign Partners of	Secti	on 721	C) Partnership (S Country of	see	U.S. tax	,					Developmente		
	of foreign artner		Address			organization		identification	number		eck if rela				ge intere	st rofits
						(if any)	_	(if an	y)				Ca	pital		
							-+							%		%
Does the	a nartnarchin		other foreign person	ac a dir	act parts	 ar?						Г	Yes	%	<u>1</u>	<u>%</u> No
	dule A-3		• 1			nerships (foreign o	r do	mestic) in v	which the	e for	eian na	<u> ∟</u> artne				
Cone			ect interest or in				40			0.01	eigii pa		, on the	50013		
					-						EIN			Total ora	linary	Check if
STATEMENT 6 <sup>Name</sup>					Address (if any)				Total ordinary fore income or loss part			foreign partner- ship				
		-														
																1
_														F	orm 886	<b>65</b> (2019)

SCHE	DULE	0
(Form	8865)	

(Rev. December 2018)

## Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

	Attach	to Form	8865. Se	e the	Instructions	for F	orm 8	865.
Go to	www.ire	gov/For	m8865 fo	r inetr	uctions and	tha l	atact i	nformatio

Department of the Tre Internal Revenue Serv		► Go	to www.irs	s.gov/Form	8865 for instr	uctions	and the l	latest inform	ation.			
Name of transfero		UNDAT	ION, I	INC.					Filer's identi $54-0$			
Name of foreign p					AL FUND	X-C	LP	EIN (if any) 98-122				oer (see instr)
<ul><li>b If "Yes," wa</li><li>2 Was any in time therea</li></ul>	hership a section 7 s the gain deferral tangible property f fter, a platform co	method app ransferred c ntribution as	lied to avoid onsidered or defined in F	the recognit	ion of gain upon to be, at the time	the contr of the tra	ibution of ansfer or a	property? It any			Yes Yes Yes	No No No
Part I     Tr       Type of property	(a) Date of transfer	(b) Description of property	( Fair mar	c) ket value of transfer	(d) Cost or oth basis	ner		(e) ery period	(f) Section 704 allocation me			(g) ecognized ransfer
Cash	12/31/19		336,	,545.								
Stock, notes receivable and payable, and other securities												
Inventory												
Tangible property used in trade or business												
Intangible property described in section 197(f)(9)												
Intangible property, other than intangible property described in section 197(f)(9)												
Other property												
Totals			336	5,545.								
3 Enter the tr	ansferor's percent	age interest	in the partne	ership: (a) Be	fore the transfer			%	(b) After	the trans	fer	%

Supplemental Information Required To Be Reported (see instructions):

Part II Dispo	sitions Reportable	Under Section 60	38B		-		
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported o	I on this schedule su	l bject to gain recog	I Inition under section 90	1 04(f)(3) or section 904(	f)(5)(F)? ►	Yes X No
LHA For Paperwork	Reduction Act Not	tice, see the Instru	ctions for Form 88	365.		Schedule	0 (Form 8865) 12-2018

910661 04-01-19

Form <b>8865</b>	OMB	OMB No. 1545-1668							
Form OOUJ	► Coto un	Certain Forei Attach to w.irs.gov/Form8865 fo	your tax return				2	1	0
Department of the Treasury	•	formation furnished for t			on.			.U I	J
Internal Revenue Service		beginning <b>JA</b> I	<b>N 1</b> , 2019	, and ending DEC	31,	, 2019	Attac Sequ	hment ence No.	118
Name of person filing this re	eturn					identificat		r	
					5	4-050	5966		
VMI FOUNDA	<b>FION, INC.</b> filing this form with your tax re	atura)		of filer (see Categories of Fi	lers in the	instructions	nd check apr	licable bo	x(ec)):
Filer S audress (II you aren t	inning this form with your lax in	ium)	A Category		3	X		ilicable bu	x(es)).
			B Filer's tax beginning		201			30	2020
C Filer's share of liabilities:	: Nonrecourse \$	Qualified no	nrecourse financi	ng \$	,	Other		,	
D If filer is a member of a	consolidated group but not the	parent, enter the followir	ig information ab	out the parent:					
Name					EIN				
Address									
	ecified foreign financial assets		n. See instruction	s					. []
F Information about certain	n other partners (see instructio	15)				(4)	Check applica	ble box(es	3)
(1) Name		(2) Address		(3) Identification num	nber	Category 1	Category 2	,	ctive owner
G1 Name and address of for	reign partnership					2(a) EIN (	57		
ABRY PARTNERS	S IX LP						-1450		
		1 6 0 0				<b>2(b)</b> Refe	rence ID nu	mber	
888 BOYLSTON BOSTON, MA	STREET, SUITE 02199	1000				2 Country	under who		organizod
BUSION, MA	52199					CAYMA		ANDS	U
4 Date of 5 organization 5	rincipal place f business	6 Principal business activity code number	7 Principal bu	siness 8a	Functi	onal	. Excha	ange rate	•
02/28/2019CA		523900	INVESTM			icy	(See ii	Istruction	113)
H Provide the following inf	formation for the foreign partne	rship's tax year:							
1 Name, address, and ider	ntification number of agent (if a	ny) in the United States	2 Check if t	he foreign partnership	must file		-		
					orm 880		] Form 106	65	
				enter where Form 106 SM , UT	5 is filed:				
3 Name and address of for	reign partnership's agent in cou	intry of organization if a	Name and a	address of person(s) with cr , and the location of such b	ustody of t	he books and	records of th	e foreign	
	roigh partitorship 5 agont in oot	intry of organization, if a	partnership	, and the location of such b	ooks and	records, il dill	ereni		
	d the foreign partnership pay o	-						_	_
allowed under section	267A? See instructions					🕨	Yes		No
	amount of the disallowed dedu						\$ <b>X</b> aa		
	ction 721(c) partnership, as de ations made by the foreign par	manah in O					X Yes		No No
	orms 8858, Information Return			Disregarded Entities			103		
	anches (FBs), attached to this					►		0	
	p classified under the law of th						PARTN	ERSH	IP
10 a Does the filer have an	interest in the foreign partners	nip, or an interest indirec	tly through the fo	oreign partnership, that	's a				
	eg. 1.1503(d)-1(b)(4) or part of	a combined separate un	it under Reg. 1.1	503(d)-1(b)(4)(ii)? If "	No,"		<u> </u>		<b>.</b>
						►	Yes	<u> </u>	No
	rate unit or combined separate						Yes		No
<b>11</b> Does this partnership	)(ii)? meet <b>both</b> of the following req	uirements?		 ۲			L Tes		
	otal receipts for the tax year we								
	rtnership's total assets at the e	. ,	ss than \$1 millior	n. 👌		▶	Yes		No
	e Schedules L, M-1, and M-2.	-							
LHA For Privacy Act and	Paperwork Reduction Act Not	ice, see the separate in	structions.					Form <b>88</b>	<b>65</b> (2019)

Form 88	865 (201	9) <b>T</b>	VMI	FOUNI	DATION,	INC.						5	4-050	596	6	Page <b>2</b>
12 a	Is the f	iler of th	his Forn	n 8865 claii	ming a foreign-o	derived inta	angible income o	deduction (u	Inder section 2	250) with re	spect to					
	any am	ounts li	isted on	n Schedule I	N?							🕨	► 🗌 Ye	S		No
b	lf "Yes,	' enter t	the amo	ount of gros	s income derive	d from sal	es, leases, exch	anges, or ot	her dispositio	ns (but not l	icenses)					
	from tr	ansactio	ons with	h or by the	foreign partners	hip that th	e filer included i	n its compu	tation of forei	gn-derived o	deduction					
												🕨				
C	lf "Yes,	' enter t	the amo	ount of gros	s income derive	d from a li	cense of proper	ty to or by t	he foreign par	tnership tha	t the					
				mputation o								🕨	►			
d				-			vices provided t	-		-						
												🕨				
13				• •			(c)(8) as a resu		• ·							
							ership					🕨	►			
14	-		-	-	-		the partnership	-	-				► 🗌 Ye	•		No
15 a	•		•				ear period betwe							5		NU
10 4		-			-	-	'-6? If "Yes," atta	-	-							
					-		tax treatment. S				10, 110		► 🗌 Ye	s		No
b							ibject to a liabili				v a partner	within		-		
					-		ip? If "Yes," atta	-	-	-	-					
							aken by the par						► 🗌 Ye	-		No
Sign Here if You're F							turn, including acco al partner or limited						•			
This Form	ı -	Shoot, an	ia compi	oto. Doolarati		si tilali gener		a nabinty comp				mon pro		(nowie)	ige.	
Separatel Not With		) _											_  •			
Tax Retur		-			er or limited liabilit					Date			PTIN	Date		
Paid			Pippares	s nam <b>NA</b> I	DER,			NADDE	к,		Chi	eck	_ if	1 ~ 4	<u> </u>	· •
Prepa		II						<u>ה</u>		11/13				$\frac{124}{747}$		
Use		rm's na					DMAN LL REET, S		1000		Firm's I		<u>56-0'</u> 04) 28			
Only					23219	1 21	KEE1, 5	UTIE .	1000		Phone	10. ( 0	04/20	)	105	0
Sche	dule A					of Part	nership Inte	rest. Ch	neck the bo	xes that a	apply to t	he file	r. If vou c	heck		
					-		nd U.S. taxp						-			
							ee instructio	-			•	-	.,			
			a	Owns	a direct interest			b [	X Owns a	constructiv	e interest					
			Nam					Adduces			Identificat	ion numb	er (if en a)	Che fore		Check if direct
			Nam					Address						per	× 1	partner
VMI	INV	ESTN	1ENT	' HLDN	IGS LLC	_	LETCHER				26 - 47	9532	27			X
									4450							
Sche	dule A	-1	Cert	tain Parti	ners of Fore	ign Parl	nership (se	e instruc	tions)							
			Nam	пе				Address			Ider	tification	number (if any	r)	'	Check if foreign
																person
						-										
Sche	dule A	-2	Fore	ian Part	ners of Sec	tion 721	(c) Partners	hin (see	instruction							
	of foreign		1010	agii i ai t			Countr	y of	U.S. tax	payer	Check if r	plated to	Perce	entage i	nterest	
	artner				Address		organiza (if an		identificatio (if a		U.S. trai		Capital	Ť	Pro	fits
								,		,,		7		%		%
												1		%		%
Does the	e partner	ship ha	ive any	other foreig	jn person as a d	lirect partn	er?					 [	Yes			No
Sche	dule A	-3					nerships (for a 10% intere		omestic) in	which the	e foreign	partne	ership owi	าร		
						Ī					EIN		Total	ordinar	v	Check if
			Nam	ıe		Address (if any)				/)		ne or los		foreign partner- ship		
														Form	8865	<b>i</b> (2019)

910652 01-15-20

SCHEDUL	E C
(Form 886	5)

(Rev. December 2018)

#### Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

	Attach t	o Form	8865.	See t	he Instr	ructions	for Form	8865.
--	----------	--------	-------	-------	----------	----------	----------	-------

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8865 for instructions and the latest information. Name of transferor Filer's identifying number 54-0505966 VMI FOUNDATION, INC. EIN (if any) Name of foreign partnership ABRY PARTNERS IX LP Reference ID number (see instr) 98-1450551 **1a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any 2 time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No Transfers Reportable Under Section 6038B Part I (a) (b) (c) (d) (e) (f) (g) Cost or other Section 704(c) Type of property Date of Description Fair market value Recovery period Gain recognized on date of transfer transfer of property basis allocation method on transfer 06/30/20 783,776. Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 783,776. 3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispo	sitions Reportable	Under Section 60	38B		-		
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported o	on this schedule su	bject to gain recog	nition under section 90	04(f)(3) or section 904(	f)(5)(F)? ►	Yes X No
LHA For Paperwork	Reduction Act Not	ice, see the Instru	ctions for Form 88	365.		Schedule	e O (Form 8865) 12-2018

910661 04-01-19

Form <b>8865</b>	Re	eturn of U.S. Perso Certain Foreigi	n Partne		OMB No. 1545-1668			
	► Go t	Attach to yo o www.irs.gov/Form8865 for in			on.		2	<b>P10</b>
Department of the Treasury		Information furnished for the	0 1	1 5			Attac	hment
Internal Revenue Service	- L	beginning <b>JAN</b>	1,2019	, and ending <b>DEC</b>		<u>, 2019</u>		ence No. <b>118</b>
Name of person filing this r	eturn					s identificat 4 – 0 5 0		i
VMI FOUNDA	FION. INC.				5	4-050	5900	
Filer's address (if you aren't		tax return)	A Category of	of filer (see Categories of Fi	lers in the	instructions a	nd check app	licable box(es)):
			1 [	2	3	X	4	
			B Filer's tax beginning	JOL I	,201	9 , and endi	ng JUN	30,2020
C Filer's share of liabilities	· · · ·	Qualified nonre		0		Other	\$	
	consolidated group but not	the parent, enter the following i	nformation ab		EIN			
<u>Name</u> Address					EIN			
	ecified foreign financial as	sets are reported on this form. S	See instruction	S				
	n other partners (see instru							
(1) Name		(2) Address		(3) Identification num	bor	(4)	Check applica	ible box(es)
		(2) Address		(3) Identification fidin	ibei	Category 1	Category 2	Constructive owner
<b>G1</b> Name and address of fo	roign partnarchin					2(a) EIN (	if any)	
SKY9 CAPITAL	• •						in uny)	
1133 CHANGNII	אמ פחגם פוודיי	F 1807				2(b) Refe 9999		mber
SHANGHAI, CH		L 100,						se laws organized
, .						CAYMA	N ISL	ANDS
4 <sup>Date of</sup> organization 5 <sup>6</sup> 05/17/2019 CA	rincipal place f business <b>YMAN ISLANDS</b>		7 Principal bus activity	88	041101		8b (see i	ange rate nstructions)
H Provide the following in	formation for the foreign p	artnership's tax year:						
1 Name, address, and ide	ntification number of agent	(if any) in the United States		ne foreign partnership				-
				orm 1042 L F enter where Form 1065	orm 88( 5 in filod		Form 10	5
				N, UT	) is illeu	-		
3 Name and address of fo	reign partnership's agent i	n country of organization, if any	4 Name and a partnership,	ddress of person(s) with cu and the location of such b	ustody of ooks and	the books and records, if diff	records of th erent	e foreign
• • •		ay or accrue any interest or roya					Yes	XNo
		deductions					163 \$	
		as defined in Temporary Regulati					Yes	No No
	ations made by the foreigr					•	Yes	X No
		eturn of U.S. Persons With Resp	-	-				-
(FDEs) and Foreign Br	anches (FBs), attached to	this return. See instructions						
		of the country in which it's organ				ΓW.I.D	PARTN	ERSHIP
	• •	nership, or an interest indirectly art of a combined separate unit u	•	•				
			-				Yes	XNo
		rate unit have a dual consolidate						
Reg. 1.1503(d)-1(b)(5	i)(ii) <b>?</b>					►	Yes	No No
<b>11</b> Does this partnership	meet <b>both</b> of the following	requirements?		)				
		ar were less than \$250,000.						
	rtnership's total assets at 1 e Schedules L, M-1, and N	he end of the tax year was less t I-2	nan \$1 million	•		►	Yes	No
		2. t Notice, see the separate instru	uctions	)				Form <b>8865</b> (2019
								0000 (2013

07571113 797738 2065070000

Form 88	65 (2019	9) <b>VI</b>	1I	FOUNI	DATION,	INC.						54	4-050	596	56	Page <b>2</b>
12 a	Is the fi	ler of this	Forn	m 8865 clai	ming a foreign-o	derived inta	angible incom	e deduction (ı	under section 2	250) with re	spect to					
	any am	ounts liste	ed on	n Schedule	N?							🕨	► 🗌 Ye	es		No
b	lf "Yes,"	enter the	amo	ount of gros	s income derive	d from sa	les, leases, exc	changes, or of	her dispositio	ns (but not l	icenses)					
	from tra	ansaction	s with	h or by the	foreign partners	hip that th	e filer included	d in its compu	itation of forei	gn-derived o	deduction					
												🕨	<u> </u>			
C	lf "Yes,"	enter the	amo	ount of gros	s income derive	d from a l	icense of prop	erty to or by t	he foreign par	tnership tha	t the					
				mputation								🕨	▶			
d				-	s income derive		-	-		-						
					DEI							🕨	►			
13				• •	ners subject to s		( )( )		• ·							
					distribution from							P	►			
14	-		-	-	vere any transfer tion 1.707-8?		-	-	-				► 🗌 Ye			No
15 a	•				erty or money w		ear period het							55		INU
10 4		-			der Regs. 1.703	-	-		-							
					, and an explana					-	10, 110		► 🗌 Ye	s		No
b					bility or receive						v a partner v	vithin		-		
					e property to the		-	-	-	-	-					
	the amo	ount or va	lue o	of each tran	sfer, the debt as	sumed or	taken by the p	artnership, ar	d an explanati	on of the tax	k treatment		► 🗌 Ye	s		No
Sign Here if You're F					lare that I have examined on of preparer (othe											
This Form	י ד	inoot, and t	Joinph			or than gonor						inon prop		in o m	ougo.	
Separatel Not With		• —											_  🕨			
Tax Retur		-			ner or limited liabilit					Date			1 PTIN	Date	e	
Paid			Parec	S <sup>s nam</sup> NAI	ODER,		EPH <sup>natu</sup> S.	NADDE	R,		Che	ck -employe	_ if _	1 0 /		- 0
Prepa		II						T TO		11/13					1096	
Use		rm's name			N HUGHES EAST CAI				1000		Firm's E		<u>56-0</u> 04) 2			
Only					23219	1 51	REEL,	SOTIE	1000		Phone	10. ( 0 (	J4/ 2	02	/0.	,0
Sche	dule A				• Ownership	of Part	nership Int	erest. Cl	neck the bo	xes that a	apply to t	he file	r. lf vou d	chec	k	
					the name, ac		-						-			
					constructivel						• •	•	. ,			
		a	ı 🗌	Owns	a direct interest			b	Owns a	constructiv	e interest					
			Nam					Address			Identifiest		er (if en )		eck if reign	Check if direct
			Nam					Address			Identificat				erson	partner
VMI	INVE	ESTME	ENT	HLDN	IGS LLC	_	LETCHE				26-47	<u>9532</u>	27			X
_							NGTON,		4450							
Sche	dule A	-1 (	Cert	tain Part	ners of Fore	ign Part	tnership (	see instruc	tions)							
			Nam	ne				Address			Iden	tification	number (if an	y)		Check if foreign
																person
Scho	dule A	2	oro	an Dar	ners of Sec	 tion 721	(c) Dortnor	shin (soc	instructior							
	of foreign	-2   1	016	sign Fan				ntry of	U.S. tax	,	Ob a she if we		Perc	entage	interes	
	rtner				Address			ization any)	identificatio (if a		Check if re U.S. trar		Capital			ofits
							(11)	uny)	(,, u	, <b>,</b> ,		7		%		%
												1		%		%
Does the	e partner	ship have	any	other forei	gn person as a d	lirect partn	er?					- <u> </u>	Yes	70		No
Sche	dule A				chedule. Lis				omestic) in	which the	e foreign	oartne		ns		
						, ···					EIN		Tota	lordin	arv	Check if
			Nam	ne				Address			(if any	)		me or l		foreign partner- ship
														For	m 886	<b>5</b> (2019)

910652 01-15-20

SCHEDULE	0
(Form 8865)	

#### **Transfer of Property to a Foreign Partnership** (Under Section 6038B)

OMB No. 1545-1668

(Rev. December 2018) Attach to Form 8865. See the Instructions for Form 8865. Department of the Treasury Go to www.irs.gov/Form8865 for instructions and the latest information. Internal Revenue Service Name of transferor Filer's identifying number 54-0505966 VMI FOUNDATION, INC. Name of foreign partnership SKY9 CAPITAL FUND IV LP EIN (if any) Reference ID number (see instr) 9999999 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions No Yes **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any 2 time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No Transfers Reportable Under Section 6038B Part I (a) (b) (c) (d) (e) (f) (g) Cost or other Type of property Date of Description Fair market value Recovery period Section 704(c) Gain recognized transfer of property on date of transfer basis allocation method on transfer 12/31/19 100,000. Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 100,000. 3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispos	sitions Reportable	Under Section 60	38B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported o	on this schedule su	bject to gain recog	nition under section 90	04(f)(3) or section 904(	f)(5)(F)? ►	Yes X No
LHA For Paperwork	Reduction Act Not	ice, see the Instru	ctions for Form 88	365.		Schedule	0 (Form 8865) 12-2018

Form <b>8865</b>	Ret	urn of U.S. I Certain Fo			Respect to		OMB No. 1545-1668			
Form OOUJ	Co to y	Att	ach to yo	ur tax return.		<b>.</b>		2	010	
Department of the Treasury		nformation furnished				011.			013	
Internal Revenue Service		beginning	JAN	<b>1</b> , 2019,	and ending <b>DEC</b>	31	, 2019	Attac Sequ	ence No. <b>118</b>	
Name of person filing this r	return						s identificat		ſ	
						5	4-050	5966		
VMI FOUNDA	TLON, INC. t filing this form with your tax	ratura		A Catagonius	f files (and Categorian of F	ilana in the	instructions			_
Filer's address (if you aren	t ming this form with your tax	return)		A Category o	f filer (see Categories of F		Instructions a	апо спеск арр 4	licadie dox(es)):	
				B Filer's tax	2 <sup>/ear</sup> JUL 1	3 .201		 	30,2020	) )
<b>C</b> Filer's share of liabilities	s Nonrecourse \$	Qualifi	ed nonrec	<ul> <li>beginning</li> <li>ourse financii</li> </ul>		, 201	<u>, and end</u> Other			<u>_</u>
	consolidated group but not th				0		01101	Ψ		-
Name	<u> </u>					EIN				-
Address										_
E Check if any excepted s	pecified foreign financial asset	s are reported on thi	s form. Se	e instructions	3					
F Information about certa	in other partners (see instruct	ions)			<b>I</b>					_
(1) Name		(2) Address	s		(3) Identification nur	nber		Check applica		_
		(=) / (a a l cos			(0) 10011010000011101		Category 1	Category 2	Constructive owne	٢ 
										_
							2(a) EIN (	(if any)		-
G1 Name and address of fo	<b>RTUNITIES FUN</b>	N XB ATF	(CAYM	ΓA				-1208	442	
011111111111111111111111111111111111111			( 01111				L	rence ID nu		-
333 SOUTH GR	AND AVENUE, 2	ВТН FL								
LOS ANGELES,							3 Country	under who	se laws organized	ŗ
							CAYMA			
4 Date of organization 5	Principal place of business	6 Principal busin activity code n		Principal bus activity	8	a Funct currer		8b (see ii	ange rate nstructions)	
09/01/2018CA	YMAN ISLANDS	523900	<b> </b> I:	NVESTI	NG U	SD				_
	formation for the foreign part									_
<b>1</b> Name, address, and ide	ntification number of agent (if	any) in the United S	tates		e foreign partnership					
					orm 1042 L I enter where Form 106	Form 880		Form 106	5	
					N, UT	o is illeu	-			
<b>3</b> Name and address of fo	preign partnership's agent in c	ountry of organizatio	n, if anv	Name and a	ddress of person(s) with c and the location of such	ustody of	the books and	records of th	e foreign	-
	noigh paraieremp e agent in e	ouning of organizatio	.,	· particistip,		50013 414	records, ir din	lorent		
	lid the foreign partnership pay	-	-	-						
allowed under section	1 267A? See instructions						►	Yes	No	
If "Yes," enter the tota	l amount of the disallowed de	ductions					🕨	\$		• •
	ection 721(c) partnership, as	utura una la lin O					•	X Yes		
	cations made by the foreign pa Forms 8858, Information Retu				Dicrogardad Entitiac		····· ►	A Yes	L No	
	ranches (FBs), attached to this								0	
	ip classified under the law of t								Ŧ	•••
	interest in the foreign partner									
	leg. 1.1503(d)-1(b)(4) or part									
skip question 10b							►	Yes	X No	
<b>b</b> If "Yes," does the sepa	arate unit or combined separa	e unit have a dual co	onsolidated	d loss, as defi	ned in					
Reg. 1.1503(d)-1(b)(	5)(ii) <b>?</b>						►	Yes	No	
	meet <b>both</b> of the following re				)					
	total receipts for the tax year \			ው ወደ በ ነ።			*	<u> </u>		
	artnership's total assets at the te Schedules L, M-1, and M-2	-	vas iess tr	iaii ֆ i million	•		►	Ves	No	
	d Paperwork Reduction Act N		ata inotru	ctione	)				Form <b>8865</b> (2019	<u>רג</u>
	a rapornon noudolion Act N	onoo, ooo me separ								')

910651 01-15-20

Form 88	65 (2019)	VMI	FOUNDATIO	N, 1	INC.						5	4-050	596	6	Page <b>2</b>
12 a	Is the filer of the	his Forn	n 8865 claiming a fore	eign-dei	rived inta	ngible income o	deduction (u	nder section	250) with res	pect to					
	any amounts li	isted on	Schedule N?								)	► 🗌 Ye	S		No
b			unt of gross income a												
	from transaction	ons with	n or by the foreign par	tnershi	ip that the	e filer included i	n its compu	tation of forei	ign-derived d	eduction					
	eligible income	e (FDDE	I)								)	▶			
C	If "Yes," enter t	the amo	unt of gross income o	derived	from a lie	cense of proper	ty to or by th	ne foreign par	rtnership that	the					
			nputation of FDDEI								)	▶			
d			unt of gross income o			-	-		-						
			ation of FDDEI									▶			
13			preign partners subjec												
			eceiving a distributior												
14	-	-	tax year were any tra				-	-							
15 a	•	•	ations section 1.707- ers of property or more			ar pariod batw						► Ye	s		No
10 d	-		closure under Regs. 1	-	-	-	-	-							
			ch transfer, and an ex					-	-	3, 110	•	► 🗌 Ye	s		No
b			sume a liability or rec	•									•	L	] 110
_	-		sferring the property			-	-	-	-						
			f each transfer, the de									► 🗌 Ye	S		No
Sign Here			perjury, I declare that I have te. Declaration of prepare												
if You're F This Form		ia compi	ete. Declaration of prepare	er (otner i	man genera	a partner or infined	партту соттр	any member) is	based on all init	ormation of	which pre	eparer nas any	Knowie	age.	
Separately Not With Y												🕨			
Tax Return			general partner or limited	liability o					-				Date		
Paid		PFPare	<sup>s</sup> . <sup>nam</sup> NADDER,			EPH <sup>natu</sup> S.	NADDE	R,	Date		eck	if PTIN			
Prepa				~	III				11/13,		lf-employ	10	124		
Use	Firm's na		DIXON HUG					1000				56-0			
Only			901 EAST		Y STI	REET, S	UITE .			- Phone	no. ( 8	04) 2	82-	/6.	36
Scho			o, VA 2321: structive Owners		of Dortr	orchin Into	rest Ch	ock the br	wee that a	upply to	tho file	or If you c	book	,	
Sche			<b>b</b> , enter the name	-		-						-		`	
			est you construct			=	-	lineation		uny) or c	io poi		000		
		a	Owns a direct int	-			ьΓ	0wns a	a constructive	e interest					
				01001										eck if	Check if
		Nam	e				Address			Identifica	tion num	ber (if any)		eign rson	direct partner
Sche	dule A-1	Cert	ain Partners of F	oreig	yn Part	<b>nership</b> (se	e instruc	tions)							
		Nam	<u>م</u>				Address			Ide	atification	number (if an	<i>i</i> )		Check if foreign
		Han					/100/000			140	lanoudor		<i></i>		person
		-		o			h		>						
	dule A-2	Fore	ign Partners of	Sectio	on 721(	C) Partners		instructior	,	-T		Dava	entage	interes	
	of foreign rtner		Address			organiza	ation	identificatio	on number	Check if I U.S. tra		Capital	entage		ofits
						(if an	y)	(if a	iny)			Capital	0/	FI	
													%		%
Does the	nartnarchin ha		other foreign person a	ae a dir	act narte	l ar?					<u></u> Г		%		<u>%</u>
	dule A-3		ation Schedule.				eian or da	mestic) in	which the	foreian	nartni	<u> </u>	ns		No
Cone			ect interest or inc							loroign	Purin		.0		
					-					EIN	1	Toto	l ordina	rv	Check if
ST	ATEMENT	7 <sup>Nam</sup>	e				Address			(if ar			ne or lo		foreign partner- ship
															+
													Forr	n 886	<b>5</b> (2019)

SCHE	DULE	Ο
(Form	8865)	

(Rev. December 2018) Department of the Treasury

#### Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

	Attach	to Form 88	365. See th	e Instructio	ons for Form	8865.
Go to	www.irs	gov/Form8	8865 for ins	structions a	and the latest	information

Stock, notes receivable and payable, and other securities in the securities in trade or business in trade or busin	Internal Revenue Serv					and the latest inform		_
Name of foreign partnership OAKTREE OPPORTUNITIES FUND XB AIF [EN (fram) 98-1208442 1 a is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 721(c) - 17(b)(14)/9 Se instructions	Name of transfero							
Be-1208442           1a is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-110(t)(197) Sec instructions         Image: Section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-110(t)(197) Sec instructions         Image: Section 721(c) partnership (as defined in Regulations section 1.722(c)-110(t)(197) Sec instructions         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulations section 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulation 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulation 1.452-7(c)(1)?         Image: Section 721(c) partnership (as defined in Regulation 1.452-7(c)		VMI FO	UNDAT	ION, INC.				
b       If "Yes," was the gain deferal method applied to avoid the recognition of gain upon the contribution of property?          Yes        No         2       Was any intrangible property transfered considered or anticipated to be, at the time of the transfer of at any time threather, a platform contribution as defined in Regulations section 1.482-7(c)(1)?       Yes       No         Part       Transfers Reportable Under Section 60388         Type of property <sup>(a)</sup> <sup>(b)</sup> <sup>(b)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup> <sup>(c)</sup>	Name of foreign p	artnership <b>OA</b>	KTREE	OPPORTUNIT:	IES FUND XB			nce ID number (see instr)
Type of property transfer         Description transfer         Constraints Parameter value of property         Cost or other basis         Recovery period         Stick, Section 704(c) allocation method         Gist Gist (f) allocation method           Cash         12/31/19         412,130.	<ul> <li>b If "Yes," wa</li> <li>2 Was any in time therea</li> </ul>	s the gain deferral tangible property t fter, a platform col	method app ransferred c ntribution as	lied to avoid the recognit onsidered or anticipated defined in Regulations s	ion of gain upon the cont to be, at the time of the tr	n 1.721(c)-1T(b)(14))? S ribution of property? ansfer or at any	ee instructions	Yes No
Type of property trainfer         Date of trainfer         Description of property allocation method         Feature basis         Recovery period         Section 74(c) allocation method         Gain recognized on trainfer           Stock, notes         12/31/19         412,130.         Image: Stock notes         Image: S	Part I Tr	ansfers Reportabl	e Under Se	ction 6038B		· · · · ·		
Stock, notes	Type of property	Date of	Description	Fair market value	Cost or other		Section 704(c)	Gain recognized
Stock, notes         Image: Stock, notes	Cash	12/31/19		412,130.				
Image:	Stock, notes receivable and payable, and other securities							
property used in trade or business         Image	Inventory							
property       described in         section       Image: Section (197(f)(9)         197(f)(9)       Image: Section (197(f)(9)         Intangible       Image: Section (197(f)(9)         property, other       Image: Section (197(f)(9)         Image: Section (197(f)(9)       Image: Section (197(f)(9)	Tangible property used in trade or business							
Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 412,130.	Intangible property described in section 197(f)(9)							
property         Image: Constraint of the second secon	Intangible property, other than intangible property described in section 197(f)(9)							
	Other property							
	Totals			412,130.				
	3 Enter the tr	ansferor's percent	age interest		fore the transfer	%	(b) After the tran	sfer %

Supplemental Information Required To Be Reported (see instructions):

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	/ transfer reported (	on this schedule su	ı Ibject to gain reco	gnition under section 90	04(f)(3) or section 904(	f)(5)(F)?	Yes X No

Form <b>8865</b>		Return of U.S Certain					0		OMB	No. 154	5-1668
Form <b>OOUJ</b>	•		· Attach to y	our tax re	eturn.	-	otion		2	1	0
Department of the Treasury		Information furn					auon.			.U I	Э
Internal Revenue Service		beginnin	g JUL	1,	2019,	and ending <b>JU</b>	<u>N 30</u>	, 2020	Attac Sequ	hment ence No.	118
Name of person filing this r	eturn							s identificat		r	
							5	4-050	5966		
<b>VMI FOUNDA</b> Filer's address (if you aren't		our tax raturn)		A Cate		f filer (see Categories	of Filers in the	instructions	and check and		(ec)):
Filer S audress (II you areir i		our lax reluin)		A Cale	1	2		X			JX(ES)).
				B Filer	's tax y nning					30	2020
<b>C</b> Filer's share of liabilities	Nonrecourse \$	Qı	alified nonre			ng \$	,	Other		,	
D If filer is a member of a	consolidated group bu	it not the parent, enter t	ie following i	informatio	on abo	out the parent:					
Name							EIN				
Address											
E Check if any excepted sp			<u>1 this form. S</u>	See instru	ctions						
F Information about certai	n other partners (see	instructions)						(4)	Check applica	ble box(e	s)
(1) Name		(2) Ac	dress			(3) Identification	number	Category 1	Category 2		ctive owner
G1 Name and address of fo	reign partnership							<b>2(a)</b> EIN			
ADVENT INTER	NATIONAL G	PE VIII-C I	J.P.						-1165		
	7							<b>2(b)</b> Refe	rence ID nu	mber	
2-4 RUE BEAC								2 Country	under who	eo lawe	organized
TOVEWBOOKG T	-1222							LUXEM		50 10105	organizeu
4 Date of organization 5 o	rincipal place f business	6 Principal b activity co	usiness le number	7 Princip activity	al bus	iness	8a Funct	tional		ange rate	e ns)
	XEMBOURG	5239		INVES	TM	ENTS	Garro		(000 !!	lotidotio	
H Provide the following in	formation for the forei	gn partnership's tax yea	r:								
1 Name, address, and ide	ntification number of a	agent (if any) in the Unite	d States	2 Chec	_	e foreign partners	¬'		-		
						rm 1042	_ Form 880		Form 106	65	
					ice Ce - <b>F I</b> I	nter where Form 1 <b>1.E</b>	U65 IS TILED				
3 Name and address of fo	reion partnership's ao	ent in country of organiz	ation, if any	Name	and ar	ddress of person(s) wi and the location of su	th custody of	the books and	records of th	e foreign	
	i eigii paraiterenip e ag	one in ocanity of organi	u, u,	- partit	Ji Ji Dinp,						
		hip pay or accrue any in	-	-					<u> </u>	_	<b>_</b>
allowed under section	267A? See instructio	ns						🟲	⊥ Yes		No
6 Is the partnership a se	amount of the disano	wed deductions	rary Regulat	ione sacti	on 17	721/c)-1T/h)/1/1/2		•	Φ Yes	·····	No
7 Were any special alloc		unium mantenanahim0				21(0) 11(0)(14):		•	Yes		
, i	,	on Return of U.S. Persor									
(FDEs) and Foreign Br	anches (FBs), attache	d to this return. See inst	ructions							0	
9 How is this partnershi	p classified under the	law of the country in wh	ich it's orgar	nized?			►	LMTD	PARTN	ERSH	IIP
10 a Does the filer have an	•			•		• • • • •					
	eg. 1.1503(d)-1(b)(4)	or part of a combined s	parate unit u	ınder Reg	. 1.15	03(d)-1(b)(4)(ii)?	lf "No,"			_	¬
skip question 10b <b>b</b> If "Yes," does the sepa		conarato unit have a du						►	Yes		No
		-							Yes	Г	No
<b>11</b> Does this partnership	meet <b>both</b> of the follo	wing reguirements?				 ר			163	L	
		x year were less than \$2	50,000.								
2. The value of the pa	rtnership's total asset	s at the end of the tax ye	ar was less f	than \$1 m	illion.			►	Yes		No
If "Yes," don't complet	e Schedules L, M-1, a	nd M-2.				J					
LHA For Privacy Act and	I Paperwork Reductio	n Act Notice, see the s	parate instr	uctions.						Form <b>88</b>	<b>65</b> (2019)

07571113 797738 2065070000

Form 88	65 (2019	) VMI	FOUNDAT	ION,	INC.						54	4-0505	966	Page <b>2</b>
12 a	Is the fil	er of this Fo	rm 8865 claiming	a foreign-de	erived inta	ingible income ded	uction (u	Inder section 2	250) with res	spect to				
	any amo	ounts listed (	on Schedule N?								🕨	Yes		No
b	lf "Yes,"	enter the an	nount of gross inco	ome derived	from sale	es, leases, exchang	es, or ot	her dispositior	ns (but not li	icenses)				
	from tra	nsactions w	ith or by the foreig	n partnersh	ip that the	e filer included in its	s compu	tation of foreig	gn-derived d	eduction				
											🕨	•		
C	lf "Yes,"	enter the an	nount of gross inco	ome derived	from a li	cense of property to	o or by t	he foreign par	tnership that	t the				
			computation of FDE								Þ	·		
d			-			vices provided to o			-					
											🕨	•		
13			• •	•		(c)(8) as a result of		•						
						ership					····· P	•		
14	-	-	julations section 1.	-		the partnership and		-				► Yes	Г	No
15 a	•		•			ear period between						105		
10 4		-		-	-	-6? If "Yes," attach		-						
		-		-		tax treatment. See				10, 110		Yes	Г	No
b						bject to a liability w		•		a partner w	vithin			
		-	-	-		ip? If "Yes," attach		-	-	-				
	the amo	unt or value	of each transfer, t	he debt ass	umed or t	aken by the partner	rship, an	d an explanati	on of the tax	treatment		Yes		No
Sign Here if You're F						turn, including accomp al partner or limited liat								
This Form	1 <sup>-</sup>		piete. Declaration of p		andri genera		only comp				non prop		omeage.	
Separatel Not With		•												
Tax Retur		-	of general partner or li						Date			1 PTIN	Date	
Paid			S <sup>s nam</sup> NADDE	к,			ADDE	к,		Cheo Cheo	ck employe	] if	2400	
Prepa			NDTYON I						11/13				$\frac{2409}{4709}$	
Use		m's name				REET, SUI	רחה	1000		Firm's E		<u>56-07</u> )4) 28		
Only			D, VA 23		1 51.	KEE1, 501		1000			0.000	J4) 20	2-70	50
Sche	dule A				of Parti	nership Interes	st. Ch	neck the bo	xes that a	apply to th	ne filer	r. If vou ch	eck	
				-		nd U.S. taxpay						-		
						ee instructions.				•	•	. ,		
		<b>a</b> [	Owns a dire	ct interest			b [	Owns a	constructive	e interest				
		N					dduaaa			Identificati		an (if any )	Check if foreign	Check if direct
		ING	ame			A	ddress			Identification			person	partner
VMI	INVE	STMEN	T HLDNGS	LLC	300					<u>26-47</u>	9532	27		X
_						NGTON, VA		4450						
Sche	dule A-	1 Ce	rtain Partners	of Forei	gn Part	nership (see i	instruc	tions)						<u> </u>
		Na	ame			A	ddress			Ident	fication r	number (if any)		Check if foreign
														person
														<u> </u>
Scho	dule A-	2 Eo	roian Dartnors	of Socti	 on 721/	(c) Partnership	(500	instruction						<u> </u>
	of foreign		eigii Fai tilei s	on Secu		Country of	(366	U.S. tax	,	Oh a sha if a sh	- 4 - 4 4 -	Percer	tage intere	est
	rtner		Addre	SS		organization (if any)	ı	identificatio (if ar		Check if rel U.S. trans		Capital	-	Profits
						(ii aiiy)		(11 41	(1)		1	-	%	%
											it		%	%
Does the	e partners	hip have an	y other foreign per	son as a dir	ect partn	er?					<u> </u>	Yes		No
Sche	dule A-					nerships (foreig a 10% interest		omestic) in	which the	foreign p	artne		3	
					-					EIN		Total o	rdinary	Check if
		Na	ame			A	ddress			(if any)		income		foreign partner- ship
													Form <b>88</b>	<b>65</b> (2019)

910652 01-15-20

SCHE	DULE	Ο
(Form	8865)	

(Rev. December 2018) Department of the Treasury

#### Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

	Attach	to Form	8865. Se	e the	Instruct	ions for	Form 8	3865.	
Go to y	www.irs	aov/Forr	n8865 fr	or inst	ructions	and the	latest	informa	tion

Internal Revenue Serv	/ice		to www.irs.gov/Form	6665 for instructions	and the latest initia		
Name of transfero						Filer's identifyir	
			ION, INC.			54-050	5966
Name of foreign p	artnership AD	VENT :	INTERNATION	AL GPE VIII		y) Re 65415	ference ID number (see instr)
<ul> <li>b If "Yes," wa</li> <li>2 Was any in time therea</li> </ul>	s the gain deferral tangible property t ifter, a platform col	method app ransferred contribution as	rship (as defined in Temp lied to avoid the recognit onsidered or anticipated defined in Regulations s	ion of gain upon the cont to be, at the time of the ti	n 1.721(c)-1T(b)(14))? tribution of property? ransfer or at any	See instructions	Yes No
Part I T	ransfers Reportabl	e Under Seo	ction 6038B	[	1	1	
Type of property	(a) Date of transfer	(b) Description of property	(C) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized I on transfer
Cash	12/31/19		721,500.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			721,500.				
3 Enter the tr	ansferor's percent	age interest	in the partnership: (a) Be	fore the transfer •	7256 %	(b) After the	transfer .7258 %

Supplemental Information Required To Be Reported (see instructions):

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported of	on this schedule su	bject to gain recog	nition under section 90	04(f)(3) or section 904(	f)(5)(F)? ►	Yes X No
LHA For Paperwork	1		, ,				e O (Form 8865) 12-2018

Form <b>8865</b>		Return of U.S. I Certain Fo				0		OMB	No. 1545-1668	
		► Att Go to www.irs.gov/Form88	tach to your 365 for instru		- I the latest informa	ition.		2	<b>P10</b>	
Department of the Treasury	r -	Information furnishe		ign partner	ship's tax year			Attac		
Internal Revenue Service		beginning	JUL 1	, 2019,	and ending <b>JUI</b>		<u>, 2020</u>		ence No. <b>118</b>	
Name of person filing this re	eturn						s identificat 4 – 0 5 0			
VMI FOUNDA	TION, INC.					5	4-050	5900		
Filer's address (if you aren't			A	Category o	f filer (see Categories o	f Filers in the	e instructions a	ind check app	licable box(es)):	
				1 [	2	] 3	X	4		
			В	beginning	1 100	,201	9 , and endi	ng JUN	30,202	20
C Filer's share of liabilities			ied nonrecou				Other	\$		
	consolidated group b	ut not the parent, enter the fo	bllowing infor	mation abo	out the parent:	EIN				
<u>Name</u> Address										—
	ecified foreign financ	cial assets are reported on thi	is form. See i	instructions	3					$\Box$
F Information about certai	n other partners (see	instructions)								
(1) Name		(2) Addres	s		(3) Identification r	umber		Check applica		
(1) Hame							Category 1	Category 2	Constructive own	ner
<b>G1</b> Name and address of for	eign partnership						2(a) EIN (	(if any)	L	
PRIME STORAGI	• •	(CAYMAN) LP					98	-1415	663	
							2(b) Refe	rence ID nu	mber	
85 RAILROAD		10055								
SARATOGA SPR	LNGS, NY	12866							se laws organiz <b>ANDS</b>	ed
Date of 5 P	rincipal place f business	Principal busin	ess 7 P	rincipal bus	iness	8a Funct			ange rate nstructions)	—
4 organization 5 0 05/01/2017CA	YMAN ISLAN	NDS 523900		ctivity VESTM		JSD	псу	UD (See II	istructions)	
H Provide the following inf	ormation for the fore	ign partnership's tax year:	I		I					
1 Name, address, and ider	tification number of	agent (if any) in the United S	tates 2	Check if th	e foreign partnersh	ip must fil		_		
					rm 1042	Form 88		Form 106	5	
				Service Ce	nter where Form 1৷ দ দ্রু	065 is filed	:			
3 Name and address of for	reign partnershin's ar	gent in country of organizatio	n if any <b>4</b>	Name and a	ddress of person(s) with and the location of suc	n custody of	the books and	records of th	e foreign	
	orgin partnersnip s ag			parmership,	and the location of suc	n books and	records, il dill	erent		
• • •	• •	ship pay or accrue any intere						<u> </u>	<u> </u>	
allowed under section								Yes	No	
		owed deductions						⊅ ☐ Yes	No	
<ul><li>7 Were any special alloc</li></ul>							•	Yes	X No	
• •	•	on Return of U.S. Persons W								
		ed to this return. See instruct							0	
		e law of the country in which					EXEMP	TED L	P	
	-	n partnership, or an interest i	-	-						
separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b									XNo	
skip question 10b <b>I</b> f "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in										
Reg. 1.1503(d)-1(b)(5)(ii)?						Yes	No No			
11 Does this partnership	meet <b>both</b> of the follo	owing requirements?			)					
		ax year were less than \$250,0								
	-	ts at the end of the tax year v	was less than	\$1 million.			►	Yes	No	
If "Yes," don't complet			ata inatruati	0.006	J				Form 0065 (00	101
LHA For Privacy Act and	r aperwork Reduction	on Act Notice, see the separ	αις πιδιΓΟΟΪΙ	0115.					Form <b>8865</b> (20	19)

Form 88	65 (2019)	VMI	FOUNDATION,	INC.					54	4-0505	966	Page <b>2</b>
12 a	Is the filer of	f this Forr	n 8865 claiming a foreign-d	erived inta	angible income deduction (	under section 2	250) with resp	pect to				
	any amounts	s listed or	N Schedule N?		·				Þ	Yes		No
b	If "Yes," ente	r the amo	ount of gross income derive	d from sa	les, leases, exchanges, or o	her disposition	ns (but not lic	censes)				
	from transac	tions wit	h or by the foreign partnersl	nip that th	e filer included in its comp	itation of foreig	gn-derived de	duction				
	eligible inco	ne (FDDE	I)						Þ	•		
C			ount of gross income derive									
	filer included	l in its co	mputation of FDDEI						Þ	•		
d	If "Yes," ente	r the amo	ount of gross income derive									
	included in i	ts compu	tation of FDDEI						🕨	•		
13			oreign partners subject to se									
	the partners	hip or of i	receiving a distribution from	the partn	ership				Þ	·		
14	At any time	during the	e tax year were any transfers	s between	the partnership and its par	ners subject to	o the disclosu	ire				
	requirement	s of Regu	lations section 1.707-8?						🕨	Yes		No
15 a	Were there a	iny transf	ers of property or money wi									
	that would re	equire dis	closure under Regs. 1.703-	3 or 1.707	7-6? If "Yes," attach a stater	nent identifying	) the transfers	s, the				_
	amount or v	alue of ea	ch transfer, and an explanat	ion of the	tax treatment. See instruct	ons for except	ions		Þ	Yes		No
b	Did the partr	nership as	ssume a liability or receive p	roperty si	ubject to a liability where su	ch liability was	incurred by	a partner v	/ithin			
	a 2-year peri	od of trai	nsferring the property to the	partnersh	nip? If "Yes," attach a staten	ient identifying	the property	transferre	d,		_	_
0: 11			f each transfer, the debt ass perjury, I declare that I have exam							► Yes		No
Sign Here if You're F			ete. Declaration of preparer (othe							•		
This Form Separatel												
Not With	Your									🕨 -		
Tax Retur		-	general partner or limited liability				Date			1 PTIN	Date	
Paid			<sup>s</sup> • <sup>nam</sup> NADDER ,		SEPH <sup>at</sup> S. NADDE	к,		Che	ck employe	_ if	~ 4 ^ ^	60
Prepa			NTYON INCOME				11/13/				2409	
Use			DIXON HUGHES 901 EAST CAF			1000		Firm's E		<u>56-07</u> 04) 282		
Only			$\sim \frac{901}{10} \frac{1}{10} \frac{1}{1$	.1 51	KEEI, SUIIE	1000			0. ( 0 (	J4/ 20.	2-70	50
Sche			structive Ownership	of Part	nershin Interest C	heck the bo	xes that a	l oply to tl	ne file	r lf vou ch	eck	
Contra			<b>b</b> , enter the name, ad		-		-			-		
			est you constructively			lineation			o pore			
		a	Owns a direct interest		b	Owns a	constructive	interest				
		u						Interest			Check if	Check if
		Nan	ne		Address			Identificati	on numb	er (if any)	foreign person	direct partner
VMI	INVEST	MENT	HLDNGS LLC	304	LETCHER AVEN	UE	2	26-47	9532	27		
				_		4450						
Sche	dule A-1	Cert	ain Partners of Fore									1
												Check if
		Nan	le		Address			Ident	ification	number (if any)		foreign person
Sche	dule A-2	Fore	eign Partners of Sect	ion 721	(c) Partnership (see	e instructior	is)					
Name	of foreign		Address		Country of organization	U.S. tax identificatio		Check if re		Percent	age intere	st
ра	rtner		Address		(if any)	(if a		U.S. tran	sferor	Capital	P	rofits
									]		%	%
									]		%	%
		have any	other foreign person as a di	rect partn	er?				[	Yes		No
Sche	dule A-3		iation Schedule. List			omestic) in	which the	foreign p	partne	rship owns	5	
		a dir	ect interest or indirect	ly owns	a 10% interest.							
		Nam	ne		Address			EIN		Total or		Check if foreign partner-
		INdi		1	Aug 635			(if any		income	or loss	partner- ship
				1						1		_
										F	orm 88	<b>65</b> (2019)

910652 01-15-20

SCHEDULE	0
(Form 8865)	

(Rev. December 2018) Department of the Treasury

#### Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

	Attach	to Form 886	5. See the	Instructions	for Form 8	865.
Go to	www.irs	.gov/Form88	65 for inst	ructions and	the latest i	nformation

Name of transfero			to www.ii3.gov/i offi				
						Filer's identifying nu	
			ION, INC.			54-05059	
Name of foreign p	artnership <b>PR</b>	IME S	TORAGE FUND	II (CAYMAN)			nce ID number (see instr)
					98-141	L5663	
<b>1a</b> Is the partr	ership a section 7	21(c) partne	ership (as defined in Temp	porary Regulations sectio	n 1.721(c)-1T(b)(14))?	See instructions	Yes No
			blied to avoid the recognit			[	Yes No
	-		considered or anticipated			L	
			s defined in Regulations s			[	Yes No
Part I Ti	ransfers Reportab	le Under Se	ction 6038B				
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/19		1,388,292.				
Stock, notes							
receivable							
and payable,							
and other securities							
300011103							
Inventory							
Tangible							
property used in trade							
or business							
Intangible							
property described in							
section							
197(f)(9)							
Intangible property, other							
than intangible							
property							
described in section 197(f)(9)							
Other							
property							
Totals			1,388,292.				
					2002 %	(h) A (h-, , th, - )	
3 Enter the tr	ansteror's percent	age interest	in the partnership: (a) Be	erore the transfer $21$ .	3903 %	(D) After the trans	ofer 21.4275 %

Supplemental Information Required To Be Reported (see instructions):

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	/ transfer reported (	on this schedule su	ı Ibject to gain reco	gnition under section 90	04(f)(3) or section 904(	f)(5)(F)?	Yes X No

FORM 8865

#### AFFILIATION SCHEDULE

STATEMENT 6

54-0505966

NAME	ADDRESS	IDENTIFYING NUMBER	FOR- EIGN
ENCAP ENERGY CAP FUND X LP	1100 LOUISIANA, SUITE 4900	47-2732735	
	HOUSTON, TX 77002 5707 SOUTHWEST PKWY, BLD 1	47-2851524	
SCALA ENERGY HOLDINGS, LLC	AUSTIN, TX 78735 20445 STATE HIGHWAY 249	47-4478980	
COUNCIL OAK RESOURCES HOLD	HOUSTON, TX 77070 6120 S YALE AVE, STE 1200	82-2798631	
STAGHORN PETROLEUM LLC	TULSA, OK 74136 1 WEST THIRD ST, STE 1000	47-4609574	
ADVANCE ENERGY PARTNERS	TULSA, OK 74103 1140 WESTHEIMER RD	82-3834751	
FELIX ENERGY INVESTMENTS	HOUSTON, TX 77077 1530 16TH STREET, STE 500	35-2570547	
GRAYSON MILL ENERGY, LLC	DENVER, CO 80202 1160 DAIRY ASHFORD	81-4011331	
NOVO OIL & GAS HOLDINGS	HOUSTON, TX 77079 105 NORTH HUDSON, STE 500	35-2567647	
OGX HOLDING IV, LLC	OKLAHOMA CITY, OK 73102 P.O. BOX 2064 MIDLAND, TX 79702	81-3803749	
PAYROCK II HOLDINGS, LLC	3200 QUAIL SPRINGS PARKWAY	37-1835632	
SANTA ELENA MINERALS IV LP	OKLAHOMA CITY, OK 73134 P.O. BOX 2063	81-3827668	
VERDUN OIL COMPANY, LLC	MIDLAND, TX 79702 55 WAUGH DRIVE, STE 400	81-0841799	
AMEREDEV II, LLC	HOUSTON, TX 77007 5707 SOUTHWEST PKWY, BLD 1 AUSTIN, TX 78735	61-1816234	
MONGOOSE ENERGY HOLDINGS	ONE WEST THIRD STREET	82-1110017	
OILFANT ENERGY, LLC	TULSA, OK 74103 15 W. 6TH STREET, STE 2200 TULSA, OK 74119	30-0990864	
PETROLEGACY II HOLDINGS	13215 BEE CAVE PARKWAY	82-2770302	
	AUSTIN, TX 78738 1560 BROADWAY ST, STE 2050	81-2101327	
	DENVER, CO 80202		 _ / _ >

07571113 797738 2065070000

87

STATEMENT(S) 6 2019.05000 VMI FOUNDATION, INC. 20650701

VMI FOUNDATION, INC.	_	
ROYAL HOLLY ENERGY, LLC	17521 US HWY 69 S, STE 100	37-1844896
	TYLER, TX 75703	
STAGHORN PETROLEUM II, LLC	1 WEST THIRD ST, STE 1000	82-1687819
	TULSA, OK 74103	
FORTIS MINERALS HOLDINGS	111 BAGBY ST, SUIT 2151	82-4371463
	HOUSTON, TX 77002	

FORM 8865	AFFILIATION SCHEDULE	STATEMENT 7
NAME	IDENTIFYIN ADDRESS NUMBER	CK TOTAL IF ORDINARY FOR- G INCOME EIGN OR (LOSS) P'SH
OCM OPPS XB AIF HOLDINGS D	333 SOUTH GRAND AVENUE 28T 82-4541514	
OPPS XB SOURCE HOLDINGS II	LOS ANGELES, CA 90071 333 SOUTH GRAND AVENUE 28T 83-1752689	
OCM SOURCE HOLDINGS	LOS ANGELES, CA 90071 333 SOUTH GRAND AVENUE 28T 83-3786219	
OPPS J ENRG HOLDINGS	LOS ANGELES, CA 90071 333 SOUTH GRAND AVENUE 28T 84-1872852	
OPPS 10B STORAGE HOLDINGS	LOS ANGELES, CA 90071 333 SOUTH GRAND AVENUE 28T 83-3143852	
	LOS ANGELES, CA 90071 333 SOUTH GRAND AVENUE 28T 82-0973074	
OAKTREE STORAGE HOLDINGS L	LOS ANGELES, CA 90071 333 SOUTH GRAND AVENUE 28T 83-3142629	
попридер п	LOS ANGELES, CA 90071	

54-0505966

Form <b>926</b>
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

Part I	U.S. Transferor Information (see instructions)			
Name of t	ransferor		Identifying numbe	<b>r</b> (see instructions)
VMI	FOUNDATION, INC.			
			54-05059	
1 Is th	ne transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpora	tion?	Yes	X No
	e transferor was a corporation, complete questions 2a through 2d.			
a If th	e transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(	c)) by		
	or fewer domestic corporations?			X No
	the transferor remain in existence after the transfer?		X Yes	No
lf no	ot, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	Ide	ntifying number	
c If th	ا e transferor was a member of an affiliated group filing a consolidated return, was it the parent c		X Yes	No
	ot, list the name and employer identification number (EIN) of the parent corporation.			
	Name of parent corporation		parent corporation	
				XNo
<b>d</b> Hav	e basis adjustments under section 367(a)(4) been made?		Yes	
3 If th	e transferor was a partner in a partnership that was the actual transferor (but is not treated as s	such under sectic	on 367)	
	aplete questions 3a through 3d.			
	the name and EIN of the transferor's partnership.			
	Name of partnership	EIN	l of partnership	
	PARTNERS IX LP	98-14505		
	the partner pick up its pro rata share of gain on the transfer of partnership assets?			No
	ne partner disposing of its entire interest in the partnership?		Yes	X No
	ne partner disposing of an interest in a limited partnership that is regularly traded on an establis	hed		
Part II	urities market?	<u></u>	Yes	X No
	ne of transferee (foreign corporation)	59	dentifying numb	<b>r</b> if any
				<b>, ii any</b>
INEG	RA UK MIDCO 1 LIMITED			
6 Add	Iress (including country)	<b>5b</b> F	Reference ID num	ber
	LOOR PORTLAND HOUSE BRESSENDEN PLACE			
LONDO	N, UNITED KINGSON SW1E5RS UNITED KINGDOM	99	99999	
7 Col UK	intry code of country of incorporation or organization			
	eign law characterization (see instructions) <b>ORATION</b>			
	ne transferee foreign corporation a controlled foreign corporation?		X Yes	No
924531 04-0	1-19 LHA For Paperwork Reduction Act Notice, see separate instructions.			Rev. 11-2018)

2019.05000 VMI FOUNDATION, INC.

			FOUNDATION,		
Part III	Informatio	n Reg	arding Transfer of	Property	(see instructions)

X Yes

No No

Section A - Cash

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	12/27/2019		169,706.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
<b></b>					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section $367(a)$ with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	No No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	No No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	No No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 <pre></pre>		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

#### Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	<b>(c)</b> Useful life	<b>(d)</b> Arm's length price on date of transfer	<b>(e)</b> Cost or other basis	<b>(f)</b> Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) VMI FOUNDATION, INC.	54-0505966	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
Ŭ	1.367(d)·1(c)(3)(ii) for any intangible property?	Yes	No
Ь	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
u	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) <b>S</b>		
45	•		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
-			
Do	t IV Additional Information Regarding Transfer of Property (see instructions)		
Fai			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before $.000 \%$ (b) After $.096 \%$		
17	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶\$	
	Did the domestic corporation not recognize gain or loss on the distribution of property because the	····· • · · ·	
5	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
- '		Yes	X No
	covered by section 367(e)(1)? See instructions	Form <b>926</b> (Re	
		1 0mm <b>320</b> (Re	Cv. 11-2010)

07571113 797738 2065070000

Form <b>926</b>
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

Par	rt I U.S. Transferor Information (see instructions)	
Name	e of transferor	Identifying number (see instructions)
VN	MI FOUNDATION, INC.	
		54-0505966
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2	If the transferor was a corporation, complete questions 2a through 2d.	
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	
	five or fewer domestic corporations?	
b	Did the transferor remain in existence after the transfer?	X Yes No
	If not, list the controlling shareholder(s) and their identifying number(s).	
	Controlling shareholder	Identifying number
	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation	? X Yes No
Ū	If not, list the name and employer identification number (EIN) of the parent corporation.	
	Name of parent corporation E	IN of parent corporation
d	Have basis adjustments under section 367(a)(4) been made?	Yes X No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	section 367),
	complete questions 3a through 3d.	
а	List the name and EIN of the transferor's partnership.	
	Name of partnership	EIN of partnership
		par
07	AKTREE OPPORTUNITIES FUND XB LP 98-11	97950
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	
	Is the partner disposing of its <b>entire</b> interest in the partnership? Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
u	securities market?	Yes X No
Par		
4	Name of transferee (foreign corporation)	5a Identifying number, if any
OZ	AKTREE OPPORTUNITIES FUND XB ITA INVESTMENTS (CAYMAN)	98-1447156
6	Address (including country)	5b Reference ID number
	HOSPITAL ROAD	
GEC	DRGE TOWN, GRAND CAYMAN KY1-9008 CAYMAN ISLANDS	
7 CJ	Country code of country of incorporation or organization J	
8	Foreign law characterization (see instructions)	
CC	DRPORATION	
9	Is the transferee foreign corporation a controlled foreign corporation?	X Yes No
924531	<sup>1</sup> 04-01-19 LHA For Paperwork Reduction Act Notice, see separate instructions. 9 2	Form <b>926</b> (Rev. 11-2018)

2019.05000 VMI FOUNDATION, INC.

Type of property

Total	S S		
11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No

	entip decident e	and queenene i	na an eagir r	0.

#### Se

Section 6 - Intaligible Property Subject to Section 307(d)								
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Useful life	(d) Arm's length price on date of transfer	<b>(e)</b> Cost or other basis	<b>(f)</b> Income inclusion for year of transfer		
Property described in sec. 367(d)(4)								
Totals								

Form 926 (Rev. 11-2018)

924532 04-01-19

07571113 797738 2065070000

93 2019.05000 VMI FOUNDATION, INC.

X Yes

No

#### Form 926 (Rev. 11-2018) VMI FOUNDATION, INC.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	06/30/2020		132,560.		

**(c)** Fair market value on date of transfer

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

**(a)** Date of transfer

### Section B - Other Property (other than intangible property subject to section 367(d)) (d) Cost or other basis

(b) Description of property **(e)** Gain recognized on transfer Stock and securities Inventory Other property (not listed under another category) Property with built-in loss

	recognition agreement was filed?	Yes	No No	
а	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a			
	foreign corporation?	Yes	└── No	
	If "Yes," go to line 12b.			
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch			
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	No	
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.			
С	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the			
	transferee foreign corporation?	Yes	🗌 No	
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.			
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$			
	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No	
	If "No," skip Section C and questions 14a through 15.			
	tion C - Intangible Property Subject to Section 367(d)			-
°C.	tion $U = Intangine Property Subject to Section .367(0)$			

Form	926 (Rev. 11-2018) VMI FOUNDATION, INC.	54-0505966	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
Ŭ	1.367(d)·1(c)(3)(ii) for any intangible property?	Yes	No
Ь	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable	103	
u	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) <b>S</b>		
45	•		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Dee	+ N/ Additional Information Depending Transfer of Prenerty (assimptions)		
Par	t IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before <u>.045</u> % (b) After <u>.045</u> %		
17	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
20 a		Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶\$	
	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
v	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	163	
21		Yes	X No
	covered by section 367(e)(1)? See instructions	Form <b>926</b> (R	
		FUILI <b>320</b> (N	ev. 11-2010)

Form <b>926</b>
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

## Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

► Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)			
Name of transferor		Identifying numbe	er (see instructions)
VMI FOUNDATION, INC.			
		54-05059	966
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpor	ation?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368	(c)) by		
five or fewer domestic corporations?		Yes	X No
<b>b</b> Did the transferor remain in existence after the transfer?		X Yes	No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder		Identifying number	
<b>c</b> If the transferor was a member of an affiliated group filing a consolidated return, was it the parent If not, list the name and employer identification number (EIN) of the parent corporation.	corporation?	X Yes	L No
Name of parent corporation	EIN	l of parent corporati	on
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as	such under se	ection 367),	
complete questions 3a through 3d.			
a List the name and EIN of the transferor's partnership.			
Name of partnership		EIN of partnership	
THOMA BRAVO DISCOVER FUND II-A GLOBAL LP	98-149	4433	
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		X Yes	No
<b>c</b> Is the partner disposing of its <b>entire</b> interest in the partnership?		Yes	X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establi			
securities market?		Yes	X No
Part II Transferee Foreign Corporation Information (see instructions)			
4 Name of transferee (foreign corporation)	Ę	5a Identifying numb	er, if any
PROJECT FALCON PARENT INC.			
6 Address (including country) 250 BLOOR STREET 9TH FLOOR BOX 15	Ę	<b>5b</b> Reference ID num	ber
TORONTO, ONTARIO M4W1E6 CANADA		9999999	
<ul> <li>Country code of country of incorporation or organization</li> <li>CA</li> </ul>			
8 Foreign law characterization (see instructions) CORPORATION			
9 Is the transferee foreign corporation a controlled foreign corporation?		X Yes	No
924531 04-01-19 LHA For Paperwork Reduction Act Notice, see separate instructions.			Rev. 11-2018)
95			

2019.05000 VMI FOUNDATION, INC.

Form 926 (	Rev. 11-2018)	VMI	FOUN	<b>JDATION</b>	I, IN	c.		
Part III	Informatio	n Reg	garding	g Transfer	of Pro	perty	(see insti	ructions)

#### 54-0505966 Page 2

X Yes

No No

Section A - Cash

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	07/02/2019		389,586.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
<b></b>					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section $367(a)$ with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	No No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	No No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 <pre></pre>		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

#### Section C - Intangible Property Subject to Section 367(d)

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Useful life	<b>(d)</b> Arm's length price on date of transfer	<b>(e)</b> Cost or other basis	<b>(f)</b> Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) VMI FOUNDATION, INC.	54-0505966	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
h	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
v	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
А	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable	163	
u	· · ·		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
45	Regulations section 1.367(d)-1(c)(3)(ii) <b>*</b>		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		<b></b>
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Par	t IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before .000 % (b) After .110 %		
17	Type of nonrecognition transaction (see instructions) $\blacktriangleright$ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
	Gain recognition under section 904(f)(3)	Yes	XNo
b	Gain recognition under section 904(f)(5)(F)		X No
			X No
	Recapture under section 1503(d)		X No
	Exchange gain under section 987	····· —	X No
19 00 -	Did this transfer result from a change in entity classification?	······ —	X No
20 a		Yes	
-	If "Yes," complete lines 20b and 20c.		
	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	► \$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form <b>926</b> (Re	ev. 11-2018)

07571113 797738 2065070000

Form <b>926</b>
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tay return for the year of the transfer or distribution

Attachment Sequence No. **128** 

Attach to your income tax return for the year of the transfer of d	istribution.	Sequent	
Part I U.S. Transferor Information (see instructions)			
Name of transferor	Identifying numb	<b>Der</b> (see instructions)	
VMI FOUNDATION, INC.			
		54-0505	
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpora	tion?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(	c)) by		
five or fewer domestic corporations?			X No
<b>b</b> Did the transferor remain in existence after the transfer?		X Yes	No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder		Identifying number	
<b>c</b> If the transferor was a member of an affiliated group filing a consolidated return, was it the parent of If not, list the name and employer identification number (EIN) of the parent corporation.	corporation?	X Yes	No
Name of parent corporation	EI	N of parent corpora	tion
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as s	such under s	ection 367),	
complete questions 3a through 3d.			
a List the name and EIN of the transferor's partnership.			
Nome of pertnership		EIN of portporchin	
Name of partnership		EIN of partnership	
	01 41 4		
ABRY SENIOR EQUITY V LP	81-414		
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			No
<b>c</b> Is the partner disposing of its <b>entire</b> interest in the partnership?		Yes	X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis	hed		77
securities market? Part II Transferee Foreign Corporation Information (see instructions)		Yes	X No
			and if any
4 Name of transferee (foreign corporation)		5a Identifying num	ber, il any
SERMO MIDCO UK		98-1476847	
6 Address (including country)		5b Reference ID nur	nber
3 MURPHY STREET 3RD FLOOR			
LONDON, UNITED KINGDOM SE16 7FP UNITED KINGDOM			
7 Country code of country of incorporation or organization			
UK 8 Foreign law characterization (see instructions)			
CORPORATION			
9 Is the transferee foreign corporation a controlled foreign corporation?		X Yes	No
924531 04-01-19 LHA For Paperwork Reduction Act Notice, see separate instructions.			(Rev. 11-2018)
98			

2019.05000 VMI FOUNDATION, INC.

04-01-19	
99	
13 797738 2065070000 2019.05000 VMI FOUNDATION	INC.

924532

075711

Form 926 (Rev. 11-2018)	VMI	FOUNDATION,	INC.
-------------------------	-----	-------------	------

Part III Information Regarding Transfer of Property (see instructions)

#### Section A - Cash

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	06/30/2020		173,715.		

**10** Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	<b>(b)</b> Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	<b>(e)</b> Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	No No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
С	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

#### Section C - Intangible Property Subject to Section 367(d)

eeellen e muunghe							
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Useful life	<b>(d)</b> Arm's length price on date of transfer	<b>(e)</b> Cost or other basis	<b>(f)</b> Income inclusion for year of transfer	
Property described in sec. 367(d)(4)							
Totals							

Form 926 (Rev. 11-2018)

X Yes

No No

Form	926 (Rev. 11-2018) VMI FOUNDATION, INC.	54-0505966	Page <b>3</b>
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
· ·	1.367(d)·1(c)(3)(ii) for any intangible property?	Yes	Νο
Ь	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
ŭ	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) ► \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
15		Yes	No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?		
Sup	plemental Part III Information Required To Be Reported (see instructions)		
<u></u>			
Dec	+ 1/ Additional Information Depending Transfer of Dreparty (as a just water a)		
Par	t IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before% (b) After%		
17	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
20 a		Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶\$	
	Did the domestic corporation not recognize gain or loss on the distribution of property because the	🖻 👻	
U		Yes	No
04		165	
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	Yes	X No
	covered by section 367(e)(1)? See instructions	·····	
		Form <b>926</b> (Re	ev. 11-2018)

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 FOUNDATION, INC. PO BOX 932 LEXINGTON, VA 24450

> FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500

### TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

#### FOR THE YEAR ENDING

June 30, 2020

#### **Prepared For:**

VMI Foundation, Inc. PO Box 932 Lexington, VA 24450

#### **Prepared By:**

Dixon Hughes Goodman LLP 901 East Cary Street, Suite 1000 Richmond, VA 23219

#### To be Signed and Dated By:

The authorized individual(s).

#### Amount of Tax:

Total tax	\$ 5,590
Less: payments and credits	\$ 5,682
Plus: other amount	 0
Plus: interest and penalties	\$ 0
Overpayment	\$ 92

#### **Overpayment:**

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 92

#### Make Check Payable To:

Not applicable

#### Mail Tax Return and Check (if applicable) To:

Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0500

#### Return Must be Mailed On or Before:

November 16, 2020

#### **Special Instructions:**

### TAXABLE YEARCalifornia Exempt Organization2019Business Income Tax Return

FORM

20	19	Business Incon	ne Tax Retur	n					1	09
Calendar Ye	ear 20	19 or fiscal year beginning (mm/dd/yyyy)	07/01/2019	, an	d ending (	mm/dd/yyyy)		06/	30/2020	<u> </u>
Corporation	n/Orga	nization name IDATION , INC .							a corporation number 51934	-
Additional	l infor	mation. See instructions.						FEIN 54	-0505966	
Street addr PO BO		uite/room no.) 1 <b>3 2</b>					PMB no			
	corpo	ration has a foreign address, see instructio	ns.)			State VA	ZIP code 24450	)		
Foreign co	ountry	/ name	Foreign province/	state/county			Foreign	postal	code	
<ul> <li>B Is this a R&amp;TC S</li> <li>C Is the or the IRS</li> <li>D Final Re         <ul> <li>Enter data</li> <li>E Amendet</li> </ul> </li> </ul>	in edu Gectior rganiz audite eturn? Disso ate (m ed Ret	iled? cation IRA within the meaning of 23712? ation under audit by the IRS or has ed in a prior year? Ived Surrendered (Withdrawn) m/dd/yyyy) urn ethod Used: (1) cash (2) X	Yes X No Yes X No Merged/Reorganized	<ul> <li>I Is this org</li> <li>Revitaliza</li> <li>(LAMBRA</li> <li>Area (ME</li> <li>J Is this org</li> <li>bonus pla</li> <li>K Unrelated</li> </ul>	in IRC Se ganization tion Zone (), Targete () tax ben ganization () as desci Business	ction 4947(a claiming any (LARZ), Loca d Tax Area (T efits? a qualified pe ribed in IRC S Activity (UBA	)(1)? former; En I Agency M TA), or Ma ension, prof Section 401 A) Code	terprise ilitary B nufactur it-sharir (a)? <u>900</u>	•       Yes         Zone (EZ), Los Angele         ase Recovery Area         ing Enhancement          •         yes         og, or stock          •         Yes         099	X No es X No X No X No
		e or business SEE STATEM				ral Schedule I				
Taxable Corpora- tion		Unrelated business taxable income from S Mult. In 1 by the avg. apport. pctg	% from the Sch. R, App	oort. Formula Wks	ht, Part A, In	1 2 or Part B, In §	5. See instr.	1 2 3	63,23	00
Taxable Trust		Enter the lesser amt from In 1 or In 2. If the unrelated Unrelated business taxable income from S						4	00720	00
must		Unrelated business taxable income from I						5	63,23	
	6	EZ, LARZ, LAMBRA, or TTA NOL carryov		6		00				
Tax	7	Net Operating Loss deduction. See Generation		• 7		00				
Compu-	8	Add line 6 and line 7		8		00				
tation	9	Net unrelated business taxable income. S	9	63,23						
	10	Tax 8.84 % x line 9. See Ge	eneral Information J				•	10	5,59	<u>) 0 00</u>
	11	Tax credits from Schedule B. See instruct	ions					▶ <u>11</u>		00
Total		Balance. Subtract line 11 from line 10. If I						12	5,59	<u>)0 00</u>
Tax	13	Alternative minimum tax. See General Info	ormation O				••••••	13		00
	14						······	14	5,59	0 00
	15	Overpayment from a prior year allowed as		•	15		00	<u> </u>		
	16	2019 estimated tax payments. See instruct		•	16		00			
Payments	17	Withholding (Form 592-B and/or 593.) Se		•	17	5,	682 oc			
	18	Amount paid with extension (form FTB 35	,		18		00			
	19	Total payments and credits. Add line 15 th	hrough line 18					19	5,68	32 00
	20							20	F (0	
Use Tax/	21	Payments balance. If line 19 is more than						21	5,68	
Tax Due/	22	Use tax balance. If line 20 is more than I						22		00
Overpay- ment	23	Tax due. Subtract line 21 from line 14. Pa							C	<u>00</u> 92 00
	24	Overpayment. Subtract line 14 from line 2						24	2	
	25	Enter amount of line 24 to be applied to 2	UZU ESIIIIaieu lax					25		00

I

		26 Refund. If line 25	is less than line 24, then subtract line 25 fro	m line 24			٠	26	92	00
			int information to have the refund directly de			• 26a		1	1	1
Refu			ng • 🔄 Savings • 🗌 c Accour			● 26c				
Amou	unt		rest. See General Information M				•	27		00
Due		28 • Check if	estimate penalty computed using Exception	B or C and attach fo	orm FTB 5806					1
			. Add line 22, line 23, line 25, and line 27, the					29		00
Unr	elat	ed Business Taxa						120	1	100
		Inrelated Trade or Busin								
			<b>b</b> Less returns and allow			Delenee	•	1c		00
			ations (Schedule A, line 7)					2		00
								3		00
1 1	u Uss j Cani	tal gain not income. Soo	m line 1c Specific Line Instructions - Trusts attach Scl	hodulo D (511)				4a		00
								4b		00
		tal loss deduction for true	Schedule D-1					40 40		00
			sts hips, limited liability companies, or S corpora				•	40		100
			or 100S) or similar schedule			יאדי 2	•	5	78,157	00
								6	10,137	00
7	Inrolat	tod dobt financod income	(Sebadula D)					7		00
0	nvoetr	nent income of an D&TC	e (Schedule D) Section 23701g, 23701i, or 23701n organiz	ation (Schodulo E)				8		00
			d Rents from controlled organizations (Sche					9		00
								10		00
10 0	Advorti	ieing income (Sebedule L	le (Schedule G)					11		
			H, Part III, Column A)					12		00
12 (		income. Allach Schedule	s income. Add line 3 through line 12					13	78,157	00
			Isewhere (Except for contributions, deductions)							100
			tors, and trustees from Schedule I					14		00
								15		
								16		00
								17		00
								18		00
								19		00
								20		00
			nd Associations - Schedule J) (Trusts - form		21a		00	20		00
			n Schedule A				00	21		00
							00	22		00
22 1	Cont	tributions to deferred con	nnansation nlans				•	22 23a		00
23 6		lovee benefit programs	npensation plans					23a 23b		00
04 (	) Linp Other c	deductions		SEE	<u> </u>	יזעי 3	•••••		13,925	
		leductions Add line 1/1 th	rough line 24		0 1111 1111	1111 5	•	24 25	13,925	
20 1	Inrolat	tad business taxable inco	me before allowable excess advertising cost	e. Subtract line 25 f	rom lina 19			26	64,232	
			-				-	20	07,232	
21 0	Inclas	tad husiness tavable inco	dule H, Part III, Column B) me before specific deduction. Subtract line 2	27 from line 26			-	28	64,232	00
		a standard tan					-	20	1,000	_
	•		me. Subtract line 29 from line 28. If line 28 i				•		60,000	
30 0	JIIIGIA	To learn about your privacy i	me. Subtract line 29 from line 28. If line 28 i rights, how we may use your information, and the cor this notice by mail, call 800.852.5711. declare that I have examined this return, including ac for energy (other then tenzauer) is based on all inform	is a loss, enter line a isequences for not prov	iding the requested in	nformation, go to	ftb.ca	.gov/fo	rms and	100
Sign		Under penalties of perjury, I	declare that I have examined this return, including ac f preparer (other than taxpaver) is based on all inform	companying schedules	and statements, and	to the best of my	/ knov	/ledge a	and belief, it is true, correct,	
Here		Signature	Title	lation of which preparer	nas any knowledge.	Date			Telephone	
		of officer		FINANCIA	L OF	Date			40-464-7383	
		Preparer's	0	Date		Check if self-			• PTIN	
Paid			PH S. NADDER, III		L/13/20	employed			01240960	
Prepa Use (		Firm's name (or yours,			19/20				• FEIN	
036 (	Jilly		DIXON HUGHES GOODM	AN LLP					6-0747981	
		and address	901 EAST CARY STREE		1000				• Telephone	
			RICHMOND, VA 23219	-					804) 282-76	36
		May the FTR discuss th	is return with the preparer shown above? Se						X Yes No	<u> </u>
		Side 2 Form 109 201	9 022 3	642194						

#### Schedule A Cost of Goods Sold and/or Operations.

Met	hod of inventory valuation (specify)		N/A					
1	Inventory at beginning of year					1		00
	Purchases					2		00
	Cost of labor					3		00
4	a Additional IRC Section 263A costs. Attach schedule					4a		00
	<b>b</b> Other costs. Attach schedule				•	4b		00
5	Total. Add line 1 through line 4b					5		00
6	Inventory at end of year					6		00
7	Cost of goods sold and/or operations. Subtract line 6 from lin	ne 5. Enter here and on S	Side 2, Part I, line 2			7		00
_	Do the rules of IRC Section 263A (with respect to property pr	roduced or acquired for I	resale) apply to this	organiz	ation?		Yes X No	
Sc	hedule B Tax Credits.							
	Enter credit name				00			
2	Enter credit name	code •	• 2		00			
3	Enter credit name				00			
4	Total. Add line 1 through line 3. If claiming more than 3 credi	ts, enter the total of all c	laimed credits					
_						4		00
	hedule K Add-On Taxes or Recapture of Tax.							
	Interest computation under the look-back method for comple					1		00
2	Interest on tax attributable to installment: <b>a</b> Sales of certain					<u>2a</u>		00
		n-dealer installment oblig				<u>2b</u>		00
	IRC Section $197(f)(9)(B)(ii)$ election to recognize gain on the	disposition of intangible	S		•	3		00
					•	4		00
_						5		00
	hedule R Apportionment Formula Worksheet. Use on							
Par	t A. Standard Method - Single-Sales Factor Formula. Compl	ete this part only if the c	corporation uses the (a)	single-	sales factor formula (b)		(C)	
			Total within ar outside Califorr		Total within California		Percent within California [(b) ÷ (a)] x	( 100
1	Total Sales			lia	•			100
	Apportionment percentage. Divide total sales column (b) by		-					
-	and multiply the result by 100. Enter the result here and on Fo	. ,					•	
Par	t B. Three Factor Formula. Complete this part only if the corp	, , ,	actor formula				-	
			(a)		(b)		(c)	
			Total within an outside Califorr		Total within California		Percent within California [(b) ÷ (a)] x 100	
1	Property factor:		•		•		•	
2	Payroll factor: Wages and other compensation of employees		•		•		•	
3	Sales factor: Gross sales and/or receipts less returns and all		•		•		•	
4	Total percentage: Add the percentages in column (c)				•			
	Average apportionment percentage: Divide the factor on lin							
	result here and on Form 109, Side 1, line 2. See instructions							
Sc	hedule C Rental Income from Real Property and Pers	onal Property Leased w	vith Real Property					
For	ental income from debt-financed property, use Schedule D, R&TC Section	23701g, Section 23701i, and	Section 23701n organiz	zations. S	See instructions for exce	ptions.		
<b>1</b> D	escription of property			2 Ren	t received or accrued		rcentage of rent attributab rsonal property	le to
								%
								%
								%
4 C if	omplete if any item in column 3 is more than 50%, or for any item the rent is determined on the basis of profit or income		5 Complete if any iten	n in colur	nn 3 is more than 10%, t	out not n	nore than 50%	
(a) D		Income includible, column 2 less column 4(a)	(a) Gross income repor column 2 x column		(b) Deductions directly con with personal property	nected	(c) Net income includibl column 5(a) less colu	
Add	columns 4(b) and column 5(c). Enter here and on Side 2, Par	t I, line 6						

022 3643194

#### VMI FOUNDATION, INC.

### Schedule D Unrelated Debt-Financed Income

Image: Connected of Connec	Ullielateu	Dept-Fillalice					-	1 -					
property         (c) Straight line deprecision         (b) Other doubleton           4         Inscription         5         Amount of average engaging         (c) Deprecision         (	1 Description of debt-financed prope	erty				2 Gross income allocable to de	<u> </u>	3 Deductions directly connected with or allocab			,		
In decide large of a backward						property		(a) Straigh	nt-line dep	reciation	(b) Ot	(b) Other deductions	
In decide large of a backward													
In decide large of a backward													
In decide large of a backward													
In decide large of a backward													
In decide large of a backward	Amount of average acquisition	6 Average adj	usted basis	6 Debt bas	is			Allocal	ole deduct	ions, tota	l of <b>o</b> Ne	t incor	ne
column 5     column 5       95	Indeptedness on or allocable	of or allocat		percentag	ge,	<ul> <li>reportable,</li> </ul>	umn 6	- columi		3(b) x	(or	IOSS) I	nciualbie,
International state         96         International state         96           Total. Enter here and on Stide 2, Part I, line 7         Schedule E         Investment income of an RATC Section 23701g, Section 23701, or Section 23701n Organization         Image: Schedule E         Image: S	to dept-imaneed property	debt-infance						Colum	10		0	unn /	
International state         96         International state         96           Total. Enter here and on Stide 2, Part I, line 7         Schedule E         Investment income of an RATC Section 23701g, Section 23701, or Section 23701n Organization         Image: Schedule E         Image: S													
Total. Enter here and on Side 2, Part I, line 7         Schedule E       Investment income of an RATC Section 23701g, Section 23701n Organization         1 Description       2 Amount       3 Deductions directly       4 Nutwerfamili income       5 Sep-asloss       6 Battere of Investment income of an RATC Section 23701g, Section 23701n Organization         1 Description       2 Amount       3 Deductions directly       4 Nutwerfamili income       5 Sep-asloss       6 Battere of Investment income of an RATC Section 23701n Organization         Total. Enter here and on Side 2, Part I, line 8       Enter grass income from members (dues, less, charges, or similar amounts)       Schedule F       Interest, Annuites, Royatites and Rents from Controlled Organizations         1 Name of controlled organizations       2 employer instruction Number       3 Net urrelated income (ses)       4 Total of spontion (bit in column (b) income in column (c) income (ses)       1 Description restored with income in column (c) income in column (c) income (ses)       1 Description restored with income in column (c) income in column (c) income in column (c) income (ses)       1 Description incoder in column (c) income in column (c)													
Trail Energiese and on Side 2, Part I, line 7 Schedule E Investment income of an RATC Section 23701g, Section 237011, or Sectio					%								
Schedule E         Investment income of an R&TC Section 237010, genetical 237011, or Section 23					%								
1 Description       2 Amount       3 Controlled ordentions directly       4 Met investment income, clumm 3       5 Set-daides       6 Balance of Investment 4 Balance of Investment 6 Balance of Investment 4 Balance of Investment 4 Balance of I	Total. Enter here and on Side 2,	, Part I, line 7											
1         2         Amount         3         Deductions directly         4         Met Investment income column 2 less class         6         Betrace of Investment Hess column 4 less column 4           1         Image: Im	Schedule E Investmen	t Income of ar	n R&TC Secti	on 23701g,	Section 2	3701i, or Sectio	on 23701r	n Organizat	ion				
Image: controlled organizations     Column 5       1 hame of controlled organizations     Exempt Controlled Organizations       1 hame of controlled organizations     2 Employer       1 hame of controlled organizations     2 Employer       1 hame of controlled organizations     2 Employer       1 hame of controlled organizations     3 Net unrelated income (loss)     4 Total of specified payments made     5 Part of column (f) the containing organization's grass income     6 Deductors directly concected with income (loss)     9 Total of specified payments made     9 Total of specified payments made     10 Part of column (f) that is included in organization's grass income     11 Deductors directly concected with income (loss)     11 Deductors directly concected	Description						1			Set-aside	s	6 E	Balance of investment
Enter gross income from members (dues, fees, charges, or similar amounts) Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations Exempt Controlled Organizations I Name of controlled organizations I Name of controlled organizations I Name of controlled organizations I Sector Data			-			lieu			113 -			- 1	olumn 5
Enter gross income from members (dues, fees, charges, or similar amounts) Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations Exempt Controlled Organizations I Name of controlled organizations I Name of controlled organizations I Name of controlled organizations I Sector Data													
Enter gross income from members (dues, fees, charges, or similar amounts) Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations Exempt Controlled Organizations I Name of controlled organizations I Name of controlled organizations I Name of controlled organizations I Sector Data													
Enter gross income from members (dues, fees, charges, or similar amounts) Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations Exempt Controlled Organizations I Name of controlled organizations I Name of controlled organizations I Name of controlled organizations I Sector Data	Tatal Estas have and an Cide O	Dant I line 0											
Schedule F         Interest, Annuities, Royalties and Rents from Controlled Organizations         Exempt Controlled Organizations         Exempt Controlled Organizations         Part of column (4) income (ross)         Part of column (5)         Part of column (6)         Part of						<u></u>							
Exempt Controlled Organizations       Exempt Controlled Organizations       Part of column (1) the controlling grass income       Deductions directly concercised with income in column (5)         1 Name of controlled organizations       2 Employer income (loss)       3 Net unrelated payments made       5 Part of column (4) the controlling grass income       6 Deductions directly concercised with income in column (5)         1 1       1<						·····							
1 Name of controlled organizations       2 Employer Identification Number       3 Net unrelated income (loss)       4 Total of specified payments made       5 Part of column (4) that is included in the controlling organizations gross income       6 Deductions directly connected with income (loss)         1	Schedule F Interest, A	innuities, Roya	alties and Re	nts from Co	ntrolled (	<u> </u>							
Identification Number     income (lose)     payments made     that is included in the controlling organization's gross income     connected with income (income organization's gross income     connected with income in column (5)       1						Exempt Contro	lled Orgai	nizations		1			
Number     Number     Image: Stratule for the controlling organization's gross income     income in column (5) organization's gross income       1     Image: Stratule for the controlling organization's gross income     Image: Stratule for the controling organization's	1 Name of controlled organizations						4					6	
1     Image: Second Secon					n	income (loss)		payments	made				
1										orga	anization's		
7 Taxable Income       8 Net unrelated income (loss)       9 Total of specified payments made       10 Part of column (9) that is included in the controlling organization's gross income       11 Deductions directly connected with income in column (10)         1       2										gros	s income		
7 Taxable Income       8 Net unrelated income (loss)       9 Total of specified payments made       10 Part of column (9) that is included in the controlling organization's gross income       11 Deductions directly connected with income in column (10)         1       2													
7 Taxable Income       8 Net unrelated income (loss)       9 Total of specified payments made       10 Part of column (9) that is included in the controlling organization's gross income       11 Deductions directly connected with income in column (10)         1       2	1												
7 Taxable Income       8 Net unrelated income (loss)       9 Total of specified payments made       10 Part of column (9) that is included in the controlling organization's gross income       11 Deductions directly connected with income in column (10)         1       2	<u> </u>												
7 Taxable Income       8 Net unrelated income (loss)       9 Total of specified payments made       10 Part of column (9) that is included in the controlling organization's gross income       11 Deductions directly connected with income in column (10)         1       2	2												
7 Taxable Income       8 Net unrelated income (loss)       9 Total of specified payments made       10 Part of column (9) that is included in the controlling organization's gross income       11 Deductions directly connected with income in column (10)         1       2	3 Nonavampt Controlled Organiz	zations											
income (loss)     payments made     that is included in the controlling organization's gross income     connected with income in column (10)       1	Nonexempt Controlled Organiz	Lations								1			
1     income in column (10)       2     income in column (10)       3     income in column (10)       4     Add columns 5 and 10     income in column (10)       5     Add columns 6 and 11     income in column (10)       6     Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9     income in column (10)       Schedule C Exploited Exempt Activity Income, other than Advertising Income       1     2     income in column (10)       Schedule C Exploited Exempt Activity Income, other than Advertising Income       1     2     income in column (10)       Income income income in column (	7 Taxable Income						9						
1       gross income         2						Income (Ioss)		payments	naue	the	e controlling		income in
1       1													column (10)
3       4 Add columns 5 and 10       4 Add columns 5 and 10       4 Add columns 5 and 10       4 Add columns 6 and 11       4 Add columns 6 and 12       6 Expenses for the column 6 attribuable to column 7 but not more than column 4       8 Net income attribuable column 7 but not more than column 7       9 attribuable to column 6 attribuable to column 6 attribuable to column 6       6 attribuable to column 6       6 attribuable to column 6       8 attribuable to column 6       9 attribuable to column 6										9.5			
3       4 Add columns 5 and 10       4 Add columns 5 and 10       4 Add columns 5 and 10       4 Add columns 6 and 11       4 Add columns 6 and 12       6 Expenses for the column 6 attribuable to column 7 but not more than column 4       8 Net income attribuable column 7 but not more than column 7       9 attribuable to column 6 attribuable to column 6 attribuable to column 6       6 attribuable to column 6       6 attribuable to column 6       8 attribuable to column 6       9 attribuable to column 6	1												
4       Add columns 5 and 10	2												
4       Add columns 5 and 10	-									1		$\top$	
5       Add columns 6 and 11         6       Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9         Schedule G       Exploited Exempt Activity Income, other than Advertising Income         1       Description of exploited activity (attach schedule if more than one unrelated activity)         schedule if more than one unrelated activity       2         Gross unrelated pusiness       3         Exploiting the same exempt activity)       2         Image: Schedule if more than one unrelated activity       3         Exploiting the same exempt activity)       2         Gross unrelated pusiness       3         Image: Schedule if more than one unrelated activity       3         Exploiting the same exempt activity       3         Exploiting the same exempt activity       3         Image: Schedule if more than one unrelated activity       4         Image: Schedule if more than one unrelated activity       4         Image: Schedule if more than one unrelated activity       5         Image: Schedule if more than one unrelated activity       4         Image: Schedule if more than one unrelated activity       4         Image: Schedule if more than one unrelated activity       5         Image: Schedule if more than one unrelated activity       5         Image: Schedule if more than one u													
6       Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9         Schedule G       Exploited Exempt Activity Income, other than Advertising Income         1       Description of exploited activity (attach schedule if more than one unrelated activity) is exploiting the same exempt activity)       3       Expenses directly connected with production of unrelated business income from trade or business       4       Net income from activity that or business income from activity that is not unrelated trade or business income from trade or business       5       Gross income from activity that is not unrelated trade or business income from activity marked trade or business income from activity and business income from activity and business income business       6       Expenses attributable to column 5       8       Net income includible, column 4       Net income from activity that is not unrelated trade or business, column 3       6       Expenses attributable to column 4       8       Net income includible, column 4       Net income from but not less than zero         Image: Description of exploited Exempt Activity       Image: Description of exploited Exempt Activity and income from trade or business income from activity and is not unrelated business income       5       Gross income from activity that is not unrelated business income from activity and is not unrelated business income from activity and the secolumn 4       8       Net income from activity and the secolumn 5         Image: Description of exploited Exempt Activity       Image: Description of trade or business income income from activity and the secolum 4       1				<u></u>	<u></u>								
Schedule G       Exploited Exempt Activity Income, other than Advertising Income         1       Description of exploited activity (attach schedule if more than one unrelated activity) is exploiting the same exempt activity)       2       Gross unrelated business income from trade or business income from trade or business income from trade or business       3       Expenses directly connected with production of unrelated business income from activity that is not unrelated business income from activity that is not unrelated business income from activity that is not unrelated business income       6       Expenses attributable to column 5       8       Net income includible, column 4         2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       3       Net income from unrelated trade or business, column 3       5       Gross income from activity that is not unrelated trade or business, column 3       6       Expenses attributable to column 5       5       but not nore than column 4       4       Less column 7       but not less than column 4       2													
1       Description of exploited activity (attach schedule if more than one unrelated activity) is exploiting the same exempt activity)       2       Gross unrelated business income from trade or business       3       Expenses directly connected with production of unrelated trade or business, income       5       Gross income from activity that is not unrelated business, column 3       6       Expenses activity that is not unrelated trade or business, column 4       8       Net income       8       Net income       Net income from activity that is not unrelated trade or business, column 3       6       Expenses       7       Excess exempt       8       Net income         1													
schedule if more than one unrelated activity is exploiting the same exempt activity)       business income from trade or business       connected with production of unrelated business       unrelated trade or business, column 3       from activity that is not unrelated business income       attributable to column 5       expense, column 6 less column 5       includible, column 4 less column 7         Image: Schedule if more than one unrelated activity       Image: Schedule if more than one unrelated business       includible, column 4       includible, column 7         Image: Schedule if more than one unrelated business       Image: Schedule if more than one unrelated business       Image: Schedule if more than one unrelated business       includible, column 7         Image: Schedule if more than one unrelated business         Image: Schedule if more than one unrelated business       Image: Schedule if more than one unrelated business       Image: Schedule if more than one unrelated business       Image: Schedule if more than one unrelated business         Image: Schedule if more than one unrelated in the unrelated in the unrelated in the unrelated in the unrelated business       Image: Schedule if more than one unrelated business       Image: Schedule if more than one unrelated business         Image: Schedule if more than one unrelated in the unrelated in the unrelated in the unrelated in the unrelated business       Image: Schedule in the unrelated in the unre								es income	6 Evnen	695	7 Exercise ever		0 Net income
business unrelated business income business, column 3 business income business income business income but not more than but not less than zero	schedule if more than one unrelate	d activity	ousiness income	connecte	d with		from	activity that	attribu	table to	expense, co	lumn	includible, column
income     column 3     column 4     zero       Image: Column 4     Image: Column 4 <td>is exploiting the same exempt activ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>colum</td> <td>n 5</td> <td></td> <td></td> <td></td>	is exploiting the same exempt activ								colum	n 5			
Total. Enter here and on Side 2, line 10												- man	
Total. Enter here and on Side 2. line 10													
Total. Enter here and on Side 2. line 10													
Total. Enter here and on Side 2. line 10													
Total. Enter here and on Side 2. line 10													
	Total. Enter here and on Side 2	line 10		•		•							

022

I

### Schedule H Advertising Income and Excess Advertising Costs

Pa	Income from Periodicals Report	ed on	a Consolidat	ed Basis										
1 Name of periodical		2 Gross advertising income		3 Direct advertising costs		4 Advertising income or excess advertising costs. If column 2 is greater than column 3, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.		5 Circulation income		6 Readership costs		cc sl cc gl th cc cc El cc	column 5 is greater than Jumn 6, enter the income nown in column 4, in Part III, Jumn A(b). If column 6 is reater than column 5, subtract e sum of column 6 and Jumn 3 from the sum of Jumn 5 and column 2. nter amount in Part III, Jumn A(b). If the amount less than zero, enter -0	
Tota			0	Deele										
га	ITT II Income from Periodicals Repo	rtea oi	i a Separate	Basis								1		
Da	I <b>rt III</b> Column A - Net Advertising In					Par	+ 111	 	<b>A</b> d					
			h ) Enter total an	ount from Dout					Excess Advert	ising C		lamoi	int from Part L column 4	
(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals			b) Enter total an column 4 or 7 Part II, colum	', and amount lis	i, sted in	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals					(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4			
		_												
										07				
Ente	er total here and on Side 2, Part I, line 11 <b>hedule I</b> Compensation of Office			<b>F</b>		Enter	total here and	1 011 510	ie z, Part II, IIr	ie 27				
	ame of Officer	15, DI	2 SSN or IT		3 Title	e			4 Percent of ti devoted to business	me 5	Compensation attributable to unrelated busin		6 Expense account allowances	
									54511666	%		1000		
										%				
										%				
										%				
										%				
Tot	al. Enter here and on Side 2, Part II, line <sup>-</sup>	1/								/0				
	hedule J Depreciation (Corporat		nd Associatio	ne only True	ete neo	form F	TB 3885E )							
1 G	roup and guideline class or escription of property	2	Date acquired (mm/dd/yyyy)	3 Cost			4 Depreciation allowed or a in prior year	llowable	5 Method o computin depreciat	g	6 Life or rate	7	7 Depreciation for this year	
1	Total additional first-year depreciation (	do not	include in ite	ms below)										
	Other depreciation: Buildings													
	Furniture and fixtures													
	Transportation equipment													
	Machinery and other equipment													
	Other (specify)													
3	Other depreciation													
4	Total													
5	Amount of depreciation claimed elsewhe	ere on	return											
	Balance. Subtract line 5 from line 4. Ent											Γ		

#### CA 109

NATURE OF TRADE OR BUSINESS

STATEMENT 1

#### PASSTHROUGH INCOME FROM INVESTMENTS

TO FORM 109, PAGE 1

CA 109	INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS	STATEMENT 2							
DESCRIPTION		AMOUNT							
INCOME FROM V (LOSS)									
TOTAL TO FORM	OTAL TO FORM 109, PAGE 2, LINE 5								
CA 109	STATEMENT 3								
DESCRIPTION	AMOUNT								
INVESTMENT FE GENERAL & ADM	493. 13,432.								
TOTAL TO FORM	13,925.								

#### 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
Ide	entifying number

54 - 0505966

#### VMI FOUNDATION, INC.

1 Enter the gross proceeds from sales or exchanges reported to you f	or 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)

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 basis, plu improvement expense of	us ts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SE	E ATTACHED							42,509.
							1	
3	Gain, if any, from Form 4684, line 39		3					
4	Section 1231 gain from installment s		4					
5	Section 1231 gain or (loss) from like-		5					
6	Gain, if any, from line 32, from other	than casualty or	theft				6	
7	Combine lines 2 through 6. Enter the	e gain or (loss) he	ere and on the a	opropriate line as f	ollows		7	42,509.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule K		. , .	•	or Form 1065, Sch	edule K,		
	Individuals, partners, S corporatio from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return							
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruct	tions			8	
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, en	ter the gain from li	ine 7 on line 12 bel	ow. If		
	line 9 is more than zero, enter the ar							
	capital gain on the Schedule D filed	with your return.	See instructions	3			9	42,509.

#### Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):			_
				-
				-
				_
				_
11	Loss, if any, from line 7	11	(	)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12		
13	Gain, if any, from line 31	13		
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14		
15	Ordinary gain from installment sales from Form 6252, line 25 or 36			
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824			
17	Combine lines 10 through 16	17		
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines			
	a and b below. For individual returns, complete lines a and b below.			
а	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	3		
	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)

918011 12-04-19

Page **2** 

					(b) Date acquired	(c) Date sold
19	(a) Description of section 1245, 1250, 1252, 1254, (	or 1255	property:		(mo., day, yr.)	(mo., day, yr.)
A						
<u>B</u>						
<u> </u>						
D						
	These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable $\ldots$	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 $\dots$	25a				
b	Enter the smaller of line 24 or 25a	25b				
26	<b>If section 1250 property:</b> 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				
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				
	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				
	<b>If section 1252 property:</b> 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 smaller 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				
b	Enter the <b>smaller</b> of line 24 or 28a	28b				
	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				
Su	mmary of Part III Gains. Complete property of	columns	A through D through	line 29b before goin	g to line 30.	
30	Total gains for all properties. Add property columns	A throu	igh D, line 24			
31	Add property columns A through D, lines 25b, 26g,	27c. 28	b. and 29b. Enter her	e and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from					
-	from other than casualty or theft on Form 4797, line		,	,	32	
Pa	rt IV Recapture Amounts Under Sectio (see instructions)	ons 179	9 and 280F(b)(2)	When Business		or Less
					(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable ir	n prior years			
34	Recomputed depreciation. See instructions			34		
35	Recapture amount. Subtract line 34 from line 33. Se	ee the ir	structions for where	to report 35		
9180	12 12-04-19		8			Form <b>4797</b> (2019

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

#### 07571113 797738 2065070000

2019.05000 VMI FOUNDATION, INC.

20650701

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 FOUNDATION, INC. PO BOX 932 LEXINGTON, VA 24450

> DEPARTMENT OF REVENUE SERVICES STATE OF CONNECTICUT PO BOX 5014 HARTFORD, CT 06102-5014

### TAX RETURN FILING INSTRUCTIONS

CONNECTICUT FORM CT-990T

#### FOR THE YEAR ENDING

June 30, 2020

#### **Prepared For:**

VMI Foundation, Inc. PO Box 932 Lexington, VA 24450

#### **Prepared By:**

Dixon Hughes Goodman LLP 901 East Cary Street, Suite 1000 Richmond, VA 23219

#### To be Signed and Dated By:

The authorized individual(s).

#### Amount of Tax:

Total Tax	\$ 0
Less: payments and credits	\$ 0
Plus: other amount	 0
Plus: nterest and penalties	\$ 0
No payment required	\$ 

#### **Overpayment:**

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 0

#### Make Check Payable To:

Not applicable

#### Mail Tax Return and Check (if applicable) To:

Department of Revenue Services State of Connecticut PO Box 5014 Hartford, CT 06102-5014

#### Return Must be Mailed On or Before:

November 16, 2020

**Special Instructions:** 

	990T1219V011019	Form CT-990T 2019 Connecticut Unrelated Business Income Tax Return (Rev. 12/19)
	Enter Income Year, Beginning: ► 07012019 and End	ding: ▶ 06302020
	VMI FOUNDATION INC	CT Tax Reg. # 🕨 73436479000
	PO BOX 932	FEIN 🕨 540505966
	LEXINGTON VA 244	.50 –
Cł	neck All Applicable Boxes:	
	N       Organization is annualizing its income         Change of:       Change of:         N       Mailing address       N         Return status:       N         N       Amended return       N         If final return:       Dissolved       Withdrawn	iter survivor's CT Tax Reg. #
	Type of organization: Y Corporation $\blacktriangleright$ N Domestic trust	
	N Foreign trust ► N Other: Explain	
1.	Date unrelated trade or business began in Connecticut:	
2.	Nature of unrelated trade or business income activity:	PASSTHROUGH INCOME FROM INVEST
3.	Corporation only: Enter state of corporation:	VA
	Date of organization:	07 01 1937
	Date qualified in Connecticut if not incorporated in Connecticut:	

**Declaration:** I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of officer or fiduciary	CHIEF FINANC	Date I
Print name of officer or fiduciary MR • DAVID L • PRASNICKI		Telephone number 5404647383
Email address of officer DPRAS@VMIAA.ORG		
Paid preparer's signature JOSEPH S. NADDER, III	Date 11132020	Preparer's PTIN P01240960
Firm's name, address, and ZIP code DIXON HUGHES GOODMAN LLP	Y May DRS contact the preparer shown below about this return?	Firm's FEIN 560747981
901 EAST CARY STREET SUITE 100 RICHMOND VA 23219		Telephone number $8042827636$
990T121	.9V011019	

Sign Here Keep a copy for your records.



990T1219V021019



Form CT-990T, Page 2 of 4 (Rev. 12/19)

540505966



- Attach a Complete Copy of Federal Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

#### **Computation of Income**

<ol> <li>Federal unrelated business taxable income from 2019 federal Form 990-T, Part III, Line 39</li> <li>Federal net operating loss deduction from 2019 federal Form 990-T, Part III, Line 36</li> <li>Federal deduction for Connecticut tax on unrelated business taxable income</li> <li>Total: Add Lines 1, 2, and 3.</li> <li>Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income</li> <li>Unrelated business taxable income: Subtract Line 5 from Line 4.</li> </ol>	<ol> <li>1. ▶</li> <li>2. ▶</li> <li>3. ▶</li> <li>4. ▶</li> <li>5. ▶</li> <li>6. ▶</li> </ol>	-302871 0 -302871 0 -302871
Computation of Tax		
<ol> <li>Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3.</li> <li>Apportionment fraction from Schedule A, Line 5 on Page 3. Carry to six places.</li> <li>Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2.</li> <li>Operating loss carryover from Schedule B, Line 20 on Page 4. Do not exceed 50% of Line 3.</li> <li>Income subject to tax: Subtract Line 4 from Line 3.</li> <li>Tax: Multiply Line 5 by 7.5% (.075).</li> </ol>	<ol> <li>1. ▶</li> <li>2. ▶</li> <li>3. ▶</li> <li>4. ▶</li> <li>5. ▶</li> <li>6. ▶</li> </ol>	-302871 0.000314 -95 0 -95 0
Computation of Amount Payable		
1. Tax: Include surtax if applicable. See instructions.	1. ► 2.	0
<ol> <li>Reserved for future use</li> <li>Total Tax: Enter the amount from Line 1.</li> <li>Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1.</li> </ol>	2. 3. ► 4. ►	0 0
<ol> <li>Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."</li> <li>Paid with application for extension from Form CT-990T EXT</li> </ol>	5. ► 6a. ►	0 0
<ul> <li>6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, &amp; ESD</li> <li>6c. Overpayment from prior year</li> <li>6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c.</li> </ul>	6b. ► 6c. ► 6. ►	0 0 0
<ol> <li>Fact ayments Enter the retained and enter out of a contract and contra</li></ol>	7. ► 8a. ►	0 0
8b. Interest 8c. Form CT-1120I Interest	8b. 🕨 8c. 🏲	0 0
<ul><li>8. Total penalty and interest: Enter the total of Lines 8a, 8b, and Line 8c.</li><li>9a. Amount to be credited to 2020 estimated tax</li><li>9b. Amount to be refunded</li></ul>	8. 9a. ► 9b. ►	0 0 0
9. Total credited and refunded         9cAcct. type: Ck ▶       Sv ▶       9d. Rout. # ▶       9e.Acct. # ▶         9f. Will this refund go to a bank account outside the U.S.? ▶       9g. Bank name ▶	9.	0
10. Balance due with this return: Add Line 7 and Line 8.	10. 🕨	000

#### Form CT-990T, Page 3 of 4

(Rev. 12/19)



990T1219V031019



540505966



#### **Schedule A - Unrelated Business Income Apportionment**

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut. Column A Column B Column C Connecticut Everywhere Divide Column A by Column B. Factor Item Carry to six places 0 0 Property 1a. Inventories (Average value) 0 0 1b. Tangible property 0 0 1c. Real property 0 0 1d. Capitalized rent 0.00000 0 0 1. Total 0 0 Receipts 2a. Sales of tangibles 0 0 2b. Services 0 0 2c. Rentals 0 0 2d. Other 0.00000 0 0 2. Total 0 0 0.00000 3. Total Wages, salaries, 0.00000 and other 4. Total: Add Lines 1, 2, and 3 in Column C. compensation 5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on 0.000314 Schedule C, Line 4; and on Page 2, Computation of Tax, Line 2.

Form CT-990T, Page 4 of 4 (Rev. 12/19)



990T1219V041019



540505966

-95

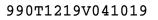
5.

#### Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2019

1.	2000 Connecticut net operating loss available for use in 2019	1.	0
2.	2001 Connecticut net operating loss available for use in 2019	2.	0
3.	2002 Connecticut net operating loss available for use in 2019	3.	0
4.	2003 Connecticut net operating loss available for use in 2019	4.	0
5.	2004 Connecticut net operating loss available for use in 2019	5.	0
6.	2005 Connecticut net operating loss available for use in 2019	6.	0
7.	2006 Connecticut net operating loss available for use in 2019	7.	0
8.	2007 Connecticut net operating loss available for use in 2019	8.	0
9.	2008 Connecticut net operating loss available for use in 2019	9.	0
10	. 2009 Connecticut net operating loss available for use in 2019	10.	0
11	. 2010 Connecticut net operating loss available for use in 2019	11.	0
12	. 2011 Connecticut net operating loss available for use in 2019	12.	0
13	. 2012 Connecticut net operating loss available for use in 2019	13.	0
14	. 2013 Connecticut net operating loss available for use in 2019	14.	0
15	. 2014 Connecticut net operating loss available for use in 2019	15.	0
16	. 2015 Connecticut net operating loss available for use in 2019	16.	0
17	. 2016 Connecticut net operating loss available for use in 2019	17.	0
18	. 2017 Connecticut net operating loss available for use in 2019	18.	0
19	. 2018 Connecticut net operating loss available for use in 2019	19.	0
20	. Total: Add Lines 1 through 19. Enter here and on Computation of Tax, Line 4.		
	Do not exceed 50% of <i>Computation of Tax</i> , Line 3.	20.	0
S	chedule C - Computation of Net Operating Loss Carryforward		
1.	Enter amount from Computation of Income, Line 6, if less than zero.	1.	-302871
2.	Add back specific deduction from 2019 federal Form 990-T, Part III, Line 38	2.	1000
3.	Subtotal: Add Line 1 and Line 2.	3.	-301871
4.	Apportionment fraction from Schedule A, Line 5	4.	0.000314
5.	2019 Connecticut net operating loss available for carryforward:		

941904 11-22-19

Line 3 or Line 3 multiplied by Line 4



#### Form CT-990T

Do not send this sheet with your return.

#### Checklist for filing your Connecticut Pass-Through Entity Tax Return:

- 1. Be sure that the return is not printed on the back of this sheet.
- 2. Verify that the address lines are correct and proper abbreviations are used.
- 3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
- 4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 5. Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 6. Make check payable to: Commissioner of Revenue Services
- 7. To ensure proper posting, write your TID (optional) and " 2019 Form CT-990T" on your check.
- 8. File amended returns and returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return to: Department of Revenue Services State of Connecticut PO Box 5014 Hartford CT 06102-5014

9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

Form <b>990-T</b>	E	Exempt Organization B (and proxy tax u			x Return	⊢	OMB No. 1545-0047
	For ca	alendar year 2019 or other tax year beginning JUL			30. 2020	)	2019
epartment of the Treasury		Go to www.irs.gov/Form990T form990T	or instruction	ons and the latest informati	on.		
ternal Revenue Service		Do not enter SSN numbers on this form as it Name of organization ( Check box if name	-			) Employ	pen to Public Inspection for 1(c)(3) Organizations Only er identification number
address changed			io onangoo			instruct	,
Exempt under section	Print						-0505966 ed business activity code
X 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. <b>PO BOX 932</b>	box, see ii	nstructions.			tructions.)
400(e) 220(c) 408A 530(a)		City or town, state or province, country, and Z	P or foreig	in postal code			
529(a)		LEXINGTON, VA 24450	er rererg		<u>(</u>	9000	99
Book value of all assets at end of year $421, 257, 8$	4.0	F Group exemption number (See instructions.	,				
			corporation 1		401(a) 1		Other trust
	-	ation's unrelated trades or businesses. SEE STATEMENT 1			e only (or first) unr mplete Parts I-V. I		han one
		ace at the end of the previous sentence, complete	e Parts I an				
business, then complete							-
		poration a subsidiary in an affiliated group or a p tifying number of the parent corporation. 🕨	arent-subs			Yes	X No
		VMI FOUNDATION, INC.			e number 🕨 ( !	<u>540)</u>	464-7383
		de or Business Income		(A) Income	(B) Expenses		(C) Net
<ul> <li>a Gross receipts or sale</li> <li>b Less returns and allow</li> </ul>		<b>c</b> Balance	► 1c				
		e A, line 7)					
		from line 1c					
		ch Schedule D)		129,867.			129,867.
		Part II, line 17) (attach Form 4797)					
		sts					
		ship or an S corporation (attach statement)		-182,348.	STMT 2		-182,348.
Rent income (Schedu				116 006			116 006
		me (Schedule E)		116,906.			116,906.
	,	and rents from a controlled organization (Scheduk on 501(c)(7), (9), or (17) organization (Scheduk					
		ome (Schedule I)	· ·				
		e J)					
2 Other income (See ins	tructior	ns; attach schedule)	12				
Total. Combine lines	<u>3 throu</u>	ugh 12	13	64,425.			64,425.
		ot Taken Elsewhere (See instruction be directly connected with the unrelated bu					
		irectors, and trustees (Schedule K)			I	14	
						14	
						16	
						17	
Interest (attach sche	dule) (s	see instructions)				18	
						19	340,129.
		562)				0.41	
		n Schedule A and elsewhere on return				21b 22	
		ompensation plans				23	
						24	
		chedule I)				25	
Excess readership co	osts (Sc	chedule J)				26	
Other deductions (at <b>Total deductions</b> . A	tach sch	hedule)		SEE STATE	MENT 3	27	27,167.
		3 14 through 27				28	<u>367,296.</u> -302,871
		income before net operating loss deduction. Sub loss arising in tax years beginning on or after Ja			·····	29	-302,871.
		loss ansing in tax years beginning on or alter Ja			MENT 4	30	0.
		income. Subtract line 30 from line 29				31	-302,871.
,		rwork Reduction Act Notice, see instructions.					Form <b>990-T</b> (2019

Form 99	NO-T (2019) VMI FOUNDATION, INC.	54	-0505966 Page 2
	t III Total Unrelated Business Taxable Income		<u> </u>
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-302,871.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-302,871.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-302,871.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	-302,871.
Par	t IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Par	t V Tax and Payments		

46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			
b	Other credits (see instructions)	46b			
C	General business credit. Attach Form 3800	46c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
е	Total credits. Add lines 46a through 46d			46e	
47				47	0.
48	Subtract line 46e from line 45         Other taxes. Check if from:         Form 4255         Form 8611         Form 8697	6	Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)			49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50	0.
51 a	Payments: A 2018 overpayment credited to 2019	51a			
		51b			
		51c			
		51d			
		51e			
		51f			
	Other credits, adjustments, and payments: 🗌 Form 2439				
-		51g			
52	Total payments. Add lines 51a through 51g			52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗌			53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax		Refunded 🕨 🕨	56	
Dar	VI Statements Regarding Cortain Activities and Other Information	100	a instructions)		

Par	: VI	Statements Regarding Certain Activities and Other Information (see instructions)		
57	At a	ny time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinC	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here			X
58	Duri	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	lf "Y	es," see instructions for other forms the organization may have to file.		
59	Ente	r the amount of tax-exempt interest received or accrued during the tax year 🕨 💲		
Sign		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	÷,	

Here		OFFI		<u>л</u> п	the preparer	discuss this return with shown below (see
	Signature of officer	Date Title			instructions)	? 🔀 Yes 🗌 No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	1
Paid	JOSEPH S. NADDER,	JOSEPH S. NADDER,		self- employe	ed	
Prepare	. III	III	11/13/20		P(	01240960
Use Only		GOODMAN LLP		Firm's EIN	► 56	5-0747981
	901 EAST C	ARY STREET, SUITE	1000			
	Firm's address <b>FICHMOND</b> ,	VA 23219		Phone no.	(804)	282-7636
923711 01-27-2	0					Form <b>990-T</b> (2019)

8	
-	

Schedule A - Cost of Goods	Sold. Enter metho	od of inventory valu	uation 🕨 N/A			
1 Inventory at beginning of year	1	6	nventory at end of year			
2 Purchases			ost of goods sold. Subtract line 6			
3 Cost of labor		f	rom line 5. Enter here and in Part I,			
4a Additional section 263A costs		l	ne 2	7		
(attach schedule)	4a				Yes	No
<b>b</b> Other costs (attach schedule)		p	property produced or acquired for resale) apply to			
5 Total. Add lines 1 through 4b	5	t	ne organization?			
Schedule C - Rent Income (F (see instructions)	From Real Prop	erty and Perso	onal Property Leased With Rea	l Property)		
1. Description of property						
(1)						
(2)						
(3)						
(4)						

(4)							
	2. Rent receive						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	nd personal property (if the percentage ersonal property exceeds 50% or if is based on profit or income)			ly connected with the income in and 2(b) (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	n (A)	►		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)				
			2. Gross income from		<ol> <li>Deductions directly connected with or allocable to debt-financed property</li> </ol>		
1. Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)							
(4)							
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	debt on or allocable to debt-financed of or allocable to		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)			%				
					nter 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	ncluded in columr	8			<b>&gt;</b>	0.	

Form **990-T** (2019)

Page 3

54-0505966

923721 01-27-20

Form 990-T (2019) VMI FO	UNDAT	ION, I	ENC.						54-05	0596	6 Page	
Schedule F - Interest, /	Annuitie	s, Royal <sup>-</sup>	ties, an	d Rents	From Co	ntrolle	d Organiza	tions	S (see ins	struction	s)	
				Exempt	Controlled O	rganizati	ons					
1. Name of controlled organizat	Name of controlled organization <b>2.</b> Employer identification number		dentification (loss) (see				al of specified ments made		led in the cont	rolling	6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi				1						1		
7. Taxable Income		nrelated incon see instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar s income	nization's		ductions directly connected income in column 10	
(1)												
(2)												
(3)												
_(4)												
							Add colum Enter here and line 8, c		e 1, Part I,	Enter h	dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals									0.		0	
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	7) (9) or (	17) Ord	nanization		•••			
(see inst				001(0)(1	, (5), 61 (	<i>,</i> 01	gamzation					
· · · · · · · · · · · · · · · · · · ·	ription of inco	me			2. Amount of	income	3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)			<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>		
(1)							(				(	
(2)												
(3)												
(4)					Enter here and						Enter here and on page	
Totals					Part I, line 9, co	1umn (A).					Part I, line 9, column (B).	
Schedule I - Exploited	Fremnt	Activity	Incom	e Other	Than Δd		a Income				J J	
(see instru	-	Activity	meoni	e, other	man Au	er usn	ig income					
									1			
1. Description of exploited activity	unrelated	Gross business e from business	directly of with pr of un	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	l trade or Iumn 2 n 3). If a e cols. 5	<ol> <li>Gross inco from activity t is not unrelat business inco</li> </ol>	hat ed	<b>6.</b> Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(4)												
_(+)		re and on , Part I, col. (A)	page '	ere and on 1, Part I, , col. (B).					<u> </u>		Enter here and on page 1, Part II, line 25.	
Totals		0.		0.							0	
Schedule J - Advertisi	l na Incor		nstructior								0	
Part I Income From					solidated	Basis						
1 Name of activities		<b>2.</b> Gross advertising		3. Direct	or (loss) (c	ising gain ol. 2 minus	5. Circulat		6. Read		7. Excess readership costs (column 6 minus	
1. Name of periodical		income	adv	ertising costs		ain, comput nrough 7.	income		cost	ts	column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(4)												

Totals (carry to Part II, line (5))

923731 01-27-20

Ο.

Ο.

0.

Form 990-T (2019)

Form 990-T (2019) VMI FOUNDATION, INC. 54-05059 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	<b>3.</b> Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			adership osts	7. Excess readers costs (column 6 min column 5, but not m than column 4).	nus nore
(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	n of Officers, I	Directors, and	Trustees (see in	nstructions)			•	
<b>1</b> . Name			<b>2.</b> Title	3. Perce time devo busine	ted to		ensation attributable related business	
(1)					%			
(2)					%			
(3)					%			
(4)					%			
Total. Enter here and on page 1, Part II, li	ine 14	•		•				0.

Form **990-T** (2019)

07571113 797738 2065070000

#### FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

#### PASSTHROUGH INCOME FROM INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
SEE ATTACHED - ORDINARY BUSINESS INCOME (LOSS) SEE ATTACHED - NET RENTAL REAL ESTATE INCOME SEE ATTACHED - INTEREST INCOME SEE ATTACHED - DIVIDEND INCOME SEE ATTACHED - OTHER INCOME (LOSS)	358,301. 406. 30,934. 4,869. -576,858.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-182,348.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
GENERAL & ADMINISTRATIVE EXPENSION INVESTMENT FEES	422. 26,745.	
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27	27,167.

FORM 990-T	NET	OPERATING LOS	SS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	182,206.		182,206.	182,206.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	182,206.	182,206.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	89,098.	0.	89,098.	89,098.
06/30/14	213,206.	0.	213,206.	213,206.
06/30/15	404,006.	0.	404,006.	404,006.
06/30/16	387,472.	0.	387,472.	387,472.
06/30/17	99,109.	0.	99,109.	99,109.
06/30/18	664,027.	0.	664,027.	664,027.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,856,918.	1,856,918.

# 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

g

20 Employer identification number

▶ Yes X No

54-0505966

#### VMI FOUNDATION, INC.

VMI FOUNDATION, INC.	
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	

Part I Short-Term Capital Gai	ctions for additional require	ements for reporting your	r gain or loss.		
See instructions for how to figure the amounts		Instructions.)			
to enter on the lines below.	(d) Proceeds	(e) <sub>Cost</sub>	( <b>g</b> ) Adjustments to gai or loss from Form(s) 894	n	(h) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	9, )	conumn (e) from column (d) and combine the result with column (g)
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					
Form(s) 8949 with <b>Box C</b> checked					-6,660.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-king				5	
6 Unused capital loss carryover (attach computa				6	( )
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	۱h		7	-6,660.
Part II Long-Term Capital Gai	ns and Losses (See i	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) <sub>Cost</sub>	<b>(g)</b> Adjustments to gai or loss from Form(s) 894	n	(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 (c	9, I)	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					
<b>10</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					<u>94,018.</u> 42,509.
				11	42,509.
<b>12</b> Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-king	d exchanges from Form 8824			13	
				14	4.9.6 5.95
15 Net long-term capital gain or (loss). Combine		nh		15	136,527.
Part III Summary of Parts I and					1
16 Enter excess of net short-term capital gain (lin				16	100.00
17 Net capital gain. Enter excess of net long-term	,		e 7)	17	129,867.
<b>18</b> Add lines 16 and 17. Enter here and on Form		oper line on other returns		18	129,867.
Note: If losses exceed gains, see Capital Los	sses in the instructions.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

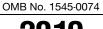
921051 12-16-19



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.



Sequence No. 12A Social security number or taxpayer identification no.

Attachmen

54-0505966 VMI FOUNDATION, INC. 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) (a) (b) (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.) (f) (g) Amount of adjustment combine the result see Column (e) ir Code(s) with column (g) the instructions SEE ATTACHED <6,660.> 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 <6,660.> above is checked), or line 3 (if Box C above is checked) 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.

2019.05000 VMI FOUNDATION, INC.

15

Form 8949 (2019)				Attachn	nent Sequenc	e No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
VMI FOUNDATION	, INC.					54-0	505966
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 10	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem ır basis (usually you	ent(s) from yo r cost) was re	our broker. A su ported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1.	ons involving capita	al assets you held r	nore than 1 year are	e generally long-term (s	ee instructions	). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the	l long-term transact totals directly on \$	tions reported on F Schedule D, line 8a	orm(s) 1099-B show ; vou aren't required	ring basis was reported to report these trans	d to the IRS and actions on Forn	d for which no adj n 8949 (see instru	ustments or ctions).
You must check Box D, E, or F below. O	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate For		
(D) Long-term transactions rep					-	e)	
(E) Long-term transactions rep	orted on Form(s	) 1099-B showing	g basis <b>wasn't</b> re	eported to the IRS			
<b>X</b> (F) Long-term transactions not	t reported to you	on Form 1099-B		1			
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and	loss. If you ( in column (g)	if any, to gain or enter an amount ), enter a code in ee instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
SEE ATTACHED							94,018.
				-			
				-			
2 Totals. Add the amounts in colur negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D above is checked) or line 10 (if E		•					94,018.
above is checked), or line 10 (if E Note: If you checked Box D above b			was incorrect ent	ter in column (e) the	basis as rep	orted to the IRS	
adjustment in column (g) to correct t	•			. ,	•		
923012 12-11-19			1.0			F	orm <b>8949</b> (2019)

#### 07571113 797738 2065070000

#### 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
Ide	entifying number

54 - 0505966

#### VMI FOUNDATION, INC.

1 Enter the gross proceeds from sales or exchanges reported to you f	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)

	-		• •		•			
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	us is and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SE	E ATTACHED							42,509.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment s						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter the						7	42,509.
	<b>Partnerships and S corporations.</b> line 10, or Form 1120-S, Schedule K				or Form 1065, Sch	edule K,		
<b>Individuals, partners, S corporation shareholders, and all others.</b> 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	Nonrecaptured net section 1231 losses from prior years. See instructions							
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, er	ter the gain from l	ine 7 on line 12 bel	ow. If		
	line 9 is more than zero, enter the ar	nount from line 8	on line 12 belo	w and enter the ga	in from line 9 as a	ong-term		
	capital gain on the Schedule D filed	with your return.	See instructions	8			9	42,509.

#### Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):			
11	Loss, if any, from line 7	11	(	)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12		
13	Gain, if any, from line 31	13		
14	Net gain or (loss) from Form 4684, lines 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, enter the amount from line 17 on the appropriate line of your return and skip lines			
	a and b below. For individual returns, complete lines a and b below.			
а	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				
	(Form 1040 or Form 1040-SR), Part I, line 4	18b		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

Page **2** 

					<u> </u>			
19	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255	property:			(b) Date acquir (mo., day, yr.		<b>(c)</b> Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on lines 19A through 19D.		Property A	Propert	y B	Property (	c	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						
2	Depreciation (or depletion) allowed or allowable	22						
3	Adjusted basis. Subtract line 22 from line 21	23						
4	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:	27						
	Depreciation allowed or allowable from line 22	25a						
	Enter the <b>smaller</b> of line 24 or 25a	25a						
		230						
20	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
	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						
	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						
7	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						
b	Line 27a multiplied by applicable percentage	27b						
с	Enter the <b>smaller</b> of line 24 or 27b	27c						
8 a	<b>If section 1254 property:</b> Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the <b>smaller</b> of line 24 or 28a	28b						
	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						
u	mmary of Part III Gains. Complete property c	olumns	A through D through	line 29b befor	e going t	o line 30.		
0	Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
1	Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter her	e and on line 1	3		31	
2	Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	84, line 33. En	ter the p	ortion		
	from other than casualty or theft on Form 4797, line	6	-				32	
Pa	rt IV Recapture Amounts Under Sectio (see instructions)	ns 179	9 and 280F(b)(2)	When Busi	ness U	se Drops to	50%	or Less
						(a) Section 179		(b) Section 280F(b)(2)
з	Section 179 expense deduction or depreciation allo	wable ir	n prior years		33			
4	Recomputed depreciation. See instructions				34			
5	Recapture amount. Subtract line 34 from line 33. Se				35			
180	12 12-04-19							Form <b>4797</b> (20
			19					· ·

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

#### 07571113 797738 2065070000

18 2019.05000 VMI FOUNDATION, INC.

20650701

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 FOUNDATION, INC. PO BOX 932 LEXINGTON, VA 24450

> GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER P.O. BOX 740397 ATLANTA, GA 30374-0397

### TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600-T

#### FOR THE YEAR ENDING

June 30, 2020

#### **Prepared For:**

VMI Foundation, Inc. PO Box 932 Lexington, VA 24450

#### **Prepared By:**

Dixon Hughes Goodman LLP 901 East Cary Street, Suite 1000 Richmond, VA 23219

#### To be Signed and Dated By:

The authorized individual(s).

#### Amount of Tax:

Total Tax	\$ 1,261
Less: payments and credits	\$ 1,307
Plus: other amount	 0
Plus: nterest and penalties	\$ 0
No payment required	\$ 

#### **Overpayment:**

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 0

#### Make Check Payable To:

Not applicable

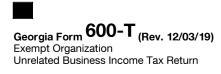
#### Mail Tax Return and Check (if applicable) To:

Georgia Department of Revenue Processing Center P.O. Box 740397 Atlanta, GA 30374-0397

#### Return Must be Mailed On or Before:

November 16, 2020

**Special Instructions:** 





Mailing Address: Georgia Department of Revenue Processing Center PO Box 740397 Atlanta, Georgia 30374-0397

#### Page 1

Amended	Amended due to IRS Audit	Address C	Change UET Annualization Ex	ception	attached		
For the taxable	e year beginning		07/01/2019 and endin	na 0	6/30/2	020	
Name of Orga	nization	Name of Fidu	uciary	Fec	deral Emplo t described in	yer ID No. (in case section 401 (a) and	of employees' exempt under
				sect	tion 501 (a), ii <b>4 – 0 5 0 5</b>	nsert the trust's ident	fication number.)
	VMI FOUNDATION, INC. Number and Street		Street	,	4-0101	300	
			01001				
РО ВОХ 9	32			NA	ICS Code	Date of current exemption letter.	IRS code section for
City or Town	NT	City or Town		w			which you are exempt.
State	ZIP Code	State	ZIP Code				are exempt.
VA	24450			9	00099	06/10/92	
	Georgia Unrelated	Business Taxab	le Income			SCHEDULE 1	
1. Unrelated	business taxable income from	Federal Form 990-7	T (attach copy)	. 1.			-302871
2. Additions				2.			
3. Total (add	Line 1 and Line 2)			3.			-302871
4. Subtractio	ns	SI	EE STATEMENT 1	4.			-325329
5. Adjusted u	unrelated business taxable inco	ome (Line 3 less Lin	e 4)	. 5.			22458
6. Income all	ocated everywhere			6.			
7. Unrelated	business taxable income subje	ect to apportionmer	nt (Line 5 less Line 6)	. 7.			22,458.
8. Apportion	ment ratio (Attach Computation	Schedule)		. 8.			1.000000
9. Georgia ap	oportioned unrelated business	taxable income (Lir	ne 7 x Line 8)	. 9.			22,458.
10. Income all	ocated to Georgia (Attach Sch	edule)		. 10.			
11. Total of Li	nes 9 and 10			11.			22,458.
U U	et operating loss deduction (At	, (	e IT-611 instructions for 80%	12.			536.
13. Georgia ur	nrelated business taxable incor	ne (Line 11 less Lin	ne 12)	. 13.			21,922.

945981 12-11-19



COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX		SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	<u>1.</u>	1261
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.	
3. Less: Payments	3.	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.	1307
5. Schedule 3B Refundable tax credits		
6. Balance of tax due OR overpayment	6.	-46
7. Interest due (See Instructions)	7.	
8. Underestimated tax penalty	8.	
9. Other penalties due (See Instructions)	9.	
10. Balance of tax, interest and penalties due with return	10.	-46
<ol> <li>If Line 6 is an overpayment, amount after any penalties and interest to be credited on</li> </ol>		
Estimated Tax   Refunded	46	

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

MR. DAVID L. PRASNICKI

Signature of Officer

CHIEF FINANCIAL O 11/13/20 Title Date JOSEPH S. NADDER, III

Signature of Individual or Firm Preparing Return

P01240960

Employee ID or Social Security Number

945982 12-11-19

07571113 797738 2065070000

3 2019.05000 VMI FOUNDATION, INC. VMI FOUNDATION, INC.

54-0505966

GA	600-T SUBTRACTIONS TO TAXABLE INCOME	STATEMENT 1
DES	CRIPTION	AMOUNT
К1	INCOME/(LOSS) ALLOCATED TO OTHER STATES	-325,329.
тот	AL TO FORM 600-T, SCHEDULE 1, LINE 4	-325,329.
GA	600-T NET OPERATING LOSS DEDUCTION	STATEMENT 2
1.	NOL CARRY FOWARD AVAILABLE FOR CURRENT YEAR FOR YEARS BEFORE 2018	
2.	NOL CARRY FORWARD AVAILABEL FOR CURRENT YEAR FROM YEARS 2018 AND LATER	536.
3.	INCOME BEFORE GA NOL (LINE 11 OF FORM 600T)	22,458.
4.	NOL FROM LINE 1 APPLIED TO CURRENT YEAR	0.
5.	NOL FROM LINE 2 APPLIED TO CURRENT YEAR (CANNOT EXCEED 80% OF LINE 3)	536.
6.	TOTAL NOL APPLIED - ADD LINES 4 AND 5, ALSO ENTER ON LINE 12 OF FORM 600T	536.
7.	NOL CARRY FORWARD AVAILABLE FOR NEXT YEAR (LINE 1 PLUS LINE 2 LESS LINE 6)	0.



#### Name VMI FOUNDATION, INC.

FEIN 54-0505966

#### CREDIT USAGE AND CARRYOVER

#### (ROUND TO NEAREST DOLLAR)

SCHEDULE 3

#### 1. Complete a separate schedule for each Credit Code.

- 2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
- 3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
- 4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
- 5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
- 6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
- 7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
- 8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

## For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.

1. Credit Code					
2. Credit remaining from previous years					
3. Company Name		ID Number			
Credit Certificate #	% of Credit	Credit Generated this tax year			
4. Company Name		ID Number			
Credit Certificate #	% of Credit	Credit Generated this tax year			
5. Company Name		ID Number			
Credit Certificate #	% of Credit	Credit Generated this tax year			
6. Company Name		ID Number			
Credit Certificate #	% of Credit	Credit Generated this tax year			
7. Company Name		ID Number			
Credit Certificate #	% of Credit	Credit Generated this tax year			
8. Company Name		ID Number			
Credit Certificate #	% of Credit	Credit Generated this tax year			
9. Company Name		ID Number			
Credit Certificate #	% of Credit	Credit Generated this tax year			
10. Total available credit for this tax year (sum of Lines 2 th	10. Total available credit for this tax year (sum of Lines 2 through 9) 10.				
11. Credit Used this tax year	11.				
12. Potential carryover to next tax year (Line 10 less Line 11	12.				

945983 12-11-19

Form <b>990-T</b>	Exempt Organization				ax Returr	ר ⊢	OMB No. 1545-0047
	(and proxy ta			· · · ·			2040
	For calendar year 2019 or other tax year beginning					<u>20</u> .	2019
Department of the Treasury Internal Revenue Service	<ul> <li>Go to www.irs.gov/Form99</li> <li>Do not enter SSN numbers on this form a</li> </ul>	as it may b	e mad	e public if your organiz			pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed	Name of organization ( Check box	if name cha	inged a	Ind see instructions.)		D Employ (Emplo instruc	ver identification number yees' trust, see tions.)
B Exempt under section	Print VMI FOUNDATION, INC		L - 0 5 0 5 9 6 6 red business activity code				
<b>X</b> 501( <b>c</b> )( <b>3</b> )	Type Number, street, and room of suite no. If a P.O. box, see instructions.						
408(e) 220(e)	PO BOX 932					4	
408A 530(a) 529(a)	City or town, state or province, country, a LEXINGTON, VA 244	50	-	postal code		9000	)99
C Book value of all assets at end of year	F Group exemption number (See instruct	tions.) 🕨	•				
421,257,8	42. G Check organization type ► X 50	01(c) corpoi	ration	501(c) trust		) trust	Other trust
		► <u>1</u>			e the only (or first) u		
	SEE STATEMENT 3 lank space at the end of the previous sentence, cor	nnlete Darte	hand		, complete Parts I-V. e M for each addition		
business, then complete		inpiete r ai ta	s i allu				
/ I	the corporation a subsidiary in an affiliated group of	or a parent-	subsid	iarv controlled group?		Yes	X No
	nd identifying number of the parent corporation.			, , ,			
	► VMI FOUNDATION, INC	•			none number 🕨 🕻	(540)	464-7383
Part I Unrelate	d Trade or Business Income			(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sale							
<b>b</b> Less returns and allow			<u>1c</u>				
	Schedule A, line 7)		2				
<b>3</b> Gross profit. Subtract	ne (attach Schedule D)		3 4a	129,867.			129,867.
	4797, Part II, line 17) (attach Form 4797)		4b 4b	125,007.			125,007.
	n for trusts		4c				
	partnership or an S corporation (attach statement)		5	-182,348.	STMT	4	-182,348.
6 Rent income (Schedu			6				_
7 Unrelated debt-financ	ed income (Schedule E)		7	116,906.			116,906.
8 Interest, annuities, roy	valties, and rents from a controlled organization (So	chedule F)	8				
	f a section 501(c)(7), (9), or (17) organization (Sch	Ý 🛏	9				
	vity income (Schedule I)		10				
	Schedule J)		11				
	structions; attach schedule)		12 13	64,425.			64,425.
Part II Deductio	3 through 12 ns Not Taken Elsewhere (See instruc						04,423.
	must be directly connected with the unrelate						
14 Compensation of off	icers, directors, and trustees (Schedule K)					14	
	· · · · · · · · · · · · · · · · · · ·					15	
	ance					16	
17 Bad debts						17	
	dule) (see instructions)					18	240 120
						19	340,129.
	Form 4562)aimed on Schedule A and elsewhere on return					21b	
						210	
23 Contributions to def	erred compensation plans					23	
	ograms					24	
	nses (Schedule I)					25	
26 Excess readership c	osts (Schedule J)					26	
27 Other deductions (at	tach schedule)			SEE STAT	rement 5	27	27,167.
28 Total deductions. A	dd lines 14 through 27					28	367,296.
	axable income before net operating loss deduction					29	-302,871.
	erating loss arising in tax years beginning on or af						0
(see instructions)	avable income. Subtract line 20 from line 20			DEL DTA.	1 CMC11 0	30	-302,871.
31 Unrelated business t	axable income. Subtract line 30 from line 29					31	-302,071

Form 990-T (2019) VMI FOUNDATION	INC.	54-0505966 Page 2
Part III Total Unrelated Busines	s Taxable Income	

ган							
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see in	nstructions)		32	-302,	871.
33	Amoun	ts paid for disallowed fringes	-		33		
34	Charita	ole contributions (see instructions for limitation rules)			34		0.
35		related business taxable income before pre-2018 NOLs and specific deduction. Subtract line			35	-302,	871.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructi			36		0.
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35			37	-302,	871.
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)			38		000.
39		ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.					
		e smaller of zero or line 37			39	-302,	871.
Part	IV	Tax Computation			1 00 1		
40		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 on					
••		ax rate schedule or Schedule D (Form 1041)			41		
42		ax. See instructions			42		
43		ive minimum tax (trusts only)			43		
44		Noncompliant Facility Income. See instructions			44		
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45		0.
		Tax and Payments			10		<u>.</u>
		tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a				
b		redits (see instructions)	46b				
r r		business credit. Attach Form 3800					
d		or prior year minimum tax (attach Form 8801 or 8827)			-		
		edits. Add lines 46a through 46d			46e		
е 47					400		0.
47		xt line 46e from line 45 xxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 Other	(attach cohodulo)			
40 49					40		0.
		x. Add lines 47 and 48 (see instructions)					0.
50			1 1		50		0.
		the second s	51a		_		
		stimated tax payments	51b		_		
		osited with Form 8868	51c		_		
		organizations: Tax paid or withheld at source (see instructions)	51d		_		
		withholding (see instructions)	51e		_		
f		or small employer health insurance premiums (attach Form 8941)	51f		_		
g		redits, adjustments, and payments: Form 2439					
		orm 4136 Other Total ►	51g				
52	Total p	ayments. Add lines 51a through 51g			52		
53		ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄			53		
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		🕈	54		
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			55		
56 Part		e amount of line 55 you want: Credited to 2020 estimated tax   Statements Regarding Certain Activities and Other Information		efunded	56		
				ictions)		v	<b></b>
57	-	ime during the 2019 calendar year, did the organization have an interest in or a signature or	-			Ye	s No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	•				
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	reign country				37
	here						X
58	•	the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sferor to, a fore	ign trust?			X
		see instructions for other forms the organization may have to file.					
59		e amount of tax-exempt interest received or accrued during the tax year 🕨 \$	tomonto and to the			lief, it is true	
Sign	c	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledg	e.	euge and be	iici, it is true,	
Here		CHIEF F				discuss this retur	
		Signature of officer Date OFFICER				shown below (see	
			<u> </u>		1	?   X   Yes	No
		Print/Type preparer's name Preparer's signature Dat	te	Check	if PTIN		
Paic		JOSEPH S. NADDER, JOSEPH S. NADDER,	112/20	self- employe		124000	0
	barer		/13/20			124096	
Use	Only	Firm's name ► DIXON HUGHES GOODMAN LLP	0	Firm's EIN	- 56	-07479	0 T
		901 EAST CARY STREET, SUITE 100	10	DL	(004)	000 F	car
		Firm's address 🕨 RICHMOND, VA 23219		Phone no.	(804)	282-7	030

Schedule A - Cost of Goods S	old. Enter metho	nod of inventory valuation 🕨 N/A		
1 Inventory at beginning of year	1	6 Inventory at end of year 6		
2 Purchases	2	7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3	from line 5. Enter here and in Part I,		
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 acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5	the organization?		
Schedule C - Rent Income (Fr (see instructions)	om Real Prop	perty and Personal Property Leased With Real Property)		
1. Description of property				
(1)				

(2)							
(3)							
(4)							
	2. Rent receive	ed or accrued					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real ar of rent for per the rent			nd personal property (if the percentagersonal property exceeds 50% or if it is based on profit or income)	ge	3(a) Deductions directly co columns 2(a) and	onnected with the income in 2(b) (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	ı (A)	►		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)				
			2. Gross income from		3. Deductions directly connected with or allocable to debt-financed property		
1. Description of debt-financed property			or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)							
(4)							
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	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)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter 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 ir						0.	

Form **990-T** (2019)

54-0505966

Form 990-T (2019) VMI FC	UNDAT	ION, I	NC.				_	54-05	0596	6 Page <b>4</b>	
Schedule F - Interest,	Annuitie	s, Royalt	ies, and Rent	s From Co	ntrolle	d Organiza	tions	S (see ins	struction	s)	
			Exempt	t Controlled C	rganizati	ons					
1. Name of controlled organization	tion					tal of specified ments made <b>5.</b> Part of column included in the cororganization's gross		led in the conti	rolling	6. Deductions directly connected with income in column 5	
(1)											
_(2)											
_(3)											
(4)											
Nonexempt Controlled Organi	izations		I		I		1				
7. Taxable Income	8. Net u	nrelated income see instructions)		al of specified pay made	ments	<b>10.</b> Part of colur in the controlli gross	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10	
(1)											
_(2)											
_(3)											
(4)											
						Add colun	ane 5 an	d 10	Ad	d columns 6 and 11	
						Enter here and		e 1, Part I,	Enter h	dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals					►			0.		0.	
Schedule G - Investme	ent Incor ructions)	ne of a S	ection 501(c)	(7), (9), or (	17) Org	janization					
<b>1</b> . Desc	cription of inco	me		2. Amount of	income	<ol> <li>Deduction directly conner (attach sched)</li> </ol>	cted	4. Set- (attach s	asides schedule)	<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>	
(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 instru	-	Activity	Income, Othe	r Than Ad		g Income					
1. Description of exploited activity	unrelated incom	aross business e from business	3. Expenses directly connected with production of unrelated business income	4. Net incor from unrelate business (cominus colum gain, comput through	d trade or olumn 2 in 3). If a ie cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colu	table to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
			Enter here and on page 1, Part I, line 10, col. (B).							Enter here and on page 1, Part II, line 25.	
Totals		0.	0	•						0.	
Schedule J - Advertisi			structions)								
Part I Income From	Periodic	als Repo	orted on a Cor	nsolidated	Basis						
1. Name of periodical		<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising cost	or (loss) (o ts col. 3). If a g	tising gain col. 2 minus jain, compute hrough 7.	e <b>5.</b> Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											

0.

►

0.

Totals (carry to Part II, line (5))

Form 990-T (2019) VMI FOUNDATION, INC. 54-05059 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	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. 1	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	n of Officers, I	Directors, and	Trustees (see in	structions)			
<b>1</b> . Name			<b>2.</b> Title	time de	cent of voted to ness		ensation attributable related business
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Total. Enter here and on page 1, Part II, li	ine 14	•		•			0.

Form **990-T** (2019)

#### FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 3 BUSINESS ACTIVITY

#### PASSTHROUGH INCOME FROM INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION	NET INCOME OR (LOSS)
SEE ATTACHED - ORDINARY BUSINESS INCOME (LOSS) SEE ATTACHED - NET RENTAL REAL ESTATE INCOME SEE ATTACHED - INTEREST INCOME SEE ATTACHED - DIVIDEND INCOME SEE ATTACHED - OTHER INCOME (LOSS)	358,301. 406. 30,934. 4,869. -576,858.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-182,348.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
GENERAL & ADMINISTRATIVE EXPENINVESTMENT FEES	422. 26,745.	
TOTAL TO FORM 990-T, PAGE 1, I	JINE 27	27,167.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	182,206.	0.	182,206.	182,206.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	182,206.	182,206.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	89,098.	0.	89,098.	89,098.
06/30/14	213,206.	0.	213,206.	213,206.
06/30/15	404,006.	0.	404,006.	404,006.
06/30/16	387,472.	0.	387,472.	387,472.
06/30/17	99,109.	0.	99,109.	99,109.
06/30/18	664,027.	0.	664,027.	664,027.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,856,918.	1,856,918.

# 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

**|9** 

20 Employer identification number

Yes X No

54-0505966

#### VMI FOUNDATION, INC.

VMI FOUNDATION, INC.	
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	

If "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting your	gain or loss.		
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)	-		
See instructions for how to figure the amounts to enter on the lines below.	( <b>d</b> ) Proceeds	(e) <sub>Cost</sub>	( <b>g</b> ) Adjustments to gain or loss from Form(s) 8949,		( <b>h</b> ) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	c	combine the result with column (g)
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					
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					
Form(s) 8949 with <b>Box C</b> checked					-6,660.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss). Combin				7	-6,660.
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions.)	-		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) <sub>Cost</sub>	( <b>g</b> ) Adjustments to gain or loss from Form(s) 8949,		( <b>h</b> ) Gain or (loss). Subtract column (e) from column (d) and
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)	c	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					
<b>8b</b> 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					
<b>10</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					94.018.
dd Enter sain from Form 1707 line 7 or 0	1			11	<u>94,018.</u> 42,509.
12 Long-term capital gain from installment sales	s from Form 6252 line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kin				13	
4.4 One field and a strategic strategic				14	
<b>15</b> Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum			15	136,527.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (li		Lloss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	129,867.
<b>18</b> Add lines 16 and 17. Enter here and on Form				18	129,867.
Note: If losses exceed gains, see Capital Los			L	1	- ,

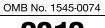
Schedule D (Form 1120) 2019



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.



12A

Social security number or taxpayer identification no.

Attachmen

Description of property (Example: 100 sh. XYZ Co.)     Date acquired (Mo., day, yr.)     Date sold or (Mo., day, yr.)     Proceeds (sales price)     Loss is sold or (mo. dum (r), see instructions     Isource inter a code instructions     Sain or (noss). (adjust codum (r), see instructions       SEE ATTACHED		VMI FOUNDATION	, INC.					54-0	505966
Part L       Short-Term. Transactions involving capital assets you had 1 year or less are generally short-term (see instructions). The origination association of the pairs of the instructions of the instructions of the instructions of the instructions of the instructions. The origination associated of the instructions of th	Bei sta	fore you check Box A, B, or C bek tement will have the same informa ver and may even tell you which h	ow, see whether ation as Form 109	you received any 99-B. Either will :	/ Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	nent(s) from y r cost) was re	our broker. A su ported to the IR	bstitute S by your
Interactions, see light 2.         Interactions, see light 2.         Interactions, see light 2.         Interactions, see light 2.           You must check Box A, B, or C below. Check only one box.         How see light 2.         How see light 2. <td></td> <td></td> <td></td> <td>al assets you held</td> <td>1 year or less are ge</td> <td>nerally short-term (see</td> <td>e instructions).</td> <td>For long-term</td> <td></td>				al assets you held	1 year or less are ge	nerally short-term (see	e instructions).	For long-term	
Work there is birtherm transactions reported on Form(s) 1099-B showing basis was reported to the IRS         Adjustment, Hany, to gain or form (s), 1099-B showing basis was reported to the IRS           10 (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS.         Adjustment, Hany, to gain or form (s), etc.           10 (B) Short-term transactions reported to the USB.         Date social or form (s), etc.         Adjustment, Hany, to gain or form (s), etc.           10 (B) Short-term transactions reported to the USB.         Date social or form (s), etc.         Adjustment, Hany, to gain or form (s), etc.           10 (a) Cost of the USB.         Date social or form(s), etc.         Date social or form(s), etc.         Adjustment, Hany, to gain or form, etc.           10 (b) Short-term transactions reported to the USB.         Date social or form(s), etc.         Subtract column (s), etc.         Subtract column (s), etc.           10 (b) (c) and (c), day, yr.         Date social or form(s), etc.         Adjustment, Hany, to gain or form, etc.         Subtract column (s), etc.           10 (c) and (c), day, yr.         Date social or form(s), etc.         Subtract column (s), etc.         Subtract column (s), etc.         Subtract column (s), etc.           10 (c) and (c), day, yr.         Date social or form(s), etc.         Date social or form(s), etc.         Subtract column (s), etc.         Subtract column (s), etc.           10 (c) and (c), day, yr.         Date social or form(s), etc.		transactions, see page 2. <b>Note:</b> You may aggregate all codes are required. Enter the	l short-term transac totals directly on \$	ctions reported on l Schedule D, line 1a	Form(s) 1099-B show a; you aren't required	ving basis was reporte to report these trans	ed to the IRS ar actions on Forr	nd for which no ad m 8949 (see instru	ctions).
B) Short-term transactions reported to property       B) Short-term transactions not reported to you on Form 1099-8       (a)       (b)       (c)		u have more short-term transactions than will	I fit on this page for on	e or more of the boxes	s, complete as many forr	ns with the same box che	cked as you need	d.	each applicable box.
Image: Construction of property (Example: 100 sh, XYZ Co.)       (b) (b) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			(	,	<b>U</b>		Note above	e)	
1       (a)       (b)       Technic acquired (b)       (c)       Date acquired (b)       (c)       Proceeds (sales price)       (c)					-	eported to the IRS			
Description of property (Example: 100 sh. XYZ Co.)     Date acquired (Mo., day, yr.)     Date sold or (Sales price)     Proceeds (sales price)     Oast or other basis. See the see Column (f). See Instructions     Call or (Ioss). (Dotte the see Column (f). See Instructions       SEE ATTACHED	<u> </u>					(e)	Adjustment,	if any, to gain or	(h)
Note below and set of the only (not day, yr)     Note below and set of the result contain (b) de maturations.     International (b) for the first contain (b) de maturations.       SEE ATTACHED     International (b) for the first contain (b) de maturations.     International (b) for the first contain (b) de maturations.       SEE ATTACHED     International (b) for the first contain (b) de maturations.     International (b) for the first contain (b) de maturations.       SEE ATTACHED     International (b) for the first contain (b) de maturations.     International (b) for the first contain (b) de maturations.       SEE ATTACHED     International (b) for the first contain (c) first contain (b) for the first contain (c) first contain (b) for the first contain (c) fi			Date acquired				loss. If you   in column (g	enter an amount ), enter a code in	Gain or (loss).
SEE ATTACHED SEE A		(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price)				
SEE ATTACHED				(100., uay, yr.)				Amount of	
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>	SI	EE ATTACHED						aajaonnoni	<6,660.>
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>									
negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b>	_	▼-1-1- A-1-11		 					
Schedule D, line 1b (if Box A above is checked), line 2 (if Box B									
		<b>e</b> ,							
		, ,							<6,660.>

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.

Form 8949 (2019)				Attachn	nent Sequen	<sub>ce No.</sub> 12A	Page <b>2</b>
Name(s) shown on return. Name and	d SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
VMI FOUNDATION	I, INC.					54-0	505966
Before you check Box D, E, or F bell statement will have the same inform broker and may even tell you which	ow, see whether ation as Form 109 box to check	you received any 99-B. Either will s	r Form(s) 1099-B o show whether you	or substitute statem Ir basis (usually you	ent(s) from y r cost) was re	our broker. A sul eported to the IR	bstitute S by your
Part II Long-Term. Transacti	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instructions	s). For short-term ti	ransactions,
see page 1. Note: You may aggregate a	II long-term transact	tions reported on F	orm(s) 1099-B show	ring basis was reporte	d to the IRS ar	nd for which no adj	ustments or
codes are required. Enter th You must check Box D, E, or F below.							
If you have more long-term transactions than wil	I fit on this page for one	e or more of the boxes	, complete as many forr	ns with the same box che	cked as you need	l.	
(D) Long-term transactions re		,	•	•	Note above	e)	
(E) Long-term transactions rep				eported to the IRS			
$\underline{X}$ (F) Long-term transactions no				(0)	Adjustment	if any, to gain or	(b)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other	loss. If you	enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f).	), enter a code in <b>See instructions</b> .	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(4)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
SEE ATTACHED							94,018.
2 Totals. Add the amounts in colu							
negative amounts). Enter each to							
Schedule D, line 8b (if Box D ab above is checked), or line 10 (if l		-					94,018.
				<u> </u>			

**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	2220
Form	

Name

Department of the Treasury Internal Revenue Service

# **Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

► Attach to the corporation's tax return. FORM ► Go to www.irs.gov/Form2220 for instructions and the latest information.

FORM 990-T

Employer identification number

54-0505966

VMI FOUNDATION, INC.
----------------------

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I	Required Annual Payment

1 Total tax (see instructions)	1					
<b>2 a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a					
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term						
contracts or section 167(g) for depreciation under the income forecast method	2b					
c Credit for federal tax paid on fuels (see instructions)	2c					
d Total. Add lines 2a through 2c	2d					
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corp does not owe the penalty	3					
4 Enter the tax shown on the corporation's 2018 income tax return. See instructions. Caution: If the ta						
or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line $5$						
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3       5         Part II       Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.						
6 The corporation is using the adjusted seasonal installment method.						
7 The corporation is using the annualized income installment method.						

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9				
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10				
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11				
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15				
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16				
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17				
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18				
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if the	re are no entries on lin	e 17 - no nenalty is ower	4	

LHA For Paperwork Reduction Act Notice, see separate instructions.

			(a)	(t
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19		
20	Number of days from due date of installment on line 9 to the			
	date shown on line 19	20		
21	Number of days on line 20 after 4/15/2019 and before 7/1/2019	21		
22	Underpayment on line 17 x Number of days on line 21 x 6% (0.06)	22	\$	\$
23	Number of days on line 20 after 06/30/2019 and before 10/1/2019	23		
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$

365

365

366

366

366

Number of days on line 20 after 9/30/2019 and before 1/1/2020

Underpayment on line 17 x Number of days on line 25 x 5% (0.05)

Number of days on line 20 after 12/31/2019 and before 4/1/2020

Underpayment on line 17 x Number of days on line 27 x 5% (0.05)

Number of days on line 20 after 3/31/2020 and before 7/1/2020

Underpayment on line 17 x Number of days on line 29 x \*%

31 Number of days on line 20 after 6/30/2020 and before 10/1/2020

Underpayment on line 17 x Number of days on line 31 x \*%

Number of days on line 20 after 9/30/2020 and before 1/1/2021

Underpayment on line 17 x Number of days on line 33 x \*%

VMI FOUNDATION,

INC.

#### Part IV Figuring the Penalty

\$

\$

\$

\$

\$

\$

\$

38 \$

(C)

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

(d)

#### Form 2220 (2019)

0.

# 366 35 Number of days on line 20 after 12/31/2020 and before 3/16/2021 35 36 35 35 36 4 36 \$ 36 \$ 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36

25

26

27

28

29

30

31

32

33

34

\$

\$

18

\$

\$

#### 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable

line for other income tax returns

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T

Form 2220 (2019)

25

26

27

28

29

30

32

33

34

#### 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
Ide	entifying number

54-0505966

#### VMI FOUNDATION, INC.

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)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition		us ts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)	
SE	ATTACHED       improvements         ain, if any, from Form 4684, line 39       ain         ection 1231 gain or (loss) from like-kind exchanges from Form 8824       ain         ain, if any, from line 32, from other than casualty or theft       ain         ombine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows       afollows         artnerships and S corporations.       Report the gain or (loss) following the instructions for Form 1065, Schedule K,						42,509.		
3	Cain if any from Form 4684 line 30						3		
4							4		
5									
6			5 6						
7								42,509.	
	<b>Partnerships and S corporations.</b> 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 corporatio from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return								
8	Nonrecaptured net section 1231 los		8						
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, er	iter the gain from l	ine 7 on line 12 bel	ow. If			
	line 9 is more than zero, enter the ar	nount from line 8	on line 12 belo	w and enter the ga	in from line 9 as a	ong-term			
	capital gain on the Schedule D filed	with your return.	See instructions	s			9	42,509.	

#### Part II Ordinary Gains and Losses (see instructions)

40	<u> </u>	4.11 1.40.0							
10	Ordinary gains and losses not included on lines 1	1 through 16 (in	clude proper	ty held 1 ye	ar or less):				
11	Loss, if any, from line 7						11	(	)
12	Gain, if any, from line 7 or amount from line 8, if a						12		
13	Gain, if any, from line 31						13		
14							14		
15							15		
16							16		
17							17		
18						kip lines			
	a and b below. For individual returns, complete lines a and b below.								
а	a 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								
b	Redetermine the gain or (loss) on line 17 excludin	g the loss, if any	y, on line 18a	. Enter here	and on Schedu	e 1			
	(Form 1040 or Form 1040-SR), Part I, line 4						18b		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

Page **2** 

Pa	Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)								
19	(a) Description of section 1245, 1250, 1252, 1254, c		<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)					
Α									
В									
C									
D									
	These columns relate to the properties on lines 19A through 19D.	►	Property A	Property B	Property C	Property D			
20	Gross sales price (Note: See line 1 before completing.)	20							
21	Cost or other basis plus expense of sale	21							
22	Depreciation (or depletion) allowed or allowable $\ldots$	22							
23	Adjusted basis. Subtract line 22 from line 21	23							
<u>24</u>	Total gain. Subtract line 23 from line 20	24							
	If section 1245 property:								
	Depreciation allowed or allowable from line 22	25a							
	Enter the <b>smaller</b> of line 24 or 25a	25b							
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.								
	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							
c	Additional depreciation after 1969 and before 1976 $\ldots$	26d							
е	Enter the smaller 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							
	Enter the <b>smaller</b> of line 24 or 27b	27c							
а	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							

#### Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion		
	from other than casualty or theft on Form 4797, line 6	32	
Pa	Int IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to	o 50%	or Less
	(see instructions)		

(	992	instructions	
۰.	300	113110010113	

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
				F 1707 (0010)

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 FOUNDATION, INC. PO BOX 932 LEXINGTON, VA 24450

> MASS. DEPARTMENT OF REVENUE P.O. BOX 7067 BOSTON, MA 02204

# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM M-990T

#### FOR THE YEAR ENDING

June 30, 2020

#### **Prepared For:**

VMI Foundation, Inc. PO Box 932 Lexington, VA 24450

#### **Prepared By:**

Dixon Hughes Goodman LLP 901 East Cary Street, Suite 1000 Richmond, VA 23219

#### To be Signed and Dated By:

The authorized individual(s).

#### Amount of Tax:

Total tax	\$ 0
Less: payments and credits	\$ 242
Plus: other amount	 0
Plus: interest and penalties	\$ 0
Overpayment	\$ 242

#### **Overpayment:**

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 242

#### Make Check Payable To:

Not applicable

#### Mail Tax Return and Check (if applicable) To:

Mass. Department of Revenue P.O. Box 7067 Boston, MA 02204

#### Return Must be Mailed On or Before:

June 15, 2021

**Special Instructions:** 

Ра	rτ	VIII				<b>n</b> c -	av pote to come "	in this David Mill			
			Check if Schedule O c	contains	s a respo	nse (	or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts											
			Fundraising events								
			Related organizations				10,205.				
, silo		е	Government grants (contri								
ŝ		f	All other contributions, gifts,								
but			similar amounts not included				23,931,842.				
Ö		g	Noncash contributions included in	lines 1a-11	1g \$	5	1,674,660.				
<u>a</u> So		h	Total. Add lines 1a-1f				►	23,942,047.			
							Business Code				
e	2	a									
e rvic		b									
i Se		с									
ram eve		d									
Program Service Revenue		е									
ā		f	All other program service								
		g	Total. Add lines 2a-2f								
	3	}	Investment income (includ	0	,		<i>'</i>	4 546 888		64 405	4 400 350
			other similar amounts)					4,546,777.		64,425.	4,482,352.
	4		Income from investment o		•	•					
	5	)	Royalties		(i) Real						
			0		(i) neai		(ii) Personal				
	6	a		6a							
		b	Less: rental expenses	6b							
			Rental income or (loss) Net rental income or (loss)	6c							
	7	d 'a	Gross amount from sales of		i) Securit	ies	(ii) Other				
	'	a	assets other than inventory	7a	,		() C				
		h	Less: cost or other basis	14							
ē		~	and sales expenses	7b							
Revenue		с									
Sev			Net gain or (loss)	· · · · ·							
۲	8		Gross income from fundraisir								
đ			including \$								
-			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		с	Net income or (loss) from	fundrais	sing even	nts	►				
	9	a	Gross income from gamin	g activi	ties. See	1					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gaming	activities	s	►				
	10	a	Gross sales of inventory, I	ess retu	ırns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales of	inventor	у	►				
s							Business Code				
e e	11	а	ADMINISTRATIVE FEES				900099	74,434.			74,434.
Miscellaneous Revenue		b									ļ
Sev		С									
Mis	1		All other revenue				L	<b>E</b> 4 463			
	L		Total. Add lines 11a-11d					74,434.		64 405	
	12		Total revenue. See instruction	ons			▶	28,563,258.	0.	64,425.	, ,
93200	9 01	1-20-	20								Form <b>990</b> (2019)

VMI FOUNDATION, INC.

932009 01-20-20

Form 990 (2019)

2 2019.05000 VMI FOUNDATION, INC.

54-0505966 Page 9

<sup>20650701</sup> 

			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		
b	A family member of a person described in (a) above?	11b		
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		
	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		
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		
Sec	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		
Sec	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 <b>Part VI</b> the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a L				
b				
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see insti-	ructions,		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	20		
L	that these activities constituted substantially all of its activities.	2a		
D	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
2	activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	20		
3				
а		20		
<b>۴</b>	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
u	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
93202	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-25-19 Schedule A (Form 9		0-F7	2019
55202				

3

07571113 797738 2065070000

2019.05000 VMI FOUNDATION, INC. 20650701

# Schedule A (Form 990 or 990-EZ) 2019 VMI FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Sect	on 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		
	on 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	on 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	<b>Distributable Amount.</b> 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		d Type III supporting orac	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

#### Schedule A (Form 990 or 990-EZ) 2019 VMI FOUNDATION, INC.

Pa	rt 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	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	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			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	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:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 VMI	FOUNDATION,	INC.		54-0505966 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and P (See instructions.)	<ul> <li>Provide the explanati</li> <li>c, 4b, 4c, 5a, 6, 9a, 9b,</li> <li>nd 3; Part IV, Section E,</li> </ul>	ons required by Part II, line 9c, 11a, 11b, and 11c; Parl lines 1c, 2a, 2b, 3a, and 3b	t IV, Section B, lines 1 a o; Part V, line 1; Part V,	7b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
	(See Instructions.)				
932028 09-25-1	9		<u> </u>	Schedule	A (Form 990 or 990-EZ) 201
71113 '	797738 2065070000	2	6 019.05000 VMI	FOUNDATION,	INC. 20650



0757

Massachusetts Department of Revenue Form M-990T Unrelated Business Income Tax Return

2019

For calendar year 2019 or taxable period beginning $=$ JUL	Y 1, 2	019	and endir	g JUNE	z 30,	2020
Most corporate excise taxpayers, including tax-exempt cor Technical Information Release 16-9.	porations a	nd trusts, ar	e subject to the	e electronic	filing requ	irements. See
Name of company VMI FOUNDATION, INC.	Federal Ide 54-05	entification nu 05966	umber			
Mailing address						
PO BOX 932	01-11-	210		Diaman		
City/Town LEXINGTON	State VA	ZIP 24450		Phone num		383
Name of treasurer			losure Statemer			505
MR. DAVID PRASNICKI						
Fill in if Amended return (see "Amended return" in instructions)		mendment	Federal aud		nal return	
Exempt under IRC section (fill in one only)		Inenument				
Exempt under IRC section (fill in one only) X 501 408(e) 408A 529(a) 220(e)	530	(a)				
Organization type (fill in one only)           X         501(c) corporation         501(c) trust         401(a) trust	Other					
Excise calculation. Use whole dollar method.						
1 Unrelated business taxable income (from U.S. Form 990T,	line 39)				. ▶ 1	-302,871.
2 Foreign, state or local income, franchise, excise or capital s	stock taxes of	deducted fro	m U.S. net incor	ne	▶ 2	
3 Section 168(k) "bonus" depreciation adjustment					▶ 3	
4 Section 31I and 31K intangible expense add back adjustme	ent				. ▶ 4	
5 Federal NOL add back adjustment (See instructions)					. ▶ 5	
6 Section 31J and 31K interest expense add back adjustmer	nt				6	
7 Reserved for future use					▶ 7	
8 Abandoned Building Renovation deduction	Tota	al cost		x .10 =	▶ 8	
9 Other adjustments, including research and development ex	penses (end	close explana	ation) STMT	1	. ▶ 9	302,871.
10 Income subject to apportionment. See instructions					▶ 10	
11 Income apportionment percentage (from Schedule F, line 5	or 1.0, whic	chever applie	s)		▶ 11	1.000000
12 Multiply line 10 by line 11					▶ 12	
13 Income not subject to apportionment					▶ 13	1,399.
14 Add lines 12 and 13					▶ 14	1,399.
15 Certified Massachusetts solar or wind power deduction					▶ 15	
16 Taxable income before net operating loss deduction					. 16	1,399.
Declaration						
Under penalties of perjury, I declare that to the best of my k	nowledge a	and belief. th	nis return and e	nclosures a	re true. co	rrect and complete.
Signature of appropriate corporate officer (see instructions)	Date		one			
					540	-464-7383
Signature of paid preparer JOSEPH S. NADDER, III	Date 11/13/		ployer Identifica			ddress D, VA 23219
If you are signing as an authorized delegate of the appropriate co of Attorney. The Privacy Act Notice is available upon request. Mai	porate officer	r, check here	and enclose	Massachusett	s Form M-2	848, Power
					, <i>2000</i> , M	ĺ
978031 02-28-20	7					
1113 797738 2065070000			VMI FOUI	NDATION	I, INC	. 20650701



1,399.

0.

0.

Name of company VMI FOUNDATION ,	INC. Federal Identification number 54-0505966					
Excise calculation (cont'o	1.)					
17 Loss carryover deduction (f	rom Schedule NOL)	▶ 17				
18 Taxable income. Subtract li	ne 17 from line 16	▶ 18				
19 Multiply line 18 by .08						
20 Credit recapture (enclose S	chedule CRS) and/or additional tax on installment sales. See instruction	s <b>Þ20</b>				
21 Excise due before credits.	Add lines 19 and 20					
reported on this return.	med must be determined with respect to the unrelated business activity dule CMS					
Excise after credits 23 Excise due before voluntary	<pre>/ contributions. Subtract line 22 from line 21. Not less than "0"</pre>					
	ndangered wildlife conservation					
25 Total excise plus voluntary	contribution. Add lines 23 and 24	▶25				

#### Payments

26	2018 overpayment applied to 2019 estimated tax	▶26	
27	2019 Massachusetts estimated tax payments (do not include amount in line 26)	▶27	
28	Payment made with extension	▶28	
29	Payment with original return. Use only if amending a return	▶29	
30	Pass-through entity withholding Payer Identification number $46-2774020$	▶30	242.
31	Total refundable credits. Enclose Schedule CMS	▶31	
32	Total payments. Add lines 26 through 31	32	242.

#### Refund or balance due

33 Amount overpaid. Subtract line 25 from line 32	242.
34 Amount overpaid to be credited to 2020 estimated tax >34	
35 Amount overpaid to be refunded. Subtract line 34 from line 33	242.
36 Balance due. Subtract line 32 from line 25	
37a M-2220 penalty >37a	
37b Other penalties >37b	
<b>37</b> Total penalty. Add lines 37a and 37b	
38 Interest on unpaid balance	
<b>39</b> Total payment due at time of filing	

978032 02-28-20

07571113 797738 2065070000

8 2019.05000 VMI FOUNDATION, INC. VMI FOUNDATION, INC.

#### 54-0505966

MA990 OT	HER ADJUSTMENTS	STATEMENT 1		
DESCRIPTION		AMOUNT		
K1 (INCOME)/LOSS ALLOCATED TO OT	HER STATES	302,871.		
TOTAL TO FORM M-990T, LINE 9		302,871.		

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 FOUNDATION, INC. PO BOX 932 LEXINGTON, VA 24450

> NYS CORPORATION TAX P.O. BOX 15181 ALBANY, NY 12212-5181

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

#### FOR THE YEAR ENDING

June 30, 2020

#### **Prepared For:**

VMI Foundation, Inc. PO Box 932 Lexington, VA 24450

#### **Prepared By:**

Dixon Hughes Goodman LLP 901 East Cary Street, Suite 1000 Richmond, VA 23219

#### To be Signed and Dated By:

Not applicable

#### Amount of Tax:

Total tax	\$ 9,822
Less: payments and credits	\$ 6,514
Plus: other amount	\$ 0
Plus: interest and penalties	\$ 0
Balance due	\$ 3,308

#### **Overpayment:**

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 0

#### Make Check Payable To:

New York State Corporation Tax

#### Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the NYSDTF, please sign, date and return Form TR-579-CT to our office. We will then submit your electronic return to the NYSDTF. Do not mail the paper copy of the return to the NYSDTF.

#### Return Must be Mailed On or Before:

Not applicable

#### **Special Instructions:**

Your payment should be made as instructed below on or before May 17, 2021.

Separately mail New York Form CT-200-V with a check or money order for \$3,308, payable to New York State Corporation Tax.

Mail to: NYS DEPT OF TAXATION & FINANCE CORP-V P.O. BOX 15163 ALBANY, NY 12212-5163



Department of Taxation and Finance Request for Six-Month Extension to File

(for franchise/business taxes, MTA surcharge, or both)

2019	Tax Law - A	rticles 9-A, 13,	and 33				AI	l filers	must en	ter tax perio	d:
					beginning	07	-01-2	19	endin	g 06-3	30-20
Employer identification number (EIN	I) File number	Business teleph	ione number		0 0					<u> </u>	
54-0505966	MM3	540-46	4 - 7383	)							
Legal name of corporation					Trade na	me / DBA					
VMI FOUNDATIO									-		
Mailing name (if different from legal	name) and address				State or o	country of	incorporatio	n	Date receive (for Tax Dep	d artment use only)	
c/o						GINI					
Number and street or PO box						ncorporati					
PO BOX 932						01-3					
City			State ZIP	code	Foreign of business	corporatio in NYS	ns: date beg	an	Audit use		
LEXINGTON, VA		n fau acumenation tou			a anlina				4		
If you need to update your address See Business information in Form C	CT-1.										
Request for extension of ti											
he appropriate article if you are CT-3-M box under Article 9-A if					-	ns. For e	example, n	nark an	X IN both	the CI-3 box a	ind the
Article 9-A	you are request	Article 13				٨٢	ticle 33				
			07.00		07.00.0					07.00.1	
СТ-3 СТ-3-М		CT-13 X	CT-33		CT-33-C		CT-3	3-M		CT-33-NL	
A December 1			Val Ola						Payme	ent enclosed	
A. Pay amount shown or				•							
<ul> <li>Attach your payment h</li> </ul>	iere. Detach a	i check stubs. (	See instruct	ions for dei	tails.)		Α.				
<b>3.</b> Enter the EIN of the com	bined group's	designated age	ent (CT-3-A fi	lers), or pa	rent (CT-33-A fi	lers)			в		
Note: Failure to inclu	de the EIN of t	he designated a	igent (or par	ent) may de	elay processing	g of					
your extension reque	st, and may re	sult in penalties	and interest	t.							
C. If this extension request	is for the first	tax year that yo	ou are being	included in	n a <b>new</b> combi	ned gro	oup filing				
a combined return, m	hark an $\chi$ in the	e box									С
<b>D.</b> If this extension request											
a combined return, m	hark an $\chi$ in the	e box									D
Computation of estim	ated franc	hiso tay									
· · · · · · · · · · · · · · · · · · ·							1				0.
<ol> <li>Franchise tax from the</li> </ol>	e worksneet in	Form C1-5-1									0
3											
	nise tax (from )	ing 16 agluman	<b>A</b> )				4				5,514.
<ul><li>4 Prepayments of franch</li><li>5 Balance due - franchis</li></ul>							5				0
	e lan (Subiraci	IIIIe 4 Irom IIIie	r, do not er	iter iess tria	(1 2ero)		<u> </u>				
Computation of estim	nated MTA	surcharge									
6 MTA surcharge from t		-				I	6				
7											
8											
9 Prepayments of MTA	surcharge (fre	om line 16. colur	nn B)				9				
10 Balance due - MTA si							10				
11 Total balance due (see							11				



Cor	Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the												
		arge on line 9. See instructions.					A. Franchise tax				surcharge		
12	Manc	datory first installment from Form CT-300	12										
13a	Seco	nd installment from Form CT-400	13a	09-1	<u>L5-1</u>	.9			6,514.				
13b	Third	installment from Form CT-400	13b										
13c	Fourt	th installment from Form CT-400	13c										
14	Over	payment credited from prior years		<u></u>		14							
15	Over	payment credited from Form CT-	Perio	d		15							
<u>16</u>	Total	prepayments (total all entries in column A and	d colu	<u>mn B)</u>		16			6,514.				
P	aid	Firm's name (or yours if self-employed) DIXON HUGHES GOODMAN LI	LP						Firm's EIN 56–074798	31		s PTIN or S <b>40960</b>	SSN
preparer use only         Signature of individual preparing this document         Address           JOSEPH S. NADDER, I         901 E           (see instr.)         Email address of individual preparing this document			ress					City		ę	State ZII	<sup>&gt;</sup> code	
			EAST C	CARY	s'	FREET	RI	CHMOND	7	VA 23	219		
							Pr	eparer's NYTPRIN	or E	Excl. code	Date		
		JOSEPH.NADDER@DHGLLP.CO	MC								03	11-1	3-20

See instructions for where to file.







Department of Taxation and Finance

**Corporation Tax Return Summary** 

CT13

MM3

8.

9.

10.

12

13.

14.

29.

0

0

03 30.

- Legal name of corporation 1 Payment VMI FOUNDATION INC. 3,308.00 enclosed 2. 3 3. Return type 54 0505966 4. 4 Employer ID number (EIN) 5 5. File number (FCC) 07 01 19 6. 6 Period beginning date (mm-dd-yy) 06-30-20 7. 7 Period ending date (mm-dd-yy) Amended (Y=1; N=0) 8 9 Address change (Y=1; N=0) 10 Final (Y=1; N=0) 900099 11 NAICS code 11. 12 MTA indicator (None = 0, Y = 1, N = 2, Both = 3) 13 Federal 1120-H filed (Y = 1, N = 0)14 REIT/RIC indicator (Y = 1, N = 0)9,822.00 15 Tax due/MTA surcharge 15. 16 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000 16. 3,308.00 17. 17 Balance due Amount of overpayment credited to next period - NYS 18 18. 19. 19 Refund of overpayment 20 Refund of unused tax credits 20. 21 Tax credits to be credited as an overpayment to next year's return 21 22. 22 Amount of overpayment credited to next period - MTA 23 Amount of MTA surcharge retaliatory tax credit to be refunded 23. 24. 24 Fixed dollar minimum 25. 25 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN 26. 26 New York receipts 27 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)? 27 28. 56 0747981 28 Paid preparer's EIN
- 29 Preparer's NYTPRIN
- 30 Excl. code



For office use only

#### VMI FOUNDATION, INC.

#### Form CT-186-E filers only

31	Excise tax on telecommunication services - NYS	31.	
32	Excise tax on mobile telecommunication services subject to the 2.9% rate	32.	
33	Total excise tax on telecommunication services	33.	
34	Tax on gross income - NYS	34.	
35	MTA surcharge related to non-mobile telecommunication services	35.	
36	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	36.	
37	Total MTA surcharge related to telecommunication services	37.	
38	MTA surcharge on gross income	38.	
39	Balance due - NYS	39.	
40	Balance due - MTA	40.	
41	Provided telecommunication services in the MCTD this year? (None = 0, $Y = 1$ , $N = 2$ , Both = 3)	41.	
41 42	Provided telecommunication services in the MCTD this year? (None = 0, $Y = 1$ , $N = 2$ , Both = 3) Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non		
42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non	e = 0, Y = 1, N = 2, Both = 3	
42 43	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS	e = 0, Y = 1, N = 2, Both = 3) 42.	
42 43 44	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA	e = 0, Y = 1, N = 2, Both = 3) 42.	
42 43 44 45	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS	e = 0, Y = 1, N = 2, Both = 3) 42. 43. 44. 45.	
42 43 44 45 46	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA	e = 0, Y = 1, N = 2, Both = 3) 42. 43. 44. 45. 46.	
42 43 44 45 46 47	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA Refund of unused tax credits - NYS	e = 0, Y = 1, N = 2, Both = 3) 42. 43. 44. 45. 46. 47.	





NEW YORK STATE

19

# Department of Taxation and Finance Payment Voucher for E-Filed Corporation Tax Returns and Extensions

				Type of form e-filed (mark correct box; see instructions)
Employer identification number	Primary return type	Tax period beginning (mm-dd-	yyyy) Tax period ending (mm-dd-yyyy)	(mark correct box, see instructions)
54-0505966	CT13	07-01-2019	06-30-2020	Return X
Legal name of corporation				
VMI FOUNDATION, INC.				Extension
Mailing name (if different from legal name)				Mandatory first
c/o				installment (MFI)
Number and street or PO box				Amount(s) due
PO BOX 932				NYS amount
City	State	ZIP code	Business telephone number	3,308.00
LEXINGTON	VA	24450	(540) 464-738	MTA amount
				.00

Make your check or money order payable in U.S. funds to: <i>New York State Corporation Tax.</i> Do not staple or clip your check or money order. Detach all check stubs.	3,308.00
Enter payment enclosed	0,000.00

#### File this entire page with your payment

#### Where to mail

Mail your payment along with this **entire page** to: NYS DEPT OF TAXATION & FINANCE CORP - V PO BOX 15163 ALBANY NY 12212-5163





#### Department of Taxation and Finance New York State E-File Authorization for Tax Year 2019



#### For Certain Corporation Tax Returns and Estimated Tax

**Payments for Corporations** 

Electronic return originator (ERO)/paid preparer: Do not mail this form to the Tax Department. Keep it for your records.

Legal name of co	rporation: VMI	FOUNDATIO	N, INC.				
Return type <i>(mari</i>	k an X for all that a	apply): CT-3	CT-3-A	СТ-3-М	CT-3-S	CT-13 X	СТ-33
CT-33-A	СТ-33-С	CT-33-M	CT-33-NL	CT-183	CT-183-M	CT-184	CT-184-M
CT-186-E	CT-300	CT-400					

#### Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

#### **General instructions**

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-N, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-C, *Captive Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return* on Gross Earnings; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*. EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers*. Go to our website at *www.tax.ny.gov* to find this document.

**Do not mail this form to the Tax Department.** EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do **not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both);* CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both);* CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return;* CT-5.6, *Request for Three-Month Extension to File Form* CT-186 (*for utility corporation franchise tax return, MTA surcharge return, or both);* CT-5.9, *Request for Three-Month Extension to File* (*for certain Article 9 tax returns, MTA surcharge, or both);* or CT-5.9-E, *Request for Three-Month Extension to File Form* CT-186-*E* (*for telecommunications tax return and utility services tax return).* Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year* 2019 Corporation Tax Extensions.

Fi	Financial institution information (required if electronic payment is authorized)						
1	Amount of authorized debit	1.					
2	Financial institution routing number	2.					
3	Financial institution account number	3.					

# Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2019 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2019 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print y	our name and	title				Date
	MR.	DAVID I	С.	PRASNICKI,	CHIEF	FINANCI	

#### Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2019 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2019 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2019 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2019 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name	Date			
JOSEPH S. NADDER, III	JOSEPH S. NADDER, III	11-13-20			
Paid preparer's signature	Print name	Date			
JOSEPH S. NADDER, III	JOSEPH S. NADDER, III	11-13-20			

NEW CT-	13 Department of Ta	axation and Financ	, iness Inc	come		
	Tax Re	turn	All filers er	nter tax period:		
2019 Amended return	Tax Law - A	Article 13	beginning		9 er	nding 06-30-20
Employer identification number (EIN)	File number	Business telep				If you claim an overpayment, mark
54-0505966	MM3	540-4	64-7383			an $\chi$ in the box
Legal name of corporation			Trade name	e/DBA		
VMI FOUNDATION, INC	•		State or on	untry of incorporation	Data reasing	
Mailing name (if different from legal name above)					Date receiv	ed (for Tax Department use only)
c/o Number and street or PO box			Date of inc	BINIA orporation		
				)1-37		
PO BOX 932	State	ZIP code		vrations: date began		
LEXINGTON, VA 2445			business in N	YS		
NAICS business code number (from federal return)	-	lf voi	i need to update y	our address or	Audit (for Ta	ax Department use only)
900099	above is new,	phon	e information for o	corporation tax,	, 10011 (101 11	
Principal unrelated business activity (see instructio	mark an $X$ in the box		ner tax types, you			
PASSTHROUGH INCOME	FROM INVESTMEN		e. See <i>Business i</i> rm CT-1.	ntormation		
		10				
Form CT-247, Application for Exemption	on from Corporation Franchis	o Taxos hy a	Not-For-Profit			
Organization - Have you filed this N	,	,		nol		Yes No X
Organization - Thave you med this to				(15)		
Mark an $\chi$ in this box if you are an emp	lovee trust as defined in Inte	ernal Revenue	Code (IRC) sec	tion 401(a)		
Mark an $\chi$ in this box if you ceased ope						
(see section Who must file Form CT-	- -	-	•			•
A. Pay amount shown on line 22. Ma						Payment enclosed
<ul> <li>Attach your payment here. Detact</li> </ul>	h all check stubs. <i>(</i> See instr	uctions for de	tails.)		Α	3,308.
Computation of income and ta	ах					
		duction and offe	r \$1,000 apositio	deduction		1 -302,871.
<ol> <li>Federal unrelated business taxable incor</li> <li>New York State Article 13 and Artic</li> </ol>						$\frac{1}{2}$ -302,871.
3 Additions required for shareholders						3
4 Grossed-up taxes for shareholders						4
5 Other additions (see instructions)						5
6 Add lines 1 through 5						6 -302,871.
7 Other income (see instructions)			7			
8 Federal S corporation shareholder s	subtractions (see instruction		8			
9 Other subtractions (see instructions	SEE STAT	'EMENT 1	. 9	-412,0	05.	
10 Total subtractions (add lines 7, 8, al				-	1	o -412,005.
<b>11</b> Taxable income before net operatin						1 109,134.
12 New York net operating loss deduc						2
13 Taxable income (subtract line 12 fro						3 109,134.
14 Allocated taxable income (multiply I						
from line 13 if allocation is not cla					• <u>1</u> ,	
15 Tax based on income (multiply line	14 by 9% (.09))				1	5 9,822.
						<u>6</u> 250 00
17 Tax (line 15 or line 16, whichever is	larger)				1	
<b>18</b> Total prepayments from line 46						
<b>19</b> Balance (if line 18 is less than line 1	7 subtract line 19 from line	17)			1	9 3,308.
20 Interest on late payment (see instru	ctions)				• 2	
21 Late filing and late payment penaltie	ctions) es (see instructions)				·····• 2	1
<ul><li>21 Late filing and late payment penaltie</li><li>22 Balance due (add lines 19, 20, and 2)</li></ul>	ctions) es (see instructions) 21 and enter here; enter the	payment amo	unt on line A ab	ove)	• 2 • 2	1 2 3,308.
<ul> <li>21 Late filing and late payment penaltic</li> <li>22 Balance due (add lines 19, 20, and 2</li> <li>23 Overpayment (if line 17 is less than</li> </ul>	ctions) es (see instructions) 21 and enter here; enter the line 18, subtract line 17 from	payment amo 1 line 18)	unt on line A ab	ove)	• 2 • 2 • 2 2 • 2	1 2 3,308. 3
<ul><li>21 Late filing and late payment penaltie</li><li>22 Balance due (add lines 19, 20, and 2)</li></ul>	ctions) es (see instructions) 21 and enter here; enter the line 18, subtract line 17 from to be <b>credited to next year</b>	payment amo n line 18)	unt on line A ab	ove)	• 2 • 2 • 2 2 • 2 2 2	1 2 3,308. 3 4

See page 3 for third-party designee, certification, and signature entry areas.



Have you been audited by the Ir	nternal Revenue Service in the past 5 years'	? Yes	No X If Yes, list years:			
Federal return was filed on:	990-T X Other:		Attach a complete copy of your federal return.			
Schedule A - Unrelated business allocation						
f you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory,						

warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Ave	rage value of:		A New York State		B Everywh	ere			
26	Real estate owned (see instructions)	26							
	Gross rents (attach list; see instructions)	27							
28	Inventories owned	28							
29	Other tangible personal property owned (see instructions)	29							
30	Total (add lines 26 through 29)	30							
31 <b>Rec</b>	Percentage in New York State (divide line 30, column A, by line eipts in the regular course of business from:	30, c	olumn B)				31		%
32	Sales of tangible personal property shipped to								
	points within New York State	32							
33	All sales of tangible personal property	33							
34	Services performed	34							
35	Rentals of property	35							
36	Other business receipts	36							
37	Total (add lines 32 through 36)	37							
38	Percentage in New York State (divide line 37, column A, by line	3 <u>7, c</u>	<u>olumn B)</u>				38		%
39	Wages, salaries, and other compensation of employees								
	(except general executive officers; see instructions)	39							
40	Percentage in New York State (divide line 39, column A, by line	39, c	olumn B)				40		%
41	Total of New York State percentages (add lines 31, 38, and 40	<b>)</b>					41		%
42	Business allocation percentage (divide line 41 by three or by the	num	ber of percentages)	<u></u>	<u> </u>		42		%
	nposition of prepayments claimed on line 18*				Date paid			Amoun	ιτ
	Payment with extension request, Form CT-5, line 5			_					
44a	Second installment from Form CT-400			a	09-15-19			6,	,514.
44b	Third installment from Form CT-400			<u> </u>					
44c	Fourth installment from Form CT-400			0		_			
45	Amount of overpayment credited from prior years					45			
46	Total prepayments (add lines 43 through 45; enter here and on li	ine 18	3)			46		6,	,514.
	<ul> <li>Taxpayers subject to the unrelated business income tax are in If you did make these unrequired payments, report them on I</li> </ul>			d ta	ax payments.				

#### Amended return information

If filing an amended return, mark an  $\chi$  in the box for any items that apply and attach documentation.

Final federal determination	If marked, enter date of determination:	
Capital loss carryback	Federal return filed	Form 1139
Amended Form 990-T		



Third-party designee (see	Yes No		Designee's phone number		
instructions	Designee's email address			PIN	
Certification	: I certify that this return and any attachments are to the best	of my knowledge and	belief true, correct, and cor	nplete.	
Authorized		authorized person	Official title CHIEF FINAN	CIAL OFFICER	
person	Email address of authorized person DPRAS@VMIAA.ORG		Telephone number $540 - 464 - 731$	Date 83	
	Firm's name (or yours if self-employed) DIXON HUGHES GOODMAN LLP		Firm's EIN 56–0747981	Preparer's PTIN or SSN P01240960	
Paid preparer use		ST CARY STRE ND, VA 23219	ET, SUITE 1000	State ZIP code )	
only		-			
(see instr.)	Email address of individual preparing this return JOSEPH • NADDER@DHGLLP • COM	Prepare	er's NYTPRIN or Excl. cod	Date 11-13-20	

See instructions for where to file.



FORM CT-13 OTHER	R SUBTRACTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
K1 INCOME/(LOSS) ALLOCATED TO OT ALLOCATED EXPENSES	-435,664. 23,659.	
TOTAL TO FORM CT-13, PAGE 1, LIN	IE 9	-412,005.

# 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

g

20 Employer identification number

► Yes X No

54-0505966

#### VMI FOUNDATION, INC.

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	

If "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting your	gain or loss.		
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)	-		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) <sub>Cost</sub>	( <b>g</b> ) Adjustments to gain or loss from Form(s) 8949	3	<b>(h)</b> Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)		combine the result with column (g)
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					
Form(s) 8949 with <b>Box C</b> checked					-6,660.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss). Combin				7	-6,660.
Part II Long-Term Capital Ga	ins and Losses (See i	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g)	,	( <b>h</b> ) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (o)
round off cents to whole dollars.	()	()	, colarin, (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					
<b>8b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked					
<b>9</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
<b>10</b> Totals for all transactions reported on					04 010
Form(s) 8949 with <b>Box F</b> checked					<u>94,018.</u> 42,509.
				11	42,509.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kin				13	
	a linaa Oo through 14 in aalum			14	136,527.
15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and				15	1 10,527.
16 Enter excess of net short-term capital gain (li		l loss (line 15)		16	
17 Net capital gain. Enter excess of net long-terr				17	129,867.
<b>18</b> Add lines 16 and 17. Enter here and on Form				18	129,867.
Note: If losses exceed gains, see Capital Los			L		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

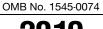
921051 12-16-19



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.



12A

Social security number or taxpayer identification no.

VMI FOUNDATION, INC.

54-0505966 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. Part I

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

 $\perp$  (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

1	<b>(a)</b> Description of property (Example: 100 sh. XYZ Co.)	perty Date acquired Date sold or YZ Co.) Date acquired (Mo., day, yr.) disposed of disposed of (sales price) Cost or other basis. See the Note below and Column (f). See instruction			(g), enter a code in ). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &		
			(Mo., day, yr.)		see Column (e) in the instructions	<b>(f)</b> Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
SI	E ATTACHED						,	<6,660.>
					_			
					-			
								<u> </u>
	Totals. Add the amounts in colu negative amounts). Enter each to							
	Schedule D, <b>line 1b</b> (if <b>Box A</b> ab							
	above is checked), or line 3 (if E							<6,660.>
	te: If you checked Box A above b			was incorrect ent	tor in column (a) the	hasis as r	enorted to the IRS	-

13

LHA For Paperwork Reduction Act Notice, see your tax return instructions. 923011 12-11-19

Form 8949 (2019)				Attachn	nent Sequen	ce No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
VMI FOUNDATION							505966
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem Ir basis (usually you	ent(s) from y r cost) was re	our broker. A sul eported to the IR	bstitute S by your
Part II Long-Term. Transaction	ons involving capita						
Note: You may aggregate all codes are required. Enter the	l long-term transact totals directly on \$	ions reported on Fe Schedule D, line 8a	orm(s) 1099-B show ; you aren't required	ring basis was reported to report these trans	d to the IRS an actions on For	nd for which no adj m 8949 (see instru	ustments or ctions).
You must check Box D, E, or F below. O If you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep					-		
(E) Long-term transactions rep	orted on Form(s	) 1099-B showing	g basis <b>wasn't</b> re	eported to the IRS			
<b>X</b> (F) Long-term transactions not				1	A		
1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and	loss. If you in column (g	if any, to gain or enter an amount ), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	<b>(f)</b> Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
SEE ATTACHED							94,018.
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D abo	tal here and inclu	ude on your					
above is checked), or line 10 (if E					hadia at m		94,018.
Note: If you checked Box D above b adjustment in column (g) to correct t				. ,			
923012 12-11-19			1.4	3			orm <b>8949</b> (2019)

#### 07571113 797738 2065070000

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 FOUNDATION, 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 Foundation, Inc. PO Box 932 Lexington, VA 24450

#### **Prepared By:**

Dixon Hughes Goodman LLP 901 East Cary Street, Suite 1000 Richmond, VA 23219

#### To be Signed and Dated By:

Not applicable

#### Amount of Tax:

Total Tax	\$ 0
Less: payments and credits	\$ 0
Plus: other amount	 0
Plus: nterest and penalties	\$ 0
No payment required	\$

#### **Overpayment:**

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 0

#### Make Check Payable To:

Not applicable

#### Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the VADOT, please sign, date and return VA-8879C to our office. We will then submit your electronic return to the VADOT. Do not mail the paper copy of the return to the VADOT.

#### Return Must be Mailed On or Before:

Not applicable

**Special Instructions:** 

### Form 500

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

# 2019 Virginia Corporation Income Tax Return



			ctronically. Use this form o				Official Use Only
SHO	SHORT Year Filer: Beginning Date <u>JULY 1, 2019</u> ; Ending Date <u>JUNE 30, 2020</u> Short Year Return Change in Accounting Period						
	] Short Year Return 🛄 C	hange in Account	ing Period				
FEIN	1	Name					Check all that apply:
54-0505966 VMI FOUNDATION, INC.							
	Mailing Address						
P	O BOX 932						Mailing Address Change
	or Town			State	ZIP Code		Physical Address Change
Т	EXINGTON			VA	2445	50	
	sical Address (if different from Mailing	g Address)					Entity Type Code
							NP
Phys	sical City or Town			State	ZIP Code		NAICS Code
							611000
Date	Incorporated	State or Country of I	ncorporation	Description of Bu	siness Activity		ŀ
0	7/01/1937	VIRGINI	A	PASSTH	ROUGH	INCOME	FROM INVESTMENTS
Ch	eck Applicable Boxes		Final Return			Corporate	Telecommunications Company
	Consolidated - Sch. 500	AC Enclosed	Final Return - Ch	heck here and a	applicable	Enter amou	Int from Form 500T, Line 7:
	Combined - Sch. 500AC	Enclosed	boxes below.				
	Change in Filing Status		Withdrawn			_	.00
	Sch. 500A Enclosed		Dissolved - No	o longer liable	for tax.	Noncorrect	eta Talagammuniaatiana Company
	Schedule 500AB Enclos	ed	Dissolved Date	e		Noncorpor	rate Telecommunications Company
X	Nonprofit Corporation		Merged			Check box a	nd 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	ve			
Am	ended Return (Do not file t	this form to carry	/ back a net operating lo	ss. Use Form 5	00NOLD)	Enter amou	int from Sch. 500EL, Line 7 or 14:
	Amended Return - Check here and Nonrefundable or Refundable Credit .00						
other applicable boxes.			Change			Home Ser	vice Contract Provider
Federal Audit - Enclose copy of IRS			Schedule 500AB C	Changes		Entor omo	int from Form FOOLIS Line 10:
final determination.			Capital Loss Carry	/back			int from Form 500HS, Line 10:
	Schedule 500A Changes	6	Other - Enclose exp	planation.			Check box if a noncorporate HSCP.
Schedule 500ADJ Changes .00							
Questions and Related Information							
A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other							
	expenses related to intang	ible property (pa	tents, trademarks, copy	rights, and simi	lar intangib	le property)?	If yes, complete and
	enclose Schedule 500AB.					_	
		Enter exc	eption amount from Sc	nedule 500AB	, Line 8.	A	.00
в	Coalfield Employment Enh	ancement Tax (	redit earned from 2019 l	Form 306 Line	11	В.	.00
	If a net operating loss dedu				ear of Loss	D	100
-	taxable income on the U.S			• •		_	
	the requested information.				ederal NOL		
	FEIN of the company gene	erating the NOL p	prior to the merger date.		ercent of fe		
	FEIN			N	OL used th	is year	%
	(If there are NOLs for more	than one year,	enclose a schedule for e	ach year with th	ne informati	on requeste	d in Section C.)
D.	If pass-through entity with	holding is claime	d, enter the number of S	Schedules VK-1	and		
	complete and enclose Sch	edule 500ADJ, I	Page 2.			D	
E.	Has your federal income ta	ax liability been r	edetermined with the		١	rear <b>E.</b>	
	IRS and finalized for any p						
	reported to the Departmen	nt? If yes, provide	e the year(s).		١	rear _	
					١	rear _	
F.	Location of corporation's b	books				-	
	Contact for corporation's b	oooks VMI I	FOUNDATION, I	NC. Cont	act Phone	Number	

2019 Virginia
Form 500
Page 2

FEIN 54-0505966



INCOME

1.	Federal taxable income (from enclosed federal return)	1. [	-302871 .00
2.	Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3.	Total (add Lines 1 and 2)	3.	-302871 .00
4.	Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5.	Balance (subtract Line 4 from Line 3)	5.	-302871 .00
6.	Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7.	Virginia taxable income (subtract Line 6 from Line 5)	7.	-302871 .00

#### TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a)) PAYMENTS AND CREDITS	9.	0 .00

10. Nonrefundable fax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2019 estimated Virginia income tax payments including overpayment credit from 2018	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

**REFUND OR TAX DUE** 

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2020 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. 🔶 🔀					
Date	Signature of Officer	Title CHIEF FINANCIAL OFFICER			
Printed Name of Officer MR • DAVID I	. PRASNICKI	Phone Number 540-464-7383			
	Firm Name JOSEPH S. NADDER, III S GOODMAN LLP	Preparer Phone Number $(804)$ $282 - 7636$			
Date 11/13/20	Individual or Firm, Signature of Preparer	Address of Preparer 901 EAST CARY STREET, SUIT RICHMOND, VA 23219			
Preparer's FEIN, PTIN, or SSN Ap 901240960		Approved Vendor Code 1019			

#### IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

# 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.

lame as shown on Virginia return VMI FOUNDATION, INC.	FEIN <u>54-0505</u>	
Form 1120 - Deductions and Taxable Income		
1. Federal Taxable Income before NOL and Special Deductions	1	-302871 .
2. Net Operating Loss Deduction	2	
3. Special Deductions	3.	1000 .
I. Federal Taxable Income after NOL and Special Deductions	4	-302871 .
Form 1120, Schedule C - Dividends and Special Deductions		
Subpart F Income and/or Global Intangible Low-Taxed Income	5.	
6. Gross-Up for Foreign Taxes Deemed Paid		- - -
Form 1120, Schedule K or M-1		•
•	-	
. Tax Exempt Interest	····· 7	-
Form 5884 - Work Opportunity Credit		
3. Salaries and Wages not deducted due to the WOTC		
Form 4562 - Special Depreciation Allowance and Other Depreciation		
. Special depreciation allowance for qualified property placed in service during the		
taxable year	9.	
0. Property subject to 168(f)(1) election		
. Other depreciation		
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income		
2. Total: Dividends (Exclude Gross-up)	12	
3. Total: Dividends (Gross-up)		-
Total: Inclusions (Exclude Gross-up)		
Total: Inclusions (Gross-up)		- 
. Total: Interest		
Total: Interest     Total: Gross Rents, Royalties, and License Fees		
Total: Gross Income from Performance of Services		·
Total: Other     Total: Total Gross Income or Loss from Outside the US		
Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions		-
Total: Allocable - Rental, Royalty, and Licensing Expenses -     Depreciation, Depletion, and Amortization	21	
2. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses		
Total: Allocable - Rental, Royality, and Elcensing Expenses - Other Expenses     Total: Allocable - Expenses Related to Gross Income from Performance of Services		
Total: Allocable - Other Allocable Deductions     Total: Total Allocable Deductions		
Total: Total Allocable Deductions     Total: Appertished Share of Deductions		
Total: Apportioned Share of Deductions Total: Not Operating Lago Deductions		
Total: Net Operating Loss Deduction		
Total: Total Deductions		
orm 1118, Schedule A - Income or Loss Before Adjustments - Total Income		
Total: Total Income or (Loss) Before Adjustments	29.	

#### Virginia Corporation Income Tax e-file Signature Authorization

#### 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		
VMI FOUNDATION, INC.	54-0505966		
Part I Tax Return Information	51 0505500		
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1302,871.		
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2302,871.		
3. Income tax (Form 500, Page 2, Line 9)	3.		
<ol> <li>Total payments and credits (Form 500, Page 2, Line 16)</li> </ol>	4.		
<b>5.</b> 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 copreturn and accompanying schedules and statements and to the best of my knowledge and belief, it is true, or that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service F in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate e balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial funds withdrawal entry to the financial institutions involved in the processing of the electronic payment of taxes necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not 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 wi all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to trans I have selected a personal identification number (PIN) as my signature for the corporation's electronic income to corporation income tax return. DIXON HUGHES GOODMAN LLP	brrect and complete. I further declare Provider including the amounts shown electronic income tax return. If filing a Agent to initiate an ACH electronic r payment of state taxes owed on this to receive confidential information of directly involve a financial institution ill remain liable for the tax liability and smit the complete return to Virginia Tax.		
ERO Firm Name			
I will enter my e-File PIN as my signature on the corporation's 2019 electronic Virginia corporation inc if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The E	•		
Your Signature	Date		
Dart III. Cartification and Authoritization			
Part III Certification and Authentication	0		
ERO'S EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 5492202321 Do not enter all zero	<u>.9</u> 05		
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2019 Virginia corport	ation income tax return for the		
corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of	f the Practitioner PIN method and		
have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as			
a signature pen, or computer software program.			
ERO's Signature JOSEPH S. NADDER, III	Date 11/13/20		
	Form VA-8879C (REV 12/19)		